MEDICAL ASSOCIATION OF GEORGIA
BOARD OF DIRECTORS

Saturday, 10:00 a.m.
January 30, 2016
MagMutual Insurance Company Auditorium
3535 Piedmont Road NE, Building 14, Suite 1000
Atlanta, GA 30305-1556

AGENDA

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

I. CHAIRMAN OF THE BOARD (Dr. Forney)
   A. HOD Award for Richard Hengel, M.D. Action
   B. October Board 2016 – Change time (Attached) Action
   C. 2017 Board of Directors Meetings (Attached) Action
   D. House Action Status Reports (Attached)

II. BOARD ORIENTATION
    ➢ Fiduciary Obligations
    ➢ Conflict of Interest

III. MEGA ISSUES
    A. Legislative Update (Council on Legislation Report) (Attached) Action
    B. Legislative Resolution to Dr. Shah

IV. TREASURER (Dr. Emerson)
    A. End of Year Financials (2016) (Attached) Action
    B. MAG MEP Update

V. PHYSICIANS FOUNDATION APPOINTMENTS Action

VI. PRESIDENT (Dr. Harvey)
    A. 2016 Strategic Plan of Work (Attached) Action
    B. Membership
    C. Executive Committee Actions
       1. August 2, 2015 (Attached) Action
       2. December 15, 2015 (Attached)
       3. Email Actions (Attached)

VII. EXECUTIVE DIRECTOR (Mr. Palmisano)
     ➢ Update on Health Information Exchange

VIII. SECRETARY (Dr. Reisman)
     A. Approval of Minutes Action
        1. October 16, 2015 (Attached)
        2. October 18, 2015 (Attached)
     B. Year-end Data Report – Board Entitlement
IX. MAG FOUNDATION (Dr. Chapman)

X. AMA DELEGATION REPORT (Dr. Clark) *(Attached)*

XI. INFORMATIONAL REPORTS
   A. Committee on Continuing Medical Education *(Attached)*
   B. Department of Third Party Payer Advocacy & Health Policy *(Attached)*
   C. Department on Communications *(Attached)*
   D. Department of Membership and Marketing *(Attached)*

XII. OLD/NEW BUSINESS

XIII. FOR INFORMATION ONLY
   A. Yearly Attendance *(Attached)*

XIV. NEXT MEETING
   Saturday, April 16, 2016 @ 10:00 a.m.
   Doubletree by Hilton Atlanta/Marietta (2055 South Park Place)

ADJOURN
Date: January 4, 2016
For Meeting: Board of Directors
January 30, 2016

Committee/Officer: Office of the Chair

Submitted by: Rutledge Forney, M.D., Chair

Action Items: Item 1: 2016 October Board of Directors Meeting
Item 2: 2017 Board of Directors Meetings

2016 October Board of Directors Meeting
The Speakers of the House of Delegates and Annual Session Committee recommend that MAG convene its 2016 Board of Directors meeting in conjunction with the House of Delegates at 12:00 noon. This will work quite well for many of our delegates and alternates and offset some of their hotel and travel costs.

As your chair, I have agreed to the change and ask that you support my decision.

2017 Board of Directors Meetings
The following 2017 dates for meetings of the Board of Directors are presented to you for approval:

Saturday, January 28, 2017
10:00 a.m. – location to be determined

Saturday, April 22, 2017
10:00 a.m. – location to be determined

Friday, October 12, 2017
Time and location to be determined

I ask that you approve these 2017 dates for Board of Directors meetings.
BOARD OF DIRECTORS
JANUARY 30, 2016

STATUS REPORTS ON HOUSE ACTIONS
REFERENCE COMMITTEE A
REFERENCE COMMITTEE C
REFERENCE COMMITTEE C&B
REFERENCE COMMITTEE F
<table>
<thead>
<tr>
<th>Title/Action</th>
<th>Referral</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolution 101A.15 -- National Board of Physicians and Surgeons (NBPAS) Board Recertification</td>
<td>Administration</td>
<td>Policy Statement: MAG accepts the National Board of Physicians and Surgeons (NBPAS) as an alternative to ABMS for recertification for physicians in Georgia.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resolution was submitted to the American Medical Association for consideration at the AMA i15 meeting. AMA combined Resolution 924 (Alternative Pathways to Board Recertification and Georgia’s resolution 925 and referred both for a report back at A-16.</td>
</tr>
<tr>
<td></td>
<td>AMA Delegation</td>
<td></td>
</tr>
<tr>
<td>Resolution 102A.15 -- Computer Electronic Health Record Cybersecurity</td>
<td>AMA Delegation</td>
<td>Resolution was submitted to the American Medical Association for consideration at the AMA i15 meeting. AMA adopted Resolution 221 – Indemnity for Breaches in Electronic Health Record Cybersecurity – as amended:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>That our American Medical Association advocate for indemnity or other liability protections for physicians whose electronic health record data and other electronic medical systems become the victim of security compromise.</td>
</tr>
</tbody>
</table>

Resolution 1 adopted that 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.

Resolution 2 adopted that 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.
<table>
<thead>
<tr>
<th>Title/Action</th>
<th>Referral</th>
<th>Status</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolution 103A.15 -- Georgia Cancer Control Consortium (GC3)</td>
<td>Council on Legislation</td>
<td>Policy Statement: MAG supports all efforts including those of the Georgia Cancer Control Consortium and other 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.</td>
<td></td>
</tr>
<tr>
<td>Resolution 104A.15 -- Insurance Deductibles</td>
<td>No referral</td>
<td>No action is required</td>
<td>✓</td>
</tr>
<tr>
<td>DID NOT Adopt 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.</td>
<td>No referral</td>
<td>No action is required</td>
<td></td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td>Status</td>
<td>Completed</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>----------------------</td>
<td>----------------------------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Resolution 105A.15 -- Vaccine Availability in Small Practices</td>
<td>AMA Delegation</td>
<td>A resolution will be submitted to the AMA for its consideration at its 2016 annual meeting.</td>
<td></td>
</tr>
<tr>
<td>Adopted resolve 1 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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adopted as amended resolve 2 that MAG investigate the feasibility to create a purchasing group or other means for MAG members to purchase vaccines</td>
<td>Finance Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resolution 106A.15 -- Increasing the Grace-Period for Medicare Part D Recipients</td>
<td>Office of the President</td>
<td>A letter from MAG President will be sent to AMA’s President urging the AMA to work with CMS to resolve this situation.</td>
<td></td>
</tr>
<tr>
<td>Adopted resolve 1 that the Medical Association of Georgia (MAG) urge the American Medical Association (AMA) to work with the Centers for Medicare &amp; 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.</td>
<td></td>
<td>The AMA explained their perspective on the issue to the resolution sponsor and MAG. We have spoken to the resolution’s sponsor who is seeking further information before we move forward. Once that information is received, we will move forward with discussing with the AMA.</td>
<td></td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td>Status</td>
<td>Completed</td>
</tr>
<tr>
<td>-------------</td>
<td>----------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>Resolution 106A.15 -- Increasing the Grace-Period for Medicare Part D Recipients (cont.)</td>
<td>Third Party Payer Advocacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adopted new resolve 2 that MAG provide educational support to patients and physicians regarding online prescription resources such as the Medicare plan finder at medicare.gov.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resolution 107A.15 -- Waiver Not To Use Electronic Records</td>
<td>Third Party Payer Advocacy</td>
<td>MAG worked closely with Congressman Tom Price to pass the “Patient Access and Medicare Protection Act (S. 2425) which gives CMS the authority to expedite applications for exemptions from EHR MU Stage 2 requirements for 2015.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resolution 108A.15 -- Improving EHR</td>
<td>Administration</td>
<td>Policy Statement: MAG supports the American Medical Association in its advocacy with the U.S. Department of Health Human Services, IT experts, researchers and executives to reframe policy around the desired future capabilities of electronic health records technology to enhance patient care, improve productivity and reduce administrative costs.</td>
<td>✓</td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td>Status</td>
<td>Completed</td>
</tr>
<tr>
<td>-------------</td>
<td>---------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>Resolution 108A.15 -- Improving EHR (cont.)</td>
<td>Administration</td>
<td>Policy Statement: 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:</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. EHR systems should be designed to enhance physician-patient communication and engagement;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>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;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. EHR systems should be designed to enhance care coordination across the continuum of care;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. EHR systems should offer product modularity and configurability to meet individual practice requirements;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. EHR systems should support medical decision making with concise, context sensitive and real-time data;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. EHR systems should facilitate connected health care across care settings and enable both exporting data and properly incorporating data from other systems;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td>Status</td>
<td>Completed</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------</td>
<td>------------------------------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Resolution 108A.15 -- Improving EHR (cont.)</td>
<td></td>
<td>7. EHR systems should be interoperable with patient mobile technology to support patient engagement;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. EHR systems should be designed with end-user input and EHR technology should facilitate post-product implementation feedback.</td>
<td></td>
</tr>
<tr>
<td>Resolution 109A.15 -- Meaningful Use Stage 3</td>
<td>Administration</td>
<td>Policy Statement: 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.</td>
<td>✓</td>
</tr>
<tr>
<td>Adopted as amended 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.</td>
<td></td>
<td>MAG will continue to work closely with the AMA on this initiative.</td>
<td></td>
</tr>
<tr>
<td>Resolution 110A.15 -- Georgia Colorectal Cancer Roundtable</td>
<td>Administration</td>
<td>Policy Statement: MAG endorses 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.</td>
<td>✓</td>
</tr>
<tr>
<td>Adopted 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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td>Status</td>
<td>Completed</td>
</tr>
<tr>
<td>--------------</td>
<td>----------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>Resolution 111A.15 -- Expedited Partner Therapy (EPT)</td>
<td>Administration</td>
<td>Policy Statement: 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. MAG is working with the sponsor of the bill in the 2016 General Assembly.</td>
<td>✓</td>
</tr>
<tr>
<td>Resolution 112A.15 -- Drug Formularies</td>
<td>No Referral</td>
<td>No action is required</td>
<td>✓</td>
</tr>
<tr>
<td>Resolution 113A.15 – IOM “Dying in America” Report</td>
<td>Administration</td>
<td>Policy Statement: 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.</td>
<td>✓</td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td>Status</td>
<td>Completed</td>
</tr>
<tr>
<td>-------------</td>
<td>----------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>Resolution 113A.15 – IOM “Dying in America” Report (Cont.)</td>
<td>AMA Delegation</td>
<td>A resolution was submitted to the AMA for consideration at its AMA i15 meeting. AMA referred Resolution 006, IOM “Dying in America” Report for a report back at the A-16 meeting.</td>
<td>The resolution sponsor, Dr. Richard Cohen, is working closely with the AMA on their position.</td>
</tr>
<tr>
<td>Resolution 114A.15 – Veterans Affairs</td>
<td>Administration</td>
<td>Policy Statement: MAG supports enhanced communications between patients’ Veterans Affairs (VA) physicians and their other non-VA treating physicians using electronic and/or telephone, electronic medical records (EMR), and communications systems.</td>
<td>✓</td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td>Status</td>
<td>Completed</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>------------</td>
<td>----------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Resolution 115A.15 – Pharmaceutical Company Co-Pay Cards</td>
<td>No referral</td>
<td>No action is necessary</td>
<td>✓</td>
</tr>
<tr>
<td>DID NOT Adopt for the Medical Association of Georgia delegation to the American Medical Association (AMA) House of Delegates present a resolution asking the Centers for Medicare &amp; 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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resolution 116A.15 – Medicare Consultation Code</td>
<td>No referral</td>
<td>No action is necessary</td>
<td>✓</td>
</tr>
<tr>
<td>DID NOT Adopt for the Medical Association of Georgia (MAG) delegation to the American Medical Association present a resolution asking the Centers for Medicare &amp; Medicaid Services (CMS) to adequately pay physicians for the care of Medicare patients by reinstating consultation codes.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 2015 HOUSE OF DELEGATES

Reference Committee C

<table>
<thead>
<tr>
<th>Title/Action</th>
<th>Referral</th>
<th>Status</th>
<th>Completed</th>
</tr>
</thead>
</table>
| Officer 01.15 – Report of the President | Office of the Executive Director  
Adopted as amended 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         | Council on Legislation    | Policy Statement:  
MAG supports the implementation of the Achieving a Better Life Experience (ABLE) Act of 2014 at the state level so as to benefit Georgia’s disabled citizens.  
MAG is supporting HB 710 in the 2016 General Assembly. |  |
<table>
<thead>
<tr>
<th>Title/Action</th>
<th>Referral</th>
<th>Status</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolution 302C.15 – Abuse-Deterrent Technology Opioids</td>
<td>Council on Legislation</td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>Adopted as amended 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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resolution 303C.15 – Direct Primary Care</td>
<td>Council on Legislation</td>
<td>Policy Statement:</td>
<td>MAG supports state legislation that amends Georgia laws governing insurance regulations and physician licensure that will eliminate unnecessary impediments to the offering of direct primary care arrangements including legislation that permits physician contracting as direct primary care physicians to not be considered “risk bearing entities,” thus excluding them from insurance licensure and insurance regulation requirements. MAG is supporting SB 265 in the 2016 General Assembly.</td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td>Status</td>
<td>Completed</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Resolution 304C.15 – Lymphedema Treatment Act</td>
<td></td>
<td>A resolution was submitted to the AMA for consideration at its AMA i15 meeting.</td>
<td>✓</td>
</tr>
<tr>
<td>Adopted as amended 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.</td>
<td>AMA Delegation</td>
<td>AMA adopted Substitute Resolution 822 which reads: Resolved, that our American Medical Association support Medicare coverage for appropriate and evidence-based treatment of lymphedema. New Title Medicare Coverage for Evidence-based Lymphedema Treatment</td>
<td></td>
</tr>
<tr>
<td>Resolution 305C.15 – Prior Approval</td>
<td></td>
<td>Policy Statement:</td>
<td></td>
</tr>
<tr>
<td>Adopted resolve 1 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.</td>
<td>Third Party Payer Advocacy</td>
<td>MAG supports that all prior approval procedures and forms be clearly available on the website of an insurance plan, and forms should be transparent with all materials in clear, concise and literacy appropriate language for the calendar year.</td>
<td></td>
</tr>
<tr>
<td>Adopted as amended resolve 2 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.</td>
<td>Third Party Payer Advocacy</td>
<td>Policy Statement:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MAG supports that current drug formularies be posted clearly on the website of an insurance plan, and provide the drug formulary when an insurance company has denied coverage for a particular drug.</td>
<td></td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td>Status</td>
<td>Completed</td>
</tr>
<tr>
<td>-------------</td>
<td>----------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>Resolution 305C.15 – Prior Approval (cont.)</td>
<td>Third Party Payer Advocacy Legislative Advocacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adopted as amended resolve 3 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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resolution 306C.15 – Preserving the Georgia Prescription Drug Monitoring Program</td>
<td>Council on Legislation Legislative Advocacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adopted resolve 1 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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referred to the Board of Directors amended resolve 2 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.</td>
<td>Board of Directors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td>Status</td>
<td>Completed</td>
</tr>
<tr>
<td>-------------</td>
<td>----------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>Adopted resolve 1 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.</td>
<td>Office of the President</td>
<td>MAG supports that insurers and payers eliminate complex barriers and reinstate physicians as the primary authority for patient treatment decisions including providing coverage transparency and protecting patient access to timely, affordable and medically appropriate care in Georgia.</td>
<td></td>
</tr>
<tr>
<td>Adopted resolve 2 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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resolution 308C.15 – Closing the Coverage Gap in Georgia</td>
<td>Third Party Payer Advocacy</td>
<td>MAG is currently working with the Georgia Chamber of Commerce and the Georgia Hospital Association to find Georgia based solutions to fill the coverage gap.</td>
<td></td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td>Status</td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>----------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>Resolution 309C.15 – Food and Nutrition Services in Georgia</td>
<td>Council on Legislation</td>
<td>Policy Statement: MAG supports the Food and Nutrition Service (FNS) agencies that provide a vital service in the community by providing high quality, low cost health interventions within a community.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Policy Statement: MAG supports legislation that include medically tailored FNS for individuals living with severe illnesses for which there is disease-specific evidence that the results of the FNS intervention demonstrates cost effectiveness and improved health outcomes.</td>
<td></td>
</tr>
<tr>
<td>Resolution 310C.15 – Tobacco Tax</td>
<td>Council on Legislation</td>
<td>Policy Statement: MAG support legislation that will increase the state’s tobacco excise tax to an amount which will improve the health of Georgia residents.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reference Committee C  
MAG House of Delegates 2015
<table>
<thead>
<tr>
<th>Title/Action</th>
<th>Referral</th>
<th>Status</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolution 311C.15 – Amend H.R. 6, The 21st Century Cures Act</td>
<td>AMA Delegation</td>
<td>A resolution was submitted to the AMA House of Delegates for its consideration at its i15 meeting.</td>
<td>Completed</td>
</tr>
<tr>
<td>Adopted by substitution 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.</td>
<td>AMA combined Resolution 813, Removing Financial Barriers To Participation in Clinical Trials for Medical Beneficiaries and Georgia Resolution 823. Resolutions 813 and 823 were referred for decision with a request for an informational report back to the House of Delegates.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td>Status</td>
<td>Completed</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------</td>
<td>-------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Resolution 312C.15 – Licensed Physician Ability to Practice</td>
<td>Council on Legislation</td>
<td>Policy Statement: MAG supports legislation that asserting 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.</td>
<td>Completed</td>
</tr>
<tr>
<td>Adopted that the Medical Association of Georgia (MAG) supports legislation asserting 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.</td>
<td>Council on Legislation</td>
<td>Policy Statement: MAG supports legislation that will prevent medical centers from denying a licensed physician the ability to utilize its facilities as such a denial will prevent a physician to provide the best medical care to their patients.</td>
<td>Completed</td>
</tr>
<tr>
<td>Adopted resolve 1 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.</td>
<td>Council on Legislation</td>
<td>Policy Statement: MAG 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.</td>
<td>Completed</td>
</tr>
<tr>
<td>Adopted resolve 2 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.</td>
<td>Council on Legislation</td>
<td>Policy Statement: MAG 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.</td>
<td>Completed</td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td>Status</td>
<td>Completed</td>
</tr>
<tr>
<td>-------------</td>
<td>----------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>Resolution 313C.15 – Truth in Advertising (cont.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) The board either:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Is a member of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA);</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) The board either:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Is a member of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA);</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td>Status</td>
<td>Completed</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>------------</td>
<td>-------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>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 &amp; 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.</td>
<td>No Referral</td>
<td>No action is necessary</td>
<td>✓</td>
</tr>
</tbody>
</table>
## Title/Action

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.

### Administration

<table>
<thead>
<tr>
<th>Title/Action</th>
<th>Referral</th>
<th>Status</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee 02.15, Constitution and Bylaws, Item 6 – Life Membership</td>
<td>Administration</td>
<td>The Constitution and Bylaws shall be revised to reflect these changes.</td>
<td>✓</td>
</tr>
<tr>
<td>Adopted Committee 02.15 that amends MAG Bylaws Chapter II, Membership, Section 7 Life Members.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committee 02.15, Constitution and Bylaws, Item 7 – Alternate Delegates</td>
<td>Administration</td>
<td>The Constitution and Bylaws shall be revised to reflect this change.</td>
<td>✓</td>
</tr>
<tr>
<td>Adopted Committee 02.15 that amends MAG Bylaws Chapter V, House of Delegates, Section 5, Organization, (c) Committees.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td>Status</td>
<td>Completed</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>----------------</td>
<td>------------------------------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Committee 02.15, Constitution and Bylaws, Item 8 – Absence of the Vice Speaker</td>
<td>Administration</td>
<td>The Constitution and Bylaws shall be revised to reflect these changes.</td>
<td>✓</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>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…</td>
<td>✓</td>
</tr>
<tr>
<td>Committee 02.05, Constitution and Bylaws, Item 9 – Reports to HOD Requiring Listings of Physicians (Director Reports)</td>
<td>Administration</td>
<td>MAG Constitution and Bylaws shall be revised to reflect these changes.</td>
<td>✓</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>CHAPTER VI - BOARD OF DIRECTORS SECTION 4. ELECTIONS AND TERMS OF DIRECTORS (d) Duties of Directors and Alternate Directors…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…</td>
<td>✓</td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td>Status</td>
<td>Completed</td>
</tr>
<tr>
<td>-------------</td>
<td>----------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>Committee 02.15, Constitution and Bylaws, Item 10 – BOD Composition</td>
<td>Administration</td>
<td>MAG Constitution and Bylaws will be revised to reflect these changes:</td>
<td>✓</td>
</tr>
<tr>
<td>Adopted as amended Committee 02.15 that amends MAG Bylaws Chapter VI, Board of Directors, Section 2, Composition, (b) Directors and Alternates.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 a 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.
<table>
<thead>
<tr>
<th>Title/Action</th>
<th>Referral</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee 02.15, Constitution and Bylaws, Item 11 – Executive Committee Nominations</td>
<td>Administration</td>
<td>MAG Constitution and Bylaws will be revised to reflect these changes.</td>
</tr>
<tr>
<td>Adopted Committee 02.15 that amends MAG Bylaws Chapter, VII, Executive Committee, Section 1, Purpose and Meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHAPTER VII EXECUTIVE COMMITTEE SECTION 1. PURPOSE AND MEETINGS. (a) Duties. The Executive Committee shall: …(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…</td>
</tr>
<tr>
<td>Committee 02.15, Constitution and Bylaws, Item 12 – Appointment of the MAG Journal Editor</td>
<td>Administration</td>
<td>MAG Constitution and Bylaws will be revised to reflect this change.</td>
</tr>
<tr>
<td>Adopted Committee 02.15 that amends the MAG Bylaws, Chapter XII, Official Publication, Section 2, Journal as follows:</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Committee 02.15, Constitution and Bylaws, Item 13 – Name of Parliamentary Procedure Manual</td>
<td>Administration</td>
<td>MAG Constitution and Bylaws will be revised to reflect these changes.</td>
</tr>
<tr>
<td>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:</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td>Status</td>
</tr>
<tr>
<td>-------------</td>
<td>----------</td>
<td>--------</td>
</tr>
<tr>
<td>Committee 02.15, Constitution and Bylaws, Item 13 – Name of Parliamentary Procedure Manual (Cont.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committee 02.15, Constitution and Bylaws, Item 14 – CMS and District BOD</td>
<td>Administration</td>
<td></td>
</tr>
</tbody>
</table>

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:

MAG Constitution and Bylaws will be revised to reflect these changes.

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

(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.
<table>
<thead>
<tr>
<th>Title/Action</th>
<th>Referral</th>
<th>Status</th>
<th>Completed</th>
</tr>
</thead>
</table>
| Committee 02.15, Constitution and Bylaws, Item 14 – CMS and District BOD (Cont.) |          | 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 |          | | |
<table>
<thead>
<tr>
<th>Title/Action</th>
<th>Referral</th>
<th>Status</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee 02.15, Constitution and Bylaws, Item 14 – CMS and District BOD (Cont.)</td>
<td></td>
<td>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 shall be 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.</td>
<td>Completed</td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td>Status</td>
<td>Completed</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Committee 02.15, Constitution and Bylaws, Item 15 – CMS Delegate Selections</td>
<td>Administration</td>
<td>MAG Constitution and Bylaws will be revised to reflect these changes.</td>
<td>✓</td>
</tr>
</tbody>
</table>
| 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… |           |
<p>| Resolution 504CB.15 -- MAG Foundation Board of Trustees’ Term Limits       | MAG Foundation Board of Trustees              | Notification of this action will be forwarded to the Board of Trustees of the MAG Foundation.       |           |
| Adopted as amended by the House of Delegates 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 | Physicians’ Institute Board of Directors      | Notification of this action will be forwarded to the Physicians’ Institute for Excellence in Medicine. |           |
| Adopted 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. |                                               |                                                                                                 |           |</p>
<table>
<thead>
<tr>
<th>Title/Action</th>
<th>Referral</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolution 506CB.15 – Physicians’ Institute Bylaws Deletion</td>
<td>Physicians’ Institute Board of Directors</td>
<td>Notification of this action will be forwarded to the Physicians Institute for Excellence in Medicine.</td>
</tr>
<tr>
<td>Adopted 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resolution 507CB.15 – Physicians’ Institute Bylaws Revisions</td>
<td>Physicians’ Institute Board of Directors</td>
<td>Notification of this action will be forwarded to the Physicians Institute for Excellence in Medicine.</td>
</tr>
<tr>
<td>Adopted 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>Resolution 508CB15, Resolves 1-5 – Out-of-State Membership</td>
<td>Finance Committee Membership Department</td>
<td></td>
</tr>
<tr>
<td>Adopted resolve 1 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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adopted resolve 2 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adopted resolve 3 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adopted as amended resolve 4 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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MAG Constitution and Bylaws will be revised to reflect this new Section 3 of Chapter II.

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 towards their delegate allotment to the MAG House of Delegates.

A revised dues structure will be recorded and kept in the Department of Members.
<table>
<thead>
<tr>
<th>Title/Action</th>
<th>Referral</th>
<th>Status</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolution 508CB15, Resolves 1-5 – Out-of-State Membership</td>
<td></td>
<td>The amount of reduced dues will be determined by the Board of Directors on recommendation of the Finance Committee.</td>
<td></td>
</tr>
<tr>
<td>Committee 02.15, Constitution and Bylaws, Item 4, Out-of-State Membership (Cont.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adopted resolve 5 that the Board of Directors will set the amount of dues for out-of-state members.</td>
<td>Board of Directors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resolution 501CB.15, resolves 1-4 -- AMA Delegation Elections</td>
<td></td>
<td>No action required.</td>
<td>✓</td>
</tr>
<tr>
<td>Committee 02.15, Constitution and Bylaws, Item 1 – AMA Delegation Elections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DID NOT Adopt 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.</td>
<td>No Referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resolution 502CB.15 -- AMA Delegation Term Limits</td>
<td></td>
<td>No action required.</td>
<td>✓</td>
</tr>
<tr>
<td>Committee 02.15, Constitution and Bylaws, Item 2, AMA Delegation Term Limits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DID NOT Adopt 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.</td>
<td>No Referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td>Status</td>
<td>Completed</td>
</tr>
<tr>
<td>-------------</td>
<td>----------</td>
<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>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 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)</td>
<td>Administration</td>
<td>The Constitution and Bylaws will be amended to reflect this change.</td>
<td>✓</td>
</tr>
</tbody>
</table>
## 2015 HOUSE OF DELEGATES

**Reference Committee F**

<table>
<thead>
<tr>
<th>Title/Action</th>
<th>Referral</th>
<th>Status</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Officer 04.15 – Office of the Treasurer</td>
<td>Administration</td>
<td>Treasurer’s Report will be filed in the historical records.</td>
<td>✓</td>
</tr>
<tr>
<td>Filed Officer 04.15 the report of the Treasurer</td>
<td>Administration</td>
<td>Treasurer’s Report will be filed in the historical records.</td>
<td>✓</td>
</tr>
<tr>
<td>Resolution 401F.15 – Elimination of Dues for Residents</td>
<td>Finance Committee</td>
<td>This action shall be vetted by the Finance Committee in consultation with the Department of Membership to determine the financial impact of eliminating dues for resident and fellows membership. A recommendation should be returned to the Board of Directors for final action.</td>
<td></td>
</tr>
<tr>
<td>Referred to the Board of Directors/Executive Committee for decision resolve 1 that MAG to eliminate dues for residents and fellows to improve recruitment leadership development and ultimately encourage long-term membership.</td>
<td>Finance Committee</td>
<td>This action shall be vetted by the Finance Committee in consultation with the Department of Membership to determine the financial impact of eliminating dues for resident and fellows membership. A recommendation should be returned to the Board of Directors for final action.</td>
<td></td>
</tr>
<tr>
<td>Referred to the Board of Directors/Executive Committee for decision resolve 2 that MAG commit the financial resources necessary to reactivate and maintain the residents and fellows section.</td>
<td>Finance Committee</td>
<td>This action shall be vetted by the Finance Committee in consultation with the Resident Physician Section and the Department of Membership to recommend the best course of action for the Association to the Board of Directors.</td>
<td></td>
</tr>
<tr>
<td>Resolution 402F.15 – MAG House of Delegates</td>
<td>No referral</td>
<td>No action is required</td>
<td>✓</td>
</tr>
<tr>
<td>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.</td>
<td>No referral</td>
<td>No action is required</td>
<td>✓</td>
</tr>
</tbody>
</table>
### LEGISLATIVE PRIORITIES

**Preserving Physician Autonomy**

Ensure that the medical profession is reserved for qualified professionals.

Promote the physician as the leader of the health care team.

**Third Party Payer/Insurance**

Support reforms that 1) ensure the adequacy of payment 2) reduce administrative burdens 3) reinforce the patient-physician relationship and 4) promote the practice of quality medicine, including the Patient-Centered Medical Home.

MAG will call for the General Assembly to continue funding the Medicaid Parity Payment Program.

Work with state legislators and regulators to develop funding options to address the Georgians who remain uninsured.

**Tort Reform**

MAG will work to preserve the existing elements of tort reform.

**Health Insurance & Increasing Access to Care**

MAG will support reform that requires health insurers to be equitable and transparent when they enter into contracts with physicians and medical practices in the state.
Promote incentives to encourage physicians in primary care and other specialties to practice in underserved areas.

*Prescription Drugs*

MAG will encourage the legislature to continue to fund the states Prescription Drug Monitoring Program.

MAG will also work to achieve greater autonomy for physicians who use the program, encourage better communications among health care team members who work with patients in the program and promote greater patient awareness and privacy in the context of the program.

**ISSUES REQUIRING YOUR ATTENTION**

1. **Out of Network Billing Legislation (Potentially Pending)**

   Legislators have raised the issue of out of network billing (aka balance billing and surprise billing) as a problem their constituents face regularly. For almost two years, MAG has engaged the provider community (including various physician specialty groups), the extender community, patient-consumer groups, and insurers to address the problems associated with narrow networks. We believe that MAG’s request through the Consumer and Provider Protection Act offer reasonable and objective standards to address the problems that have been raised.

   MAG leadership has been that patients are often responsible for the out of network bills that they receive. Our leaders have asked for evidence that the patient has been responsible for paying those bills. To date, neither, the insurance industry nor the consumer advocate community has provided any cases of for our consideration. This information has been requested for almost a year. When MAG has asked legislators for the same evidence of any constituents with similar stories, we have been given various scenarios that do not fall into the category but rather fall into the topics of co-deductibles and co-insurance.

   MAG is calling on you to contact members of the Senate and House Insurance Committees (see attachments- distributed during meeting) and tell them the following:

   a) Out of Network issues are created when insurance companies try to limit the number of physicians that have access to their products
   b) Out of Network issues ultimately end up hurting patients because they are unable to access care that they desperately need
   c) Prohibitions on balance billing will drive private practitioners to close their doors to the communities they serve
   d) Expanded and Comprehensive networks along with up-to-date directories will decrease the out of network issues that physicians are and patients are facing
ADVOCACY ACTIVITIES

1. Physicians Day at the Capitol will be January 27, 2016. All physicians are invited to participate. We will meet at 7 a.m. in Room 504 for breakfast and Room 515 for a debriefing before the day begins. Physicians will have a photo opportunity with the governor at 9 a.m. All physicians should wear their white coats, and are encouraged to meet with their senate and house member during this visit.

2. House of Medicine meets weekly at the legislature to discuss legislative initiatives and share positions. All specialties are encouraged to attend these valuable weekly meetings and share with the group any initiatives they would like to see advance and any threats that they are facing.

3. The MAG Council on Legislation has resumed its bi-monthly meetings. These meetings allow the physicians to receive updates on developments at the General Assembly.

###
Date: January 15, 2016

For Meeting: Board of Directors
January 30, 2016

Committee/Officer: Treasurer Report

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

Action Items: Preliminary Financial Statements for the 12 months ended December 2015

**Financial Statements for the 12 months ended December 2015**

The following is a summary of our financial activities for the 12 months ended December 31, 2015. The Statement of Financial Activities is attached.

**Operating Budget:** YTD Revenues are above projections by $239,012, YTD Expenses are above projections by $148,957, resulting in our Net Income being $90,055 above budget.

**Total Revenue:** As of December 31, 2015 Total Revenue recorded for the YTD is $3,849,320. This is $239,012 (6.6%) more than budgeted and represents 103.6% of our goal for the year. This is a decrease of $32,565 (0.8%) over Total Revenue for the YTD ended December 31, 2014.

**Dues Revenue:** As of December 31, 2015, Dues Revenue recorded for the YTD is $2,048,536. This is $198,536 (10.7%) more than budgeted and $39,737 (2.0%) more than Dues Revenue recorded for the YTD ended December 31, 2014.

**Note 1: Dues Collected:** We have collected $2,048,536 in Dues Revenue for 2015 year-to-date which represents 110.7% of dues projected for the year. The difference between Dues Collected to date ($2,048,536) and dues projected for the year ($1,850,000) is $198,536. Dues collected to date is a $39,737 (2.0%) increase over dues collected at the same time last year-to-date.

*Dues Collected for the 2016 year is $1,191,389. This is $29,121 (2.4%) decrease over dues collected for 2015 at December 31, 2014.*
Non-Dues Revenue: We have collected $1,800,784 in Non-Dues Revenues for the year-to-date, which is $40,476 (2.3%) more than projected and is $72,302 (3.9%) less than December 31, 2014 year-to-date.

Admin & Operating revenue is $1,230 above projections (0.1%)
Government Relations is $2,000 above projections
Third Party Payer is $2,500 above projections
Education is $8,859 above projections (5.7%)
Communications revenue is $4,879 above projections (14.4%)
Correctional Medicine is $20,081 above projections (12.4%)
Membership Other Revenues is $927 above projections (185.4%)

Operating Expenses: For the year-to-date ended December 31, 2015, we have expended $3,559,264, which is $148,957 (4.4%) more than allocated in the budget and is $155,322 (4.2%) less than December 31, 2014 year-to-date. MAG paid off the mortgage on our building in February 2014. There was a $310,000 prepayment penalty and this is the primary reason for this variance.

A summary of variances are as follows:

Administration and Operations $(213,914) above projections (-7.2%)
Legal $(4,798) above projections (-137.1%)
Government Relations $(9,722) above projections (-7.1%)
Third Party Advocacy $8,760 below projections (67.9%)
Education $2,768 below projections (9.2%)
Membership $63,589 below projections (38.6%)
Communications $12,546 below projections (29.6%)
Correctional Medicine $(8,186) above projections (-30.0%)

Invested Funds:

Operating Funds: As of December 31, 2015 we had $1,559,933 in operating funds invested with Suntrust Bank, Wells Fargo Bank, Fifth Third Bank and PNC Bank, up $1,104,394 for the year. We had $1,559,933 (100%) in cash & cash equivalents (Money Market).

Restricted Funds: As of December 31, 2015, we had $727,506 in our Restricted funds, invested with Fidelity Bank, up $33,239 for the year to date. We had $727,506 (100%) invested in cash & cash equivalents – (Money Market).

Preliminary Financial Statements for December 31, 2015 are submitted for your acceptance.
Medical Association of Georgia, Inc.

Preliminary Statement of Activities

For the 12 months ended December 31, 2015

<table>
<thead>
<tr>
<th>Budget 2015</th>
<th>12/31/2015</th>
<th>Budget to 12/31/2015</th>
<th>YTD Actual 12/31/2015</th>
<th>Bud vs Actual YTD</th>
<th>YTD Actual 12/31/2014</th>
<th>15 vs 14</th>
</tr>
</thead>
</table>

**Revenues**

**Administration & Operations**
- General 1,164,225
- Special Meetings 25,000
- 1845 The Exchange 218,110

**Government Relations**
- - 2,000
- - 2,000

**Third Party Payor Advocacy**
- - 2,500
- - 2,500

**Education**
- 156,783

**Communications**
- Journal 29,000
- Newsletter 5,000

**Correctional Medicine**
- 161,690

**Membership**
- Dues 1,850,000
- Other 500

**Total Revenues**
- 3,610,308

**Expenses**

**Administration & Operations**
- Executive Director 39,950
- Human Resources 2,115,436
- Office Management 196,814
- Leadership Support 53,000
- Information Technology 35,500
- Annual Session 110,000
- Other Meetings 166,165
- 1845 The Exchange 246,021

**Total Administration & Operations**
- 2,962,886

**Legal**
- 3,500

**Government Relations**
- 136,817

**Third Party Payor Advocacy**
- 12,900

**Education**
- 30,075

**Membership**
- Membership Support 59,850
- Recruitment 56,500
- Database Management 40,000
- Sections Expense 8,530

**Total Membership**
- 164,880

**Communications**
- Public Relations 21,450
- Journal 28,900
- Newsletter 2,000

**Total Communications**
- 52,350

**Correctional Medicine**
- 161,690

**Total Department Exp.**
- 3,410,308

**Gross Rev over Exp.**
- 200,000

**Restricted Funds, Designated & Undesignated Net Assets**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PR Media Fund</td>
<td>-</td>
<td>-</td>
<td>23,121</td>
<td>3,445</td>
<td>-</td>
<td>3,445</td>
<td>26,566</td>
<td></td>
</tr>
<tr>
<td>Partnership with Medicine</td>
<td>-</td>
<td>-</td>
<td>15,653</td>
<td>(3,240)</td>
<td>(3,240)</td>
<td>12,414</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good Medicine</td>
<td>-</td>
<td>-</td>
<td>30,411</td>
<td>-</td>
<td>-</td>
<td>30,411</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tort Reform</td>
<td>390,179</td>
<td>24,945</td>
<td>24,945</td>
<td>415,124</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMS Revenue</td>
<td>16,454</td>
<td>8,089</td>
<td>8,089</td>
<td>24,543</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare Research, Inc.-Physicians Educ Programs</td>
<td>45</td>
<td>31,312</td>
<td>(31,357)</td>
<td>(45)</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GHA - HEN</td>
<td>12,584</td>
<td>-</td>
<td>(7,198)</td>
<td>(7,198)</td>
<td>5,387</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRC</td>
<td>-</td>
<td>3,500</td>
<td>3,500</td>
<td>3,500</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRC</td>
<td>-</td>
<td>75,000</td>
<td>(16,850)</td>
<td>58,150</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporarily Restricted Net Assets</td>
<td>488,449</td>
<td>146,291</td>
<td>(58,645)</td>
<td>87,646</td>
<td>576,095</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undesignated</td>
<td>3,096,077</td>
<td>3,849,320</td>
<td>(3,559,265)</td>
<td>290,055</td>
<td>3,386,132</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Internally Restricted</td>
<td>3,096,077</td>
<td>3,849,320</td>
<td>(3,559,265)</td>
<td>290,055</td>
<td>3,386,132</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managed Care (007)</td>
<td>218,448</td>
<td>0</td>
<td>-</td>
<td>218,448</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL NET ASSETS</td>
<td>3,096,077</td>
<td>218,448</td>
<td>488,449</td>
<td>3,995,611</td>
<td>(3,617,910)</td>
<td>377,701</td>
<td>3,386,132</td>
<td></td>
</tr>
<tr>
<td></td>
<td>218,448</td>
<td>0</td>
<td>-</td>
<td>218,448</td>
<td>576,095</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Medical Association of Georgia, Inc.
### Preliminary Balance Sheet
#### December 31, 2015

### ASSETS

#### Current Assets

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petty Cash</td>
<td>500.00</td>
</tr>
<tr>
<td>Cash in Bank</td>
<td>391,073.38</td>
</tr>
<tr>
<td>Money Market</td>
<td>1,559,933.32</td>
</tr>
<tr>
<td>Fidelity-Money Market-Restricted Funds</td>
<td>727,505.74</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>98,833.90</td>
</tr>
<tr>
<td>Due from Affiliates</td>
<td>109,979.43</td>
</tr>
<tr>
<td>Prepaid Expenses</td>
<td>163,345.04</td>
</tr>
<tr>
<td>Deposits</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>3,051,370.81</strong></td>
</tr>
</tbody>
</table>

#### Property and Equipment

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land &amp; Buildings</td>
<td>3,545,409.92</td>
</tr>
<tr>
<td>Furniture</td>
<td>251,000.25</td>
</tr>
<tr>
<td>Equipment</td>
<td>83,633.67</td>
</tr>
<tr>
<td>Computers</td>
<td>101,098.26</td>
</tr>
<tr>
<td>Software</td>
<td>10,511.08</td>
</tr>
<tr>
<td>Capitalized Phone Equipment</td>
<td>40,170.16</td>
</tr>
<tr>
<td>Capitalized Web Site Costs</td>
<td>37,500.00</td>
</tr>
<tr>
<td>Database</td>
<td>47,957.00</td>
</tr>
<tr>
<td>Less : Accum. Depreciation</td>
<td>(1,174,970.24)</td>
</tr>
<tr>
<td><strong>Total Property and Equipment</strong></td>
<td><strong>2,942,310.10</strong></td>
</tr>
</tbody>
</table>

**Total Assets**                                **5,993,680.91**
Medical Association of Georgia, Inc.
Preliminary Balance Sheet
December 31, 2015

LIABILITIES AND CAPITAL

<table>
<thead>
<tr>
<th>Current Liabilities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>70,479.50</td>
</tr>
<tr>
<td>Accrued Expenses</td>
<td>294,259.11</td>
</tr>
<tr>
<td>Accrued Vacation</td>
<td>98,771.17</td>
</tr>
<tr>
<td>Deferred Revenue</td>
<td>1,349,496.75</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>1,813,006.53</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net Assets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated for Managed Care</td>
<td>218,447.68</td>
</tr>
<tr>
<td>Undesignated Net Assets</td>
<td>3,386,132.00</td>
</tr>
<tr>
<td>Temporarily Restricted</td>
<td>576,094.70</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td><strong>4,180,674.38</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Liabilities &amp; Capital</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>5,993,680.91</strong></td>
</tr>
</tbody>
</table>
The Medical Association of Georgia, Inc.  
Preliminary Current Invested Funds  
as of December 31, 2015

### Secured Investments

<table>
<thead>
<tr>
<th>Account</th>
<th>Original Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating</td>
<td>502,017.64</td>
<td>Money Market Fund - Suntrust</td>
</tr>
<tr>
<td>Operating</td>
<td>50,918.43</td>
<td>Money Market Fund - Wells Fargo</td>
</tr>
<tr>
<td>Operating</td>
<td>504,976.97</td>
<td>Money Market Fund - Fifth Third</td>
</tr>
<tr>
<td>Operating</td>
<td>502,020.28</td>
<td>Money Market Fund - PNC</td>
</tr>
</tbody>
</table>

**Total Operating Reserves**  
1,559,933.32

| Restricted Funds | 727,505.74 | Money Market Fund-Fidelity |

**Total Restricted Funds**  
727,505.74
## Medical Association of Georgia, Inc.  
**Preliminary Investments - Restricted Funds**  
**December 31, 2015**

<table>
<thead>
<tr>
<th>Date</th>
<th>Managed Care</th>
<th>Partnership With Medicine</th>
<th>PR Media Fund</th>
<th>Good Medicine</th>
<th>Tort Reform</th>
<th>CMS Revenue</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/2014</td>
<td>218,447.68</td>
<td>15,653.47</td>
<td>23,121.42</td>
<td>30,410.59</td>
<td>390,179.13</td>
<td>16,454.37</td>
<td>694,266.66</td>
</tr>
<tr>
<td></td>
<td>32%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
<td>57%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>1/31/2015</td>
<td>218,447.68</td>
<td>15,653.47</td>
<td>23,921.42</td>
<td>30,410.59</td>
<td>394,934.13</td>
<td>16,454.37</td>
<td>699,821.66</td>
</tr>
<tr>
<td></td>
<td>32%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
<td>57%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>2/28/2015</td>
<td>218,447.68</td>
<td>15,653.47</td>
<td>24,171.42</td>
<td>30,410.59</td>
<td>396,734.13</td>
<td>16,454.37</td>
<td>701,354.91</td>
</tr>
<tr>
<td></td>
<td>31%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
<td>58%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>3/31/2015</td>
<td>218,447.68</td>
<td>14,472.69</td>
<td>24,771.42</td>
<td>30,410.59</td>
<td>399,699.13</td>
<td>24,543.04</td>
<td>711,827.80</td>
</tr>
<tr>
<td></td>
<td>31%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
<td>57%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>4/30/2015</td>
<td>218,447.68</td>
<td>14,472.69</td>
<td>24,671.42</td>
<td>30,410.59</td>
<td>399,489.13</td>
<td>24,543.04</td>
<td>711,517.80</td>
</tr>
<tr>
<td></td>
<td>31%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
<td>58%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>5/31/2015</td>
<td>218,447.68</td>
<td>14,472.69</td>
<td>24,811.42</td>
<td>30,410.59</td>
<td>399,699.13</td>
<td>24,543.04</td>
<td>711,867.80</td>
</tr>
<tr>
<td></td>
<td>31%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
<td>57%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>6/30/2015</td>
<td>218,447.68</td>
<td>14,472.69</td>
<td>25,021.42</td>
<td>30,410.59</td>
<td>399,999.13</td>
<td>24,543.04</td>
<td>712,377.80</td>
</tr>
<tr>
<td></td>
<td>31%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
<td>56%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>7/31/2015</td>
<td>218,447.68</td>
<td>14,472.69</td>
<td>25,021.42</td>
<td>30,410.59</td>
<td>399,999.13</td>
<td>24,543.04</td>
<td>712,977.80</td>
</tr>
<tr>
<td></td>
<td>31%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
<td>56%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>8/31/2015</td>
<td>218,447.68</td>
<td>14,472.69</td>
<td>25,791.42</td>
<td>30,410.59</td>
<td>408,274.13</td>
<td>24,543.04</td>
<td>719,880.74</td>
</tr>
<tr>
<td></td>
<td>31%</td>
<td>2%</td>
<td>4%</td>
<td>4%</td>
<td>57%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>9/30/2015</td>
<td>218,447.68</td>
<td>14,472.69</td>
<td>25,371.42</td>
<td>30,410.59</td>
<td>401,149.13</td>
<td>24,543.04</td>
<td>712,335.74</td>
</tr>
<tr>
<td></td>
<td>31%</td>
<td>2%</td>
<td>4%</td>
<td>4%</td>
<td>56%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>10/31/2015</td>
<td>218,447.68</td>
<td>14,472.69</td>
<td>25,371.42</td>
<td>30,410.59</td>
<td>401,149.13</td>
<td>24,543.04</td>
<td>712,335.74</td>
</tr>
<tr>
<td></td>
<td>31%</td>
<td>2%</td>
<td>4%</td>
<td>4%</td>
<td>56%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>11/30/2015</td>
<td>218,447.68</td>
<td>14,472.69</td>
<td>25,791.42</td>
<td>30,410.59</td>
<td>415,124.13</td>
<td>24,543.04</td>
<td>727,505.74</td>
</tr>
<tr>
<td></td>
<td>30%</td>
<td>2%</td>
<td>4%</td>
<td>4%</td>
<td>57%</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>
Date: January 15, 2016
For Meeting: Board of Directors
January 30, 2016

Committee/Officer: Office of the President

Submitted by: John S. Harvey, M.D., President

Action Items: 2016 Strategic Plan of Work

2016 Strategic Plan of Work

In accordance with MAG Bylaws, one of the duties of the Executive Committee shall be to develop and evaluate the strategic direction 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.

In 2015, the Medical Association of Georgia met and developed a strategic plan that encompassed a five-year strategic direction for the association. A plan of work was derived from the strategic plan to annually guide the association as directed by the policy-making bodies, i.e., House of Delegates, Board of Directors and Executive Committee.

Attached for approval is a draft of the 2016 Strategic Plan of Work based upon the actions of the House of Delegates and current environment. The Executive Committee will review and make additions/deletions at its annual strategic planning meeting that will be held the Friday before this Board of Director’s meeting. The Board of Directors will then have the opportunity to also add/delete portions of the strategic plan prior to approval. For your information, MAG’s five-year Strategic Plan is attached for your information.

President’s Task Forces

Please see attached to this report the following task forces and its members for your information. Please remember these task forces are only for one year. Please let me know if you are interested in participating in a task force.
2016 Strategic Plan of Work

Advocacy (Goal A)

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

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

- Resolving public and private payer issues (commercial, Medicare, Medicaid, workers’ compensation) to ensure patients receive the care that they need
  - Address Prior Approval (Resolution 305C)
  - Specialty Medications and Drug Formulary Transparency (Resolution 307C)
  - Closing the Coverage Gap in Georgia (308C)
  - ID, document & communicate patterns of payer practices that have a negative impact on member practices and pursue actions with payers
  - Participate on public and private payer advisory committees to advocate for just treatment and payment
  - Improving Electronic Health Records (Resolution 108A)
  - Support recommendations in 2015 IOM Dying in America Report (Resolution 113A)

- Limiting inappropriate scope of practice beyond that safely permitted by non-physician practitioner’s education, training and skills
  - Oppose scope of practice infringements that occur at the General Assembly
  - Truth in Advertising regarding board certification (Resolution 313C)

- Protecting and promoting a fair civil justice system to ensure patients have access to the physicians they need
  - Review those reform measures that remove the physician’s right to a jury trial

- Promoting good health habits that result in a healthier workforce and that saves Georgia tax dollars
  - Supporting Expedited Partner Therapy (Resolution 111A)
  - Supporting the ABLE Act (Resolution 301C)
  - Preserving the Prescription Drug Monitoring Program (Resolution 306C)
  - Promoting the Think About It and DAN campaigns to reduce prescription drug abuse
  - Improve Colorectal Outcomes in Georgia (Resolution 110A)
  - Improving Vaccine Availability in Small Practices (Resolution 105A)

- Ensuring that physicians receive fair and adequate payment for the services they provide
Report of the President on CON (Officer Report 1)

Oppose the health insurance mergers of Aetna/Humana and Wellpoint/CIGNA (State Strategy)

Assess the “Abusive Billing Practices” in the Georgia General Assembly

Educational and consultative advocate and resource to protect MAG members and practice staff from abusive payer behavior

- Increasing the number of physicians elected to the General Assembly
  - Support physicians in their campaign for the Georgia House of Representatives

**Value Proposition/Communication (Goal B)**

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

To achieve this goal, MAG will:

- Enhance MAG/physicians’ brand and reputation with patients and other stakeholders
  - Utilize the Top Docs talk-radio format to promote issues of importance to the organization, physicians, patients and others
  - Ensuring the Think About It and DAN campaigns prominently reflect the MAG brand
  - Continuing the work of the Medical Reserve Corps to promote MAG member participation in statewide emergency preparation and response activity
  - Continue to build mutually beneficial relationships with existing and new business partners

- Be a trusted resource for practice information (e.g., EHR, ICD-10, Affordable Care Act)
  - Online Prescription Resources (106A)

- Expand value-added services for physicians
  - Support the development and implementation of new programs, products and services that create value for MAG members and reposition MAG and its members to prosper in the value-based purchasing environment including consideration of offering a population health solution (health information exchange and analytics) to members and others

- Enhance the working relationship between MAG and the American Medical Association, specialty medical societies and county medical societies on issues affecting all physicians.
  - Oppose the health insurance mergers of Aetna/Humana and Wellpoint/CIGNA (National Strategy)
  - Assess the “Abusive Billing Practices” in the Georgia General Assembly (National Strategy)
Membership (Goal C)
MAG will build a membership that is committed to the profession, is representative of the diversity of physicians in Georgia, and reflects high ethical and professional standards.

To achieve this goal, MAG will:

- Develop a value proposition that will resonate with the next generation of physicians and physician organizations
  - Discuss elimination of Dues for Residents and Reinvigorating the Resident Section (Resolution 401F)

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

To achieve this goal, MAG will:

- Achieve at least a $200,000 surplus per year to protect the MAG brand
  - Develop a plan to secure the financial viability of the MAG Foundation and the Section 170 Annuity Plan
Strategic Plan 2020

BOARD OF DIRECTORS
Approved – October 16, 2015
Overarching Goals
(Where do you see the association?)

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

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

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

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

Advocacy (Goal A)

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

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

- Limiting and reducing government regulations that undermine the patient-physician relationship
- Ensuring that physicians are free and able to provide high quality, effective and efficient models of medical care in the setting that they believe is the most appropriate for their individual patients
- Supporting models of care that are physician-led, advance the physician-patient relationship and result in improved health outcomes
- Promoting physicians as the primary resource in guidance in local and statewide quality, patient safety, performance improvement initiatives and population health
- Resolving public and private payer issues (commercial, Medicare, Medicaid, workers’ compensation) to ensure patients receive the care that they need
- Supporting the adoption of physician-led and MAG-approved information technology, e-health and health information exchanges
- Limiting inappropriate scope of practice beyond that safely permitted by non-physician practitioner’s education, training and skills
- Protecting and promoting a fair civil justice system to ensure patients have access to the physicians they need
- Ensuring that there is an adequate physician workforce, including in rural and other underserved areas
- Promoting good health habits that result in a healthier workforce and that saves Georgia tax dollars
- Ensuring that physicians receive fair and adequate payment for the services they provide
- Increasing the number of physicians elected to the General Assembly
Value Proposition/Communication (Goal B)

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

To achieve this goal, MAG will:

- Help and train physicians to obtain leadership positions in the legislature and in health care systems (hospitals, payers, health care teams)
- Enhance MAG/physicians’ brand and reputation with patients and other stakeholders
- Be a trusted resource for practice information (e.g., EHR, ICD-10, Affordable Care Act)
- Expand value-added services for physicians (e.g., health information exchange)
- Enhance the working relationship between MAG and the American Medical Association, specialty medical societies and county medical societies on issues affecting all physicians

Membership (Goal C)

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

To achieve this goal, MAG will:

- Develop a value proposition that will resonate with the next generation of physicians and physician organizations
- Meet the needs of an increasingly diverse membership base

Financial (Goal D)

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

To achieve this goal, MAG will:

- Achieve at least a $200,000 surplus per year to protect the MAG brand
2016 TASK FORCE COMMITTEES

Workers Compensation
  James Barber, M.D. (Orthopedic Surgery)
  Snehal Dalal, M.D. (Orthopedic Surgery)
  Carlos Giron, M.D. (Pain Management)
  Robert Howell, M.D. (Plastic Surgery)
  Lee A. Kelley, M.D. (Orthopedic Surgery)
  Kay Kirkpatrick, M.D. (Orthopedic Surgery)
  Stephen McCollam, M.D. (Orthopedic Surgery)
  Randy Rizor, M.D. (Anesthesiology)
  Barry Straus, M.D. (Anesthesiology)

Prescription Drug Abuse
  Ammar Divan, M.D. (Pain Management)
  Richard Elliott, M.D. (Psychiatry)
  Sandra Fryhofer, M.D. (Internal Medicine)
  Ray Gaskin, M.D. (Addiction Medicine)
  Carlos Giron, M.D. (Pain Management)
  Brady Rumph, M.D. (Anesthesiology)
  Margaret D. Schaufler, M.D. (OB/GYN)
  C. Alan Scott, M.D. (Emergency Medicine)
  Tennent Slack, M.D. (Pain Management)
  Richard Stappenbeck, M.D. (Pain Management)
  Barry Straus, M.D. (Anesthesiology)
  Pamela Vick-Bope, M.D. (Pain Management)
  Steven Walsh, M.D. (Anesthesiology)
  Marc Wall, M.D. (Family Physician)

Health Insurance/Third Party Payer (Health Insurance Mergers, Balance Billing)
  Larry Bartel, M.D. (Internal Medicine)
  James A. Daly III, M.D. (Pulmonary Disease)
  Joel D. Fine, M.D. (Anesthesiology)
  John A Goldman, M.D. (Rheumatology)
  Albert Johary, M.D. (Internal Medicine)
  David Mason, M.D. (Family Physician)
  Manan Shah, M.D. (Ophthalmology)
  John Shih, M.D. (Family Physician)
  Barry Straus, M.D. (Anesthesiology)
  John Trevor Woodhams, M.D. (Ophthalmology)

Health Outcomes (e.g., type 2 diabetes, heart disease, immunization, behavioral health)
  Kimberly Bates, M.D. (Resident Physician)
  James A. Daly, M.D. (Pulmonary Disease)
  Sandra Fryhofer, M.D. (Internal Medicine)
  Peasha Houston, M.D. (Resident Physician)
  Mark Jester, M.D. (Internal Medicine)
  Barbara J. Jones (Resident Physician)
  Daniel Lee Miller, M.D. (Emergency Medicine)
  Adrienne Mims, M.D. (Family Physician)
  Quentin Pirkle, M.D. (Internal Medicine)
Barry Straus, M.D. (Anesthesiology)
Steven Walsh, M.D. (Anesthesiology)

Electronic Healthcare (HIE, Telemedicine)
   Jim Barber, M.D. (Orthopedic Surgery)
   Gary Botstein, M.D. (Rheumatology)
   Jack Chapman, M.D. (Ophthalmology)
   Madalyn Davidoff, M.D. (Cardiology)
   Michael Doherty, M.D. (Nephrology)
   Swati Gaur, M.D. (Internal Medicine)
   Matt Gwynn, M.D. (Neurology)
   Dominic Mack, M.D. (Family Physician and Morehouse)
   Howard Mazier, M.D. (Psychiatry)
   Randy Ruark, M.D. (Orthopedic Surgery)
   Larry Sanders, M.D. (Family Medicine)
   Thekkepat Sekhar, M.D. (OB/GYN)
   Lillian Schapiro, M.D. (OB/GYN)
   Stephen Sudler, M.D. (OB/GYN)

Tort Reform
   Scott Bohlke, M.D. (Family Physician)
   Jeffrey English, M.D. (Neurology)
   Brian Hill, M.D. (Urology)
   Mark Jester, M.D. (Internal Medicine)
   Lillian Schapiro, M.D. (OB/GYN)
   Barry Straus, M.D. (Anesthesiology)

Scope of Practice
   David Bosshardt, M.D. (Family Physician)
   Amanda Brown, M.D. (Anesthesiology)
   Donald Cote, M.D. (Otolaryngology)
   Carolyn Meltzer, M.D. (Radiology)
   Sid Moore, M.D. (Ophthalmology)
   John Neeld, M.D. (Anesthesiology)
   Lillian Schapiro, M.D. (OB/GYN)
   Manan Shah, M.D. (Ophthalmology)
A motion was made and seconded:

- Approving as amended recommendation 1 that the Chairman of the Council on Legislation be appointed annually and not serve more than nine years. PAGE 1

- Approving as policy that a vice chairman of the Council on Legislation be recommended by the president and approved by the Executive Committee. PAGE 2

- DID NOT APPROVE TO TABLE discussion on recommendation 2. PAGE 2

- Approving to divide the question on recommendation 2. PAGE 2

- DID NOT APPROVE a motion calling for elections for AMA Delegates and Alternates to become an open delegation seat and not an individual seat. PAGE 2

- DID NOT APPROVE a motion calling for a nominating committee as defined by the Task Force on Governance be instituted. PAGE 2

- DID NOT APPROVE a motion calling for term limits of AMA Delegates. PAGE 3

- DID NOT APPROVE a motion calling for the postponement of recommendations 4-7 until the next Executive Committee meeting. PAGE 3

- Approving recommendation 4 of the Task Force on Governance that trustees of the MAG Foundation be appointed for three years and serve no more than three terms (total of nine years). PAGE 3

- Approving recommendation 5 of the Task Force on Governance calling for Section 6, Article IV of the Physicians Institute for Excellence in Medicine bylaws be amended to delete the section from its Bylaws. PAGE 3

- Approving recommendation 6 of the Task Force on Governance calling for Section 4 of Article III of the Physicians Institute for Excellence in Medicine bylaws be revised to require a majority of the Board to constitute a quorum. PAGE 3
• Approving recommendation 7 of the Task Force on Governance that Section 2 of Article IV of the Physicians Institute for Excellence in Medicine bylaws be amended to provide that all officers shall be elected by the Board of Directors for a three year term with one renewable term for a maximum of six years of service. PAGE 4

• Approving $10,000 to be allocated to the AMA budget for a special event at the 2015 AMA Interim meeting in Atlanta, Georgia. PAGE 4

• Approving the April 17, 2015 Executive Committee Minutes as submitted. PAGE 5
The Executive Committee of the Board of Directors of the Medical Association of Georgia was called to order at 9:00 a.m. on Sunday, August 2, 2015. Manoj H. Shah, M.D., President, presided. A quorum was met. Dr. Shah summarized actions taken by the Executive through e-mail votes. These actions will be forwarded to the Board of Directors for ratification.

Attendance: (See Attached)

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

I. REPORT OF THE PRESIDENT

Task Force on Governance: The Executive Committee received from President Manoj Shah, M.D., recommendations from the Task Force on Governance. He reported that the committee met numerous times. He submitted copies of minutes and materials discussed by the committee for the Executive Committee’s information. Each recommendation was discussed individually followed by actions.

Recommendation 1
That the Chairman of the Council on Legislation be appointed at two year intervals and not serve more than three terms.

It was the consensus of the Executive Committee that although the chairman of the Council on Legislation is a member of the Executive Committee, the position remains an appointed position that is reviewed according to MAG Bylaws. There was concerns voiced regarding the vice chair position and the importance of the position to assist the chairman and its role as a pathway to leadership. At the conclusion of the discussion, the Executive Committee voted on the following actions:

An amended motion (Clark/Walsh) was duly adopted approving as amended Recommendation 1: that the Chairman of the Council on Legislation be appointed annually and not serve more than nine years. MOTION PASSED
A motion (Harvey/Reisman) was duly adopted that it be MAG policy that a vice chair of the Council on Legislation be recommended by the president and approved by the executive committee. **MOTION PASSED**

Recommendation 2
That elections will be done for the AMA delegation as a delegation seat and not an individual seat. A nomination committee will be created consisting of the Chairman of the AMA delegation, current MAG President, Past President, President Elect, Speaker of the House, and Chairman of the Board of Directors that will nominate a slate of at least two more physicians than the number of available positions. Members may also be nominated from the floor. Any run-off election will require more than 50 percent of the vote. The delegation will then select the delegate and alternate delegate.

The Executive Committee held a lengthy discussion on establishing a nominating committee and holding elections for the AMA delegation as a delegation seat and not an individual seat. Those in favor stated that members would be more inclined to seek a seat on the delegation if it were open seat and not members’ seats. Those opposed expressed concerns that a slate of candidates is not used as protocol for other positions and using such a method could execute unequal balance of voting power to a district and/or county medical society.

A motion was made and seconded to table discussion. By a vote of 4 in favor and 8 against, the **motion failed.**

A motion (Greene/Reisman) was duly adopted to divide the question. **MOTION PASSED**

A motion (Harvey/Forney) calling for elections for AMA Delegates and Alternates to become an open delegation seat and not an individual seat. By a vote of 5 for the motion and 6 against the motion, the **motion failed.**

A motion (Harvey/Silver) calling for a nominating committee as defined by the Task Force on Governance be instituted. By a voice count, **motion failed.**

Recommendation 3
That term limits for AMA Delegates and Alternates be two year terms with a maximum of five terms for delegates. This establishes a ten year total term for delegates. No term limits will be required if the delegate is a member of an AMA committee or other important position. There will be no term limits for alternate delegates.

The Executive Committee held a lengthy discussion on term limits for the AMA Delegation. Members were divided on term limits for AMA Delegates. Those in favor strongly felt that service on the delegation for 10 years was adequate. It was noted that many current members have been serving for 15 years or longer. Those opposed to term limits felt that the AMA
meetings require a level of expertise, knowledge, and networking that would not be achievable with term limits. At the conclusion, the Executive Committee voted on recommendation 3.

A motion (Silver/Harvey) calling for term limits of AMA Delegates was rendered. By a vote of 5 for and 5 against, the motion failed to reach a majority vote and therefore the motion failed.

A motion (Harvey/Silver) calling for the postponement of recommendations 4-7 until the next Executive Committee meeting was rendered. By a vote of 4 for and 6 against, the motion failed.

Recommendation 4
That trustees of the MAG Foundation be appointed for three years and serve no more than three terms (total of nine years).

A motion (Task Force Recommendation) was duly adopted approving Recommendation 4 of the Task Force on Governance that trustees of the MAG Foundation be appointed for three years and serve no more than three terms (total of nine years) MOTION PASSED

Recommendation 5
That Section 6, Article IV of the Physicians Institute for Excellence in Medicine bylaws be amended to delete the section from the bylaws:

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

A motion (Clark/Greene) was duly adopted approving Recommendation 5 of the Task Force on Governance calling for Section 6, Article IV of the Physicians Institute for Excellence in Medicine bylaws be amended to delete the section from its bylaws. MOTION PASSED

Recommendation 6
That Section 4, Article III of the Physicians Institute for Excellence in Medicine bylaws be revised to require a majority of the Board to constitute a quorum.

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.

A motion (Harvey/Greene) was duly adopted approving Recommendation 6 of the Task Force on Governance calling for Section 4 of Article III of the Physicians Institute for Excellence in Medicine bylaws be revised to require a majority of the board to constitute a quorum. MOTION PASSED
Recommendation 7
That Section 2, Article IV of Institute for Excellence in Medicine bylaws be amended to provide that all officers shall be elected by the Board of Directors for a three year term with one renewable term for a maximum of six years of service.

Section 2. All officers shall be elected by the Board of Directors and shall serve at the will of the Board of Directors a three year term with one renewable term for a maximum of six years of service. The officers shall receive such compensation for services actually rendered to the corporation as the Board of Directors may determine. All officers shall be subject to removal at any time, with or without cause, upon a majority vote of the Board of Directors.

A motion (Harvey/Greene) was duly adopted approving Recommendation 7 of the Task Force on Governance that Section 2 of Article IV of the Physicians Institute for Excellence in Medicine bylaws be amended to provide that all officers shall be elected by the Board of Directors for a three year term with one renewable term for a maximum of six years of service. MOTION PASSED

II. REPORT OF THE TREASURER

The Executive Committee received a written report from the Treasurer. It summarized MAG’s financial activities for the six months ending June 30, 2015. MAG Treasurer Steve Walsh, M.D. reported that YTD revenues are above projections. Dues collected is a 1.8 percent increase over dues collected the same time last year-to-date. (A copy of the financial statement is attached to these Minutes.)

MAG Executive Director requested additional funds for a “Welcome to Georgia” reception at the AMA Interim Meeting this November.

A motion (Donoghue/Walsh) was duly adopted approving $10,000 to be allocated to the AMA Budget for a special event at the 2015 AMA Interim Meeting in Atlanta, Georgia. MOTION PASSED

III. REPORT OF THE EXECUTIVE DIRECTOR

A. Strategic Plan of Work – 2015: The Executive Committee received a written Executive Director report that provided an update on the 2015 Strategic Plan of Work since the last meeting. The Executive Committee accepted the report for information.

B. Premier Connect Update: Ms. Susan Moore, Director of Health Policy and Third Party Payer Advocacy, gave an update on MAG’s Premier Connect. She distributed a document that provided answers to frequently asked questions that gave important information regarding Premier Connect by emphasizing critical HIO attributes including governance, financial commitment and benefits, technical information, indirect benefits and risks and liabilities. The Executive Committee accepted the document for information. Ms. Moore reported that the
business plan is set and MAG continues to meet with MAG Mutual Insurance Company and the Georgia Hospital Association (GHA). In July, the GHA Board directed its staff to work in close conjunction with MAG and to initiate an informational/outreach effort to solicit input and support for the establishment of a joint venture with MAG. Given some misinformation surrounding Premier Connect, GHA/MAG will be making a concerted effort to conduct regional meetings in Augusta. MAG Executive Director Donald Palmisano stated that this MAG product if instituted would change the way medicine is practice. MAG also has a meeting scheduled with Health E Connect and GRACHIE executives.

C. Certificate of Need Lawsuit Update: MAG Legal Counsel Ms. Patricia Yeatts gave an update on the Certificate of Need issue that is pending since it passed the 2014 House of Delegates. Ms. Yeatts reported that after extensive research, a report from the President will be submitted to the 2015 House of Delegates. She further reported that an Ob/Gyn group has filed suit against the Georgia Department of Community Health. The suit alleges that Georgia’s CON laws are a restraint on competition, economic liberty, and consumer choice and, therefore, violate the United States and Georgia Constitutions. She reported that the pending lawsuit will be summarized in the President’s report to the House of Delegates.

IV. REPORT OF THE SECRETARY

Minutes: Secretary Andrew Reisman, M.D., submitted a copy of the April 17, 2015 for Executive Committee approval.

A motion (Clark/Harvey) was duly adopted approving the April 17, 2015 Executive Committee Minutes as submitted. MOTION PASSED

V. INFORMATIONAL REPORTS

The Executive Committee received for information the following reports: GAMPAC, Council on Legislation, Committee on Continuing Medical Education, Legal Counsel, Department of Communication, Department of Health Policy/Third Party Payer, and Department of Membership & Marketing.

VI. OLD/NEW BUSINESS

No old business or new business were forwarded for discussion.

VII. FOR INFORMATION ONLY

The Executive Committee received for information its yearly attendance record and a letter dated July 2, 2015 from MAG regarding its support for the Georgia Health Information Network.
VIII. NEXT MEETING

The next meeting of the Executive Committee of the Board of Directors of the Medical Association of Georgia is scheduled to occur during the week of the 2015 House of Delegates by telephone. Members will be notified of the meeting schedule.

ADJOURN

Having no further business, the Executive Committee of the Board of Directors of the Medical Association of Georgia adjourned its August 2, 2015 meeting at 12:50 p.m.

APPROVED BY: ____________________________
ANDREW B. REISMAN, M.D., SECRETARY
DATE: ________________________________

RECORDED BY: ____________________________
DONNA T. GLASS
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PR Media Fund</strong></td>
<td>-</td>
<td>-</td>
<td>23,121</td>
<td>1,681</td>
<td>-</td>
<td>1,681</td>
<td>24,803</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Partnership with Medicine</strong></td>
<td>-</td>
<td>-</td>
<td>15,653</td>
<td>21</td>
<td>(1,698)</td>
<td>(1,677)</td>
<td>13,977</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Good Medicine</strong></td>
<td>-</td>
<td>-</td>
<td>30,411</td>
<td>42</td>
<td>-</td>
<td>42</td>
<td>30,452</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tort Reform</strong></td>
<td>390,179</td>
<td>10,118</td>
<td>20,777</td>
<td>2,683</td>
<td>17,097</td>
<td>17,097</td>
<td>29,457</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CMS Revenue</strong></td>
<td>16,454</td>
<td>8,113</td>
<td>-</td>
<td>8,113</td>
<td>400,297</td>
<td>400,297</td>
<td>24,567</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Healthcare Research, Inc.-Physicians Educ Programs.</strong></td>
<td>45</td>
<td>31,312</td>
<td>(5,133)</td>
<td>26,179</td>
<td>26,179</td>
<td>26,179</td>
<td>30,452</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GHA - HEN</strong></td>
<td>12,584</td>
<td>-</td>
<td>(6,242)</td>
<td>(6,242)</td>
<td>6,342</td>
<td>6,342</td>
<td>3,318</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MRC</strong></td>
<td>-</td>
<td>3,500</td>
<td>(316)</td>
<td>3,184</td>
<td>3,184</td>
<td>3,184</td>
<td>3,184</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Temporarily Restricted Net Assets</strong></td>
<td>488,449</td>
<td>54,787</td>
<td>(13,389)</td>
<td>41,398</td>
<td>529,846</td>
<td>529,846</td>
<td>3,485,312</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Undesignated</strong></td>
<td>3,096,077</td>
<td>1,972,971</td>
<td>1,583,736</td>
<td>389,235</td>
<td>3,485,312</td>
<td>3,485,312</td>
<td>3,485,312</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Internally Restricted</strong></td>
<td>3,096,077</td>
<td>-</td>
<td>1,972,971</td>
<td>(1,583,736)</td>
<td>389,235</td>
<td>3,485,312</td>
<td>3,485,312</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Managed Care (007)</strong></td>
<td>218,448</td>
<td>327</td>
<td>0</td>
<td>327</td>
<td>218,774</td>
<td>218,774</td>
<td>218,774</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL NET ASSETS</strong></td>
<td>3,096,077</td>
<td>218,448</td>
<td>488,449</td>
<td>2,028,084</td>
<td>3,485,312</td>
<td>3,485,312</td>
<td>529,846</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medical Association of Georgia, Inc.**

**Statement of Activities**

For the 6 months ended June 30, 2015
EXECUTIVE COMMITTEE ATTENDANCE RECORD
August 2, 2015

PRESIDENT.......................................................... MANOJ H. SHAH
PRESIDENT-ELECT .................................................. JOHN S. HARVEY
IMMEDIATE PAST PRESIDENT ........................................ WILLIAM E. SILVER
FIRST VICE PRESIDENT ............................................. THOMAS EMERSON
SECOND VICE PRESIDENT ........................................... MADALYN DAVIDOFF
CHAIRMAN OF THE BOARD ....................................... RUTLEDGE FORNEY
VICE CHAIRMAN OF THE BOARD ................................. FRED FLANDRY
SPEAKER OF THE HOUSE ................................. FRANK MCDONALD
VICE SPEAKER OF THE HOUSE .............................. EDMUND DONOGHUE
SECRETARY ........................................................ ANDREW REISMAN
TREASURER ........................................................ STEVEN M. WALSH
CHAIRMAN, GA. DELEGATION TO AMA ....................... WILLIAM CLARK
CHAIRMAN, COUNCIL ON LEGISLATION ...................... MICHAEL GREENE

GUESTS
Jack Chapman, Jr.
John Antalis

STAFF
Andrew Baumann
Kate Boyenga
Marcus Downs
Donna Glass
Sally Allpass Jacobs
Tom Kornegay
Susan Moore
Donald Palmisano
Patricia Yeatts
ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE
December 15, 2015

A motion was made and seconded:

- Establishing the following committees and new appointments therein:  Page 1
  Continuing Medical Education
  Darrell Dean, Rome (Family Physician) Vice Chair
  Correctional Medicine
  Marc O. Wall, Cedartown (Family Physician) Vice Chair
  Electronic Health Care Committee
  Third Party Payer Committee

- Tabled until later on the agenda the topic of task forces Page 1

- Appointing the following members to the Council on Legislation as members-at-large: Page 2
  Hasco William Craver III, D.O., Suwanee (Surgery)
  Johnny Sy, D.O., Savannah (Emergency Medicine)
  John R. Gleason, M.D., Atlanta (Orthopaedic Surgery)

- Accepting the Treasurer’s Report as submitted.  Page 2

- Approving the August 2, 2015 Executive Committee Minutes as submitted Page 3

- Approving the Compensation Committee recommendations and evaluation of the Executive Director, which will be placed in his personnel file. Page 4
The December 15, 2015 meeting of the Executive Committee of the Board of Directors of the Medical Association of Georgia was called to order at 7:05 p.m. John S. Harvey, M.D., President, presided. A quorum was met.

Attendance: (See Attached)

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

I. REPORT OF THE PRESIDENT

A. Special Committees – MAG President John S. Harvey, M.D., presented MAG’s special committees. According to MAG Bylaws, special committees will cease to exist unless re-established by action of the Executive Committee. It was noted that two special committees are revenue generating. These are Continuing Medical Education and Correctional Medicine.

The Executive Committee re-established the following special committees and new appointments therein: ACTION TAKEN

Continuing Medical Education
    Darrell Dean, Rome (Family Physician) Vice Chair
Correctional Medicine
    Marc O. Wall, Cedartown (Family Physician) Vice Chair
Electronic Health Care Committee
Third Party Payer Committee

Dr. Harvey reported that task forces established last year were very successful. He stated that a notice has been forwarded to solicit members for task force participation this year. There was consensus that graduates of the Georgia Physician Leadership Academy should be solicited for committee service. There was concerns raised that the Task Force on Governance did not present its report to the House of Delegates but to the Executive Committee which in turn did not present a report to the House of Delegates. During the course of the conversation regarding ownership of established task forces and to accomplish the business before it, the Executive Committee took the following action on established task forces.
A motion (Clark/Reisman) was duly adopted to table until later on the agenda the topic of task forces. **MOTION PASSED**

B. **Council on Legislation:** Council on Legislation Chairman, Michael E. Greene, M.D., reported that three members-at-large on the Council who are Lawrence E. Cooper, M.D., Rodney L. Smith, M.D., and Jules Toraya, M.D., will rotate off the Council this year. He presented three members to the Executive Committee for member-at-large appointments and asked that the Executive Committee approve the appointments.

The Executive Committee appointed the following members to the Council on Legislation at members-at-large: **MOTION MADE/ACTION TAKEN**

- Hasco William Craver III, D.O., Suwanee (Surgery)
- Johnny Sy, D.O., Savannah (Emergency Medicine)
- John R. Gleason, M.D., Atlanta (Orthopaedic Surgery)

The remainder of the Council on Legislation report was accepted for information. Dr. Greene and Director of Government Relations Marcus Downs briefed members of the Executive Committee on legislative topics that are currently being studied, including narrow networks and insurance payments of out-of-network billing. Executive Director Donald Palmisano reported on the impact that will occur if these major insurance companies move forward and merge. He stated that these mergers will change significantly the practice of medicine.

Members were reminded of the Physicians Day at the Capitol on January 27, 2016 and the Legislative Summer meeting at the Jekyll Island Westin Hotel on July 29-30, 2016.

II. **REPORT OF THE TREASURER**

MAG Treasurer Thomas Emerson, M.D., presented the financial activities for the 11 months ended November 2015. He summarized the operating budget YTD revenues and projected expenses. Dr. Emerson reported the non-dues revenue was 2.0 percent more than projected and is 3.0 percent less than November 30, 2014 year-to-date. In operating expenses, he reported that MAG expended 0.1 percent more than allocated in the budget and is 3.4 percent less than November 30, 2014 year-to-date. Executive Committee member William Clark III, M.D., requested that the Finance Committee revisit unrestricted funds for growth. Dr. Harvey reminded members that the Board mandated that MAG keep its restricted funds in a conservative risk posture. Mr. Palmisano reminded members of MAG’s Investment Policy. Dr. Emerson stated that he will bring this matter to the Finance Committee for further discussion.

A motion (duly adopted/duly seconded) was adopted accepting the Treasurer’s Report as submitted. (A copy of the financial statements are attached to these Minutes)

**MOTION PASSED**
III. REPORT OF THE EXECUTIVE DIRECTOR

The Executive Committee continued its discussion of the four major insurance companies that are in the process to merge. If the mergers go through, there will be a decline in the competitive insurance market. Mr. Palmisano reported that MAG as well as AMA are on record opposing the mergers. Stakeholders have been briefed and meetings have occurred with the Insurance Commissioner and several legislators. Physicians Advocacy Institute of which MAG is a member of its Board will soon produce its letter in opposition. Mr. Palmisano stated that the Executive Committee will be kept up-to-date on the progress of the mergers.

IV. REPORT OF THE SECRETARY

Approval of August 2, 2015 Minutes: MAG Secretary Andrew B. Reisman, M.D., presented for approval the August 2, 2015 Minutes.

A motion (Clark/Emerson) was adopted to approve the August 2, 2015 Executive Committee Minutes as submitted. MOTION PASSED

V. INFORMATIONAL REPORTS

VI. OLD/NEW BUSINESS

The Executive Committee removed from the table the issue of special committees and the creation of task forces. Again it was noted that the Task Force on Governance presented its report to the Executive Committee and not the House of Delegates. The Executive Committee did not submit a report to the House on the outcome of actions taken on the governance task force.

It was requested that MAG review its standing committees, special committees and task forces and consider developing a process for reporting to the association. Dr. Harvey reported that a procedure for reporting to the House of Delegates will be considered in the process of committee reports, especially task forces. It was requested that the Executive Committee look at the standing committees.

VII. FOR INFORMATION ONLY

The Executive Committee received its yearly attendance record for information. Several letters were received for information including a November 2 letter to the House of Representatives regarding EHR meaningful use, a November 2 letter to the U.S. Senate regarding meaningful use, a November 5 draft letter to CMS regarding alternative payment models, and a December 31 letter to Congress regarding H.R. 2513, the Protecting Access, Competition and Equity Act.
VIII. NEXT MEETING

The next meeting of Executive Committee of the Board of Directors of the Medical Association of Georgia is Friday, January 29, 2016 at 6:00 p.m.

ADJOURN

At 8:20 p.m., the Executive Committee entered into executive session to receive a report from its Compensation Committee.

In open session, the Executive Committee took the following action:

A motion (duly made and seconded) was adopted approving the Compensation Committee recommendations and evaluation of the Executive Director, which will be placed in his personnel file. **MOTION PASSED**

After the above action was taken, the Executive Committee of the Board of Directors of the Medical Association of Georgia adjourned its December 15, 2015 meeting.

APPROVED BY: _____________________________________________________________

ANDREW B. REISMAN, M.D., SECRETARY

DATE: ______________________________________________________

RECORDED BY: _____________________________________________________________

DONNA T. GLASS
## Revenues

<table>
<thead>
<tr>
<th>Administration &amp; Operations</th>
<th>Budget 2015</th>
<th>Budget to 11/30/2015</th>
<th>YTD Actual 11/30/2015</th>
<th>Bud vs Actual 11/30/2015 Fav (Unfav)</th>
<th>YTD Actual 11/30/2014</th>
<th>15 vs 14 Fav (Unfav)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>1,164,225</td>
<td>1,065,622</td>
<td>1,041,758 (23,864)</td>
<td>1,068,638 (56,880)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Meetings</td>
<td>25,000</td>
<td>25,000</td>
<td>43,447 18,447 41,625 1,822</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1845 The Exchange</td>
<td>218,110</td>
<td>199,934</td>
<td>199,934</td>
<td>206,395 (6,459)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government Relations</td>
<td>-</td>
<td>-</td>
<td>2,000 2,000 - 2,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third Party Payer Advocacy</td>
<td>-</td>
<td>-</td>
<td>2,500 2,500 2,500 -</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>156,783</td>
<td>156,783</td>
<td>165,642 8,859 157,329 8,313</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communications</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Journal</td>
<td>29,000</td>
<td>26,582</td>
<td>31,188 4,606 30,516 672</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newsletter</td>
<td>5,000</td>
<td>4,583</td>
<td>4,209 (974) 6,131 (1,522)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correctional Medicine</td>
<td>161,690</td>
<td>161,690</td>
<td>181,771 20,081 180,478 1,293</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership</td>
<td>1,850,000</td>
<td>1,688,000</td>
<td>1,873,343 185,343 1,850,504 42,839</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>500</td>
<td>458</td>
<td>1,107 649 2,535 (1,428)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>3,610,308</td>
<td>3,228,652</td>
<td>3,546,899 218,247 3,556,649 (9,750)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Expenses

<table>
<thead>
<tr>
<th>Administration &amp; Operations</th>
<th>Budget 2015</th>
<th>Budget to 11/30/2015</th>
<th>YTD Actual 11/30/2015</th>
<th>Bud vs Actual 11/30/2015 Fav (Unfav)</th>
<th>YTD Actual 11/30/2014</th>
<th>15 vs 14 Fav (Unfav)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director</td>
<td>39,950</td>
<td>36,621</td>
<td>29,877 6,744 24,889 (4,968)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Resources</td>
<td>2,115,436</td>
<td>1,939,151</td>
<td>1,969,076 (29,925) 1,814,025 (15,951)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Management</td>
<td>196,814</td>
<td>181,239</td>
<td>180,001 1,238 193,980 13,979</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership Support</td>
<td>53,000</td>
<td>48,584</td>
<td>43,130 5,454 41,562 (1,568)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information Technology</td>
<td>35,500</td>
<td>32,541</td>
<td>29,417 3,124 26,529 (2,888)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Session</td>
<td>110,000</td>
<td>110,000</td>
<td>138,350 (28,350) 129,781 (8,569)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Meetings</td>
<td>166,165</td>
<td>140,230</td>
<td>113,943 26,287 99,589 (14,354)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1845 The Exchange</td>
<td>246,021</td>
<td>225,517</td>
<td>233,886 (8,369) 544,816 310,930</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIE (Health Information Exchange)</td>
<td>-</td>
<td>34,782</td>
<td>- (34,782)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Administration &amp; Operations</strong></td>
<td>2,962,886</td>
<td>2,713,883</td>
<td>2,772,462 (58,375) 2,875,171 102,709</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal</td>
<td>3,500</td>
<td>3,208</td>
<td>7,878 (4,670) 6,951 (927)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government Relations</td>
<td>136,817</td>
<td>126,205</td>
<td>137,950 (11,745) 132,945 (5,005)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third Party Payer Advocacy</td>
<td>12,900</td>
<td>11,821</td>
<td>3,887 7,934 2,425 (1,462)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>30,075</td>
<td>28,475</td>
<td>26,124 3,351 29,844 3,720</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership</td>
<td>59,850</td>
<td>54,858</td>
<td>48,451 6,407 47,486 (965)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment</td>
<td>56,500</td>
<td>51,791</td>
<td>7,796 43,955 18,880 11,084</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Database Management</td>
<td>40,000</td>
<td>38,534</td>
<td>39,372 (836) 38,622 (750)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sections Expense</td>
<td>6,530</td>
<td>7,814</td>
<td>1,071 6,153 5,941 4,470</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Membership</strong></td>
<td>164,880</td>
<td>152,997</td>
<td>96,690 56,307 110,529 13,339</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communications</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Relations</td>
<td>21,450</td>
<td>19,663</td>
<td>12,575 7,088 10,967 (1,008)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Journal</td>
<td>29,900</td>
<td>25,158</td>
<td>19,168 6,990 19,738 570</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newsletter</td>
<td>2,000</td>
<td>1,833</td>
<td>1,089 744 1,089 -</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Communications</strong></td>
<td>52,350</td>
<td>46,584</td>
<td>32,832 13,322 31,794 (1,038)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correctional Medicine</td>
<td>46,900</td>
<td>42,988</td>
<td>73,760 (10,792) 50,682 (3,098)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Rev over Exp.</td>
<td>200,000</td>
<td>201,421</td>
<td>415,299 213,875 316,308 98,988</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Restricted Funds, Designated & Undesignated Net Assets

| PR Media Fund               | -          | 23,121               | 2,670 - 2,670 25,791 |
| Partnership with Medicine   | -          | 15,653               | (3,240) (3,240) 12,414 |
| Good Medicine               | -          | 30,411               | - - 30,411 |
| Tort Reform                 | 390,179    | 18,095               | - 18,095 408,274 |
| CMS Revenue                 | 16,454     | 8,089                | - 8,089 24,543 |
| Healthcare Research, Inc.-Physicians Educ Programs. | 45 | 31,312 (10,360) 20,952 20,997 |
| GHA - HEN                   | 12,584     | (7,198)              | (7,198) 5,387 |
| MRC                         | -          | 3,500                | (8,350) (4,850) |
| Temporarily Restricted Net Assets | 488,449 | 63,666 (29,148) 34,518 522,967 |
| Undesignated                | 3,096,077  | 3,046,899            | (3,131,603) 415,296 3,511,373 |
| Designated Net Assets       | 3,096,077  | 3,046,899            | (3,131,603) 415,296 3,511,373 |
| Managed Care (007)          | 218,448    | 0                    | 218,448 522,967 |
| **TOTAL NET ASSETS**        | 3,096,077  | 218,448              | 488,449 3,610,565 (3,160,751) 449,814 3,511,373 218,448 522,967 |
EXECUTIVE COMMITTEE ATTENDANCE
December 15, 2015

PRESIDENT ................................................................. JOHN S. HARVEY
PRESIDENT-ELECT ...................................................... STEVEN M. WALSH
IMMEDIATE PAST PRESIDENT ....................................... MANOJ H. SHAH
FIRST VICE PRESIDENT ................................................
SECOND VICE PRESIDENT .......................................... STEVEN M. HUFFMAN
CHAIRMAN OF THE BOARD ....................................... RUTLEDGE FORNEY
VICE CHAIRMAN OF THE BOARD ................................. FRED FLANDRY
SPEAKER OF THE HOUSE ......................................... FRANK MCDONALD
VICE SPEAKER OF THE HOUSE .................................
SECRETARY ............................................................... ANDREW REISMAN
TREASURER ............................................................... THOMAS EMERSON
CHAIRMAN, GA. DELEGATION TO AMA .................. WILLIAM CLARK
CHAIRMAN, COUNCIL ON LEGISLATION .................. MICHAEL GREENE

STAFF
Andrew Baumann
Kate Boyenga
Marcus Downs
Donna Glass
Sally Allpass Jacobs
Tom Kornegay
Susan Moore
Donald Palmisano
Patricia Yeatts
ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE
EMAIL VOTES

September 29, 2015
By an email Executive Committee action, MAG supported and agreed to the settlement terms of the Wellpoint lawsuit as outlined by legal counsel, Edith M. Kallas.

October 9, 2015
By an email Executive Committee action, MAG agreed to file an amicus brief on an expert witness case in support of Atlanta Women’s Health Group.

October 12, 2015
By an email Executive Committee action, MAG will co-host an event with the Medical Association of Atlanta during the AMA Interim meeting.

October 27, 2015
By an email Executive Committee action, MAG shall support, and participate on, a steering committee of stakeholders working in conjunction with the Office of the Governor on an solution to the Medicaid expansion proposal under the Affordable Care Act in the amount of $25,000.

December 28, 2015
By an email Executive Committee action, Wayne Hoffman, M.D., was appointed to the Council on Legislation representing the Georgia Academy of Family Physicians replacing George Shannon, M.D.
Date: January 15, 2016

For Meeting: Board of Directors
January 31, 2016

Committee/Officer: Executive Director/Chief Executive Officer

Submitted by: Donald J. Palmisano, Jr.

Action Items: For Information Only

2015 Strategic Plan of Work Summary

Please find the final update on the 2015 Strategic Plan. As you can see, we completed all strategic objectives that were approved by leadership. Please go to http://www.mag.org/resources/executive-director for my previous updates on MAG’s work since the last board meeting.

Of particular importance, MAG was named a top five association by Southern Political Report, a magazine reviewing the top lobbying organizations in the southern states - http://www.mag.org/news/articles/top-associations.

A6. Develop educational products that address legal issues commonly faced by physicians. Make these available through traditional sources as well as more innovative ways, including the Web Site and webinars.

- RAC Audit Tool Kit.
  - PAI prepared a toolkit and it has been posted on the website, as well as social media.

- JMAG Legal Articles.
  - Please see the Legal Resources page on the website which has added the following – “Steps to register your patient for medical cannabinoid oil”, “Summary on OIG anti-kickback statute” and PAI Medical Audits.

- Forums (6-9) or other recorded opportunities.
  - Letter with Baxter on IV shortage posted on website, as well as social media. (Resolution 109A.14)
In summary, we have had the following:

- Nine (9) appearances on Top Docs Radio Show addressing health insurance mergers, 2015 Legislative Priorities, correctional medicine, medical reserve corps, health insurance developments; PIEM, narrow networks, ICD-10, and medical malpractice issues. More information can be found at [http://www.mag.org/resources/TopDocs](http://www.mag.org/resources/TopDocs).

- MAG Foundation “Think About It” Campaign.
  - Fundraising campaign for the TAI with 100 mile endurance race raised over $40,000.
  - The Medical Center’s Foundation Golf Tournament was held October 1. The golf tournament raised over $281,000 to support the Deaths Avoided by Naloxone (DAN) campaign, which equips law enforcement with naloxone.

A7. Partner and increase consensus with specialty societies on issues affecting all physicians.

- AMA Interim Meeting in Atlanta.
  - Co-sponsored an AMA leadership meeting with the Medical Association of Atlanta for all MAG and MAA memberships.

- Physicians Day at the Capitol.
  - Held on January 28 with over 50 physicians attending with specialty and county medical society support.
  - Sponsor of the Southern Legislators Conference held in Savannah and provided the Doctor of the Day Program with the assistance of Georgia Medical Society.

- Summer Legislative Seminar.
  - The Summer Legislative Seminar was held in Chateau Elan on July 31 and was well attended by the members of the Georgia General Assembly and the Georgia Composite Medical Board.

- Encourage GAMPAC Fly In participation by county/specialty societies.
  - Fly in occurred on April 27/28 with participation from the Medical Association of Atlanta, Georgia Orthopaedic Society and MagMutual.

- Passage of the Transparency Bill in the 2015 General Assembly.
  - The Transparency Bill passed and signed by the Governor.
• Work closely with specialty societies on the issues impacting physicians at the General Assembly.
  o Medicaid Parity Payment.
    ▪ The General Assembly allocated $23 million towards the payment parity, which is one-third of the money that was needed. We have plans to address the remaining monies in the 2016 Supplemental Budget.
  o Biosimilars (Resolution 304C.14).
    ▪ Legislation consistent with MAG policy passed both chambers and was signed by the Governor.

• Prepare a report for 2015 HOD on CON (Ref. Com. HC – Officer 01.14).
  o A report was prepared and approved by the MAG House of Delegates.

• Promoting the Physicians Institute for Excellence in Medicine.
  o Appeared on TopDocs radio, a monthly radio program that MAG participates.
  o Assisted developing the new 2020 Strategic Plan of Work for MAG.

A11. Be an indispensable informational resource for members on how to handle issues related to Medicare, Medicaid and commercial health insurance.

• Health Insurance Mergers – Aetna/Humana and Wellpoint/Cigna
  o Multiple meetings were held with the Commissioner of Insurance and his office expressing our concerns with the potential mergers.
  o Organized national calls with the AMA, PAI and other state medical societies to develop a plan of action on the mergers.
  o Conducted numerous surveys with the membership on the potential impact of the mergers.
  o Submitted a position statement to the United States Department of Justice based on the information received from the membership.
  o Public relations campaign which includes radio interviews on TopDocs and other shows.

• Senator Renee Unterman’s Study Committee on Abusive Billing Practices
  o Prepared opposition testimony to any restrictions by the state on the physician’s ability to “balance bill” patients.
  o Mobilized national and state physician groups to oppose any restrictions on the physician’s ability to “balance bill” patients.

• Physician Advisory Committee with Blue Cross Blue Shield.
  o Meetings were held in January and August addressing systemic issues with Blue Cross Blue Shield.
• Actively lobby for passage of the SGR compromise bill in Congress.
  o Lobbied members of the Georgia Congressional Delegation over the last few months resulting in the SGR being repealed in favor of the Medicare Access and Children’s Health Insurance Program Reauthorization Act or “MACRA”.
  o We are now working closely with the AMA on the implementation of MACRA at the regulatory level.

• Actively lobby and introduce a bill related to Recovery Audit Contractors (RAC) Audits in Congress.
  o Sent letters to Congress to sign onto legislation, HR 2568 “The Fair Medical Audits Act of 2015” drafted by the Physicians Advocacy Institute and supported by the American Medical Association.
  o Obtained numerous Georgia co-sponsors of the legislation.

• Introduce a comprehensive insurance reform bill in 2015 General Assembly (consensus bill with Allied Health Providers).
  o Prohibition of “All Product Clauses.”
  o Addressing Network Adequacy (Resolution 311C.14).
    ▪ SB 158 was filed and hearing held in March.
    ▪ Study committee underway by the Senate, which includes the MAG President, Manoj Shah, M.D.

• Advocate for changes to the Prior Approval Requirements of Insurance Companies (Resolution 112A.14).
  o We have met with the pharmacists, pharmaceutical industry and plan to have a coalition work on this year in preparation for the next General Assembly.

• Seek improvements in Georgia’s Medicaid System.
  o Appointed to a Department of Community Health workgroup to address Medicaid Care Management Organization issues. We are working closely with the Georgia Hospital Association and the primary care medical societies.

• Support members in building practice capacity to respond to payer issues, including staff and patient education and engagement.
  o We continue to educate members via our newsletter and forums. Our most recent forums include education on billing for chronic care, patient collections and Medicare quality improvement. The webinars can be found at http://www.mag.org/resources/webinars.
  o Resolved physician payment issues related to Blue Cross Blue Shield of Georgia and the implementation of a new claims system.

B5. Partner with other associations (e.g., GMGMA, state specialty societies) to create an outreach services program to address practice management and third party payer issues (e.g., coding, finance) to build membership, non-dues revenue and build coalitions.
- Continue due diligence on the MAG HIE and move forward with securing third party funding.
  - The MAG/GHA/MagMutual proposed HIE is no longer moving forward after the completion of the due diligence phase. GHA concluded this HIE was not financially feasible at this time. However, we are working on another model with limited financial impact to MAG.

- Implement a GMGMA Liaison Task Force to discuss ways to work closer together.
  - We have hosted three (3) webinars focused on practice management issues through at grant from Alliant Health Solutions.
  - The GMGMA Liaison Task Force is our source of information on the public and private payer issues, while providing a pool of experienced practice managers available to testify at the Capitol on our health insurance study committee.

- Collaborate with the AMA on issues important to physicians.
  - Co-hosted a live event with the AMA in Atlanta to address concerns with meaningful use and electronic health records. MAG provided live testimonials that is featured on the AMA website. The testimonials can be found at [http://live.breaktheredtape.org](http://live.breaktheredtape.org).
  - Exploring opportunities to work with the AMA to oppose the mergers of Aetna/Humana and Wellpoint/Cigna. Multiple alerts have already been sent to the membership.

- Explore opportunities to grow the MAG education accreditation by partnering with other associations.
  - We have started actively pursuing hospitals on the border of Georgia and Tennessee in hopes of expanding the program.

C2. Create a six-member Blue Ribbon Task Force on Governance to systematically evaluate the process, structure (e.g., reducing size, increasing efficiency, effectiveness, creating a more rewarding and valuable membership experience) of MAG’s Committees. The Executive Committee will appoint members of the task force based on consensus recommendations from the President and President-elect. The Task Force will report to the Executive Committee which will make recommendations as appropriate.

- President’s Task Force on Governance (terms, term limits, and physician involvement).
  - Meetings occurred from February to June.
  - While the executive committee reviewed the recommendations, various county medical societies submitted resolutions that were debated at the House of Delegates.

- 2020 Strategic Plan of Work.
  - The executive committee approved the 2020 Strategic Plan of Work that was approved by the Board of Directors.
E1. Develop a long-term financial plan for MAG that includes setting aside reserves equal to 6% of annual expenses per year beginning FY 2013.

- Achieve $200,000 surplus.
  - A surplus in excess of $200,000 was successfully achieved for the sixth year in a row.

- Explore financial opportunities within correctional medicine to additional revenue to MAG.
  - The Correctional Medicine Program has started the accreditation of jails, which is projected to increase revenue over time.
MEDICAL ASSOCIATION OF GEORGIA
BOARD OF DIRECTORS MEETING

Friday, 9:00 am
October 16, 2015

MINUTES

The Board of Directors of the Medical Association of Georgia was called to order at 9:05 a.m. on Friday, October 16, 2015 by the Chairman of the Board Rutledge Forney, M.D. A quorum was met. Dr. Forney welcomed members and guests. Dr. Forney introduced Mr. Don Douglas of iMedicor, a national provider of comprehensive secured communications solutions for the health care community. iMedicor sponsored the morning breakfast. Mr. Douglas briefly reported on the company’s products and services, including a HIPAA-compliant communications network that addresses current federal standards for security and interoperability. iMedicor also serves as a leading meaningful use consultant to assist doctors with conversion from paper to electronic health records.

Attendance: (See Attached)

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

I. CHAIRMAN OF THE BOARD

A. 2016 Legislative Priorities: Michael E. Greene, M.D., Chairman of the Council on Legislation, presented the 2016 Legislative Priorities for action.

A motion (Clark/Juliao) was duly adopted approving the following 2016 Legislative Priorities: MOTION PASSED

Preserving Physician Autonomy
The Medical Association of Georgia will promote legislation that ensures that the practice of medicine is reserved for those who are qualified to provide care in accordance with the standards of the Georgia Medical Practice Act. The Medical Association of Georgia will continue to advocate for the physician to serve as the leader of the health care team.

Medicaid
The Medical Association of Georgia will support reforms that 1) ensure the adequacy of payment to physicians 2) reduce administrative burdens 3) reinforce the physician-patient relationship and 4) promote the practice of
quality medicine in Georgia, including the adoption of the Patient-Centered Medical Home.

The Medical Association of Georgia will advocate for the General Assembly to continue funding for the Medicaid Parity Payment Program. MAG will advocate that the legislature continue to fund all areas of primary care.

The Medical Association of Georgia will work with the legislature and state regulators on funding options for Georgia citizens who currently fall in the insurance coverage gap.

**Tort Reform**

The Medical Association of Georgia will work to preserve existing elements of tort reform.

**Health Insurance & Increasing Access to Care**

The Medical Association of Georgia will support reforms that require equity and transparency for insurers entering into contracts with physicians’ practices.

**Prescription Drugs**

The Medical Association of Georgia will encourage the legislature to continue funding the Prescription Drug Monitoring Program. Additionally, the MAG will advocate for autonomy to delegate authority for data entry in the PDMP database (within physicians’ practices), and encourage discussion among health care team members who work with patients and the PDMP. Finally, MAG will advocate for the ability to maintain patient awareness and privacy for those who may be included in the database.

B. **Resolution 309C.14, Ordering A Prescription Drug Under Protocol:** Ms. Patricia Yeatts, MAG’s Legal Counsel, presented Resolution 309C.14 for action. She reported that resolves 1, 3, and 4 of the resolution were tabled at the April Board meeting for additional information. David Bosshardt, M.D., addressed the members of the Board and strongly encouraged adoption.

A motion (Clark/Emerson) was duly adopted approving the following resolves 1, 3, and 4 of Resolution 309C.14: **MOTION PASSED**

Resolve 1) the Medical Association of Georgia (MAG) adopt a policy that APRNs cannot prescribe drugs for treatment of an unconfirmed medical diagnosis and that this policy will supersede all other MAG policy;
Resolve 3) that MAG adopt a policy that APRNs are trained to enter a nursing diagnosis for a patient and cannot enter an un-established medical diagnosis for a patient; this policy will supersede all other MAG policy; and

Resolve 4) that MAG supports for APRNs to be governed by the Georgia Composite Medical Board

C. Resolution 701HC.14, Establishment of an Assistant Physician as a Provider of Primary Care: The Board received for action a report on Resolution 701HC.14 that was referred to the Board of Directors from the House of Delegates. A task force was established to study the issue and report its recommendations back to the Board of Directors. On behalf of the task force, Thekkepat Sekhar, M.D., submitted the following two recommendations from the committee. The task force voted to support both recommendations and asked the Board of Directors to adopt recommendation 1 and 2.

- Recommendation 1: That the Medical Association of Georgia recognize that there are not enough primary care physicians to care for patients in Georgia and, therefore, MAG will facilitate the creation of a new intermediate health care license that would allow medical school graduates with MDs, DOs and MBBSs with USMLE certification to work under the supervision of a physician assisting with the delivery of primary care in a Federally Designated Medically Underserved Area for a finite period of time.

- Recommendation 2: That the Medical Association of Georgia (MAG) work with the Composite Medical Board to help graduates with MDs, MBBSs, and DOs with ECFMG certification who have failed to match find an acceptable residency spot.

There was much discussion related to a new assistant physician category and that the report did not address many of the questions and concerns voiced by the members of the Board, including liability and supervision and the impact of a temporary license to physician residents in programs that may or may not be achieved. It was felt that more study was needed to address these and other concerns and how much impact the new category will have on the primary care physician. After a lengthy discussion, the Board of Directors returned with the following directive:

A motion (Greene/Brooks) was duly adopted to return recommendation 1 to the Task Force on Assistant Physicians for additional study and detailed specifics to implement a new mid-level category, and recommendation 2 for additional study and detailed specifics of MAG’s assistance to the Georgia Composite Medical Board.  **MOTION PASSED**
II. BOARD APPOINTMENTS

A. Physicians Foundation Board of Directors: The members of the Board received for reappointment to the Board of Directors of The Physicians Foundation, MAG past presidents, Walker L. Ray, M.D., of Tucker and Alan L. Plummer, M.D., of Atlanta. Submitted as requested from current policy on external appointed members was a history of attendance at MAG meetings. Board members had many questions on the merits of the Foundation including Board member turn over, budget allocations, and continued knowledge of MAG’s strategic direction and policies.

A amended motion (Walsh/Greene) was duly adopted postponing appointments to The Physicians Foundation until the January 2016 Board meeting at which time its appointed members on the Board of The Physicians Foundation are requested to present a detailed report. MOTION PASSED

B. Physicians Institute for Excellence in Medicine: The Board of Directors received a request for two re-appointments to the Board of Directors of the Physicians Institute for Excellence in Medicine. Actions on these re-appointments were handled separately.

A motion (Harvey/Perry-Gilkes) was duly adopted re-appointing Madalyn N. Davidoff, M.D. of Warner Robins to the Physicians Institute for Excellence in Medicine Board of Directors. MOTION PASSED

A motion (Zeanah/Harvey) was duly adopted appointing Aaron Davidson, M.D., of Statesboro to the Physicians Institute for Excellence in Medicine Board of Directors. (Editorial Note: Dr. Davidson replaces Richard C. Simmons, M.D.) MOTION PASSED

C. MAG Foundation Board of Trustees: The Board of Directors received a recommendation to re-appoint Jack M. Chapman, Jr., M.D., to the MAG Foundation Board of Trustees.

A motion (recommendation from the Board of Trustees) was duly adopted re-appointing Jack M. Chapman, Jr., M.D., to the MAG Foundation Board of Trustees. MOTION PASSED

III. TREASURER

A. Budget 2016: MAG Treasurer Steven M. Walsh, M.D., presented a proposed 2016 Budget for Board consideration. He reported that the proposed budget is a conservative one modeled from budgets adopted over the last few years. He made note that health insurance continues to rise each year and was asked to consider high deductible
plans that may keep costs lower. After a brief summary on the details of the proposed budget, the Board rendered the following action:

A motion (Davidson/Zeanah) was duly adopted approving the proposed 2016 Operating Budget as submitted. **MOTION PASSED**

B. **Financial Statements:** Dr. Walsh submitted the Financial Statements for the eight months ended August 31, 2015. He summarized the statements in his written report showing a net income above budget. Expenses are higher due to paying off the mortgage on the building and prepayment of the penalty. It was noted that MAG expended 5.9% less than allocated in the budget and is 12.7% less than August 31, 2014 year-to-date.

A motion (Clark/Reisman) was duly adopted accepting the Financial Statements for the eight months ended August 31, 2015. **MOTION PASSED**

C. **Dues:** The proposed budget held no changes in association dues for 2016 therefore no recommendation was forwarded to the House of Delegates. The Board of Directors accepted the current dues structure as written to be used for a reference guide.

D. **MEP Update:** Mr. Kevin Rainwater gave a brief report on the MAG MEP 401(k) Plan. He encouraged members to review and compare the Atlanta Capital Group plan with their current plan and consider moving to the MAG MEP 401(k) Plan set forth by Atlanta Capital Group.

E. **AMA Interim Meeting – Funds re-allocated:** Dr. Walsh reported that at its last meeting the Executive Committee approved a $10,000 fund re-allocated to the AMA Delegation for the 2015 AMA Interim Meeting being held in Atlanta, Georgia this November. This action must be ratified by the Board of Directors.

The Board of Directors ratified the Executive Committee action to re-allocate $10,000 to the AMA Delegation for the AMA Interim Meeting to be held in Atlanta on November 14-17, 2015. **ACTION TAKEN**

F. **GAMPAC HR Expenses:** On behalf of the Finance Committee, Dr. Walsh submitted a request for MAG to forgive GAMPAC HR expenses in the amount of $25,000.

A motion (Silver/Emerson) was duly adopted approving the amount of $25,000 to be used to absolve GAMPAC HR expenses. **MOTION PASSED**
IV. PRESIDENT

A. Actions of the Executive Committee: Manoj Shah, M.D., President presented actions taken by the Executive Committee.

A motion (Bohlke/Barber) was duly adopted ratifying the following actions taken by the Executive Committee by email votes: MOTION PASSED

1. Approving October 19-22 at the Hyatt Regency Savannah as the date and site for the MAG 2017 annual session.

2. Approving to submit the following names for the Study Committee on Bariatric Surgery: Harold Kent, M.D., and Jaime Ponce, M.D.

3. Approving to submit the following names for appointment on the Commission on HB 1: Eric Awad, M.D., Robert Bashuk, M.D., and Margaret Boltja, M.D.

4. Appointing Steve Wilson, M.D., to the Coalition on Immunizations, an advisory board of GMCF.

5. Approving to sign onto the amended Team-based Care Initiative – Guidelines for Promoting Team-based Care as amended

6. Appointing the following members to the GAMPAC Board of Directors: Matthews Gwynn, M.D., Atlanta; John J. Rogers, M.D., Macon; Michael Sharkey, M.D., Dublin; and Snehal Dalal, M.D., Duluth.

7. Approving the following statement on the implementation of ICD-10: “The Medical Association of Georgia supports the announcement that the American Medical Association and the Centers for Medicare and Medicaid Services recently made to address the challenges that large numbers of physicians and medical practices face in making the transition to ICD-10 billing codes that are scheduled to go into effect on October 1. MAG would also support a dual ICD-9/ICD-10 reporting period to assist the physicians/medical practice that are struggling with the transition.”

8. Approving the list of people to receive certificates of appreciation at the 2015 House of Delegates and authorizing the president to approve any names that may be submitted between now and the 2015 House of Delegates.
9. Approving that MAG promote, not as an endorsement but for information only, tools provided by Enroll America that assists the uninsured to obtain health care insurance.

A motion (Bohlke/Barber) was duly adopted ratifying actions taken by the Executive Committee on April 17, 2015. **MOTION PASSED**

B. **Strategic Plan 2020**: The Board of Directors received a copy of the 2020 Strategic Plan developed and approved by the Executive Committee.

A motion (Silver/Bohlke) was duly adopted approving as developed by the Executive Committee, the 2020 Strategic Plan. **MOTION PASSED**

V. **EXECUTIVE DIRECTOR**

A. **Balance Billing**: The Board of Directors received for information an article from *HealthLeaders Media* publications addressing out-of-network billing. The article says that seven states have considered creating laws to set firm ground rules to limit physician payments when they are not in a network that is determined by a patient’s insurance company. Mr. Palmisano reported that MAG will continue to monitor the issue as it continues to promote limited insurance encroachment in the practice of medicine.

B. **Aetna-Humana Merger & Wellpoint-Cigna Merger**: MAG Executive Director Donald Palmisano Jr., reported that MAG has been actively monitoring the national attention of the Aetna-Humana & Wellpoint-Cigna mergers. The American Medical Association released a statement stating that the mergers exceed federal antitrust guidelines. The Physician Advocacy Institute of which MAG is a member, is also opposing the mergers.

Mr. Palmisano requested an action from the Board of Directors as to whether MAG should or should not oppose the mergers. Members of the Board expressed their concerns about the mergers and the impact they will have on physician practices. It was the consensus that MAG officially strongly oppose the Aetna-Humana and the Wellpoint-Cigna mergers. At the conclusion of the discussion, the Board of Directors rendered the following action:

A motion (Sherman/Zeanah) was duly adopted opposing the mergers of Aetna-Humana and Wellpoint-Cigna. **MOTION PASSED**

VI. **SECRETARY**

A. **Minutes – April 18, 2015**: MAG Secretary Andrew Reisman, M.D., presented the April 18, 2015 Board Minutes for approval.
A motion (Sherman/Brooks) was duly adopted approving the April 18, 2015 Minutes of the Board of Directors as submitted. **MOTION PASSED**

B. **Membership – District and CMS Revitalization:** John S. Harvey, M.D., addressed members of the Board with his goal to revitalize MAG’s district and county medical societies. He presented a PowerPoint presentation to encourage Board members to return to their component societies and become more engaged in the medical community discussing with colleagues what is heard at the MAG Board meetings, and where and how to obtain necessary information from MAG’s various communication outlets, (e.g. website, publications). Board members were encouraged to communicate to the Board the needs and concerns of their district and county societies.

VII. **INFORMATIONAL REPORTS**

A. **Physicians Foundation Report:** The Board of Directors received for information a written report from The Physicians Foundation. This report was also included in the HOD Handbook for members of the House of Delegates.

B. **Alliant GMCF Report:** The Board of Directors received for information a written report from Alliant GMCF Chairman Bob Lanier, M.D., and CEO Dennis White. Adrienne Mims, M.D., presented the report and encouraged primary care physicians to sign up to assist the Alliant in its screening program. She reported that information on the new program can be obtained at the conclusion of the Board meeting.

C. **AMA Delegation Report:** William Clark, M.D., Chairman of the AMA Delegation, gave a brief overview on the upcoming AMA meeting to be held this November in Atlanta at the Marriott Marquis. He reported that the delegation will begin to develop service expectation guidelines to become more transparent to members of the association. He encouraged AMA membership so that additional involvement can be obtained through additional delegate seats in the AMA House of Delegates. Dr. Clark reported that Joseph P. Bailey, Jr., M.D., chair emeritus, is this year’s recipient of the AMA Distinguished Service Award. He will receive the award at the opening session of the AMA House on Saturday, November 14.

D. **GAMPAC:** James Barber, M.D., Chairman of GAMPAC, addressed members of the Board and announced 100% Board membership in GAMPAC. He encouraged members of the Board to attend the GAMPAC luncheon to hear the featured speaker Senator David Perdue. Dr. Harvey stated that members of the House are at 65% membership in GAMPAC. His goal during his tenure as president will be to increase House participation to 100% this year.

E. **MAG Foundation:** Jack Chapman, Jr., M.D., gave a brief report on the success of the golf tournament that raised 281,000 that the MAG Foundation will use to fund the Foundation’s DAN Project (Deaths Avoided by Naloxone). He announced that
the Foundation was successful in funding a billboard sign that reads, *Save A Life...Call 9.1.1*. This project aims to protect those seeking medical assistance during a drug overdose from criminal prosecution. Dr. Chapman announced that Waycross has been added as a new drop box location as part of the MAG Foundation’s Thing About It campaign to reduce prescription drug abuse in the state. Dr. Chapman encouraged participation in the Georgia Physician Leadership Academy and that if anyone knows of someone who has interest to contact their county or specialty society.

VIII. OLD/NEW BUSINESS

IX. FOR INFORMATION ONLY

A. Yearly Attendance Record: The Board of Directors accepted for information its yearly attendance record as updated.

B. Board Organizational Agenda: The Board of Directors received the agenda for its Board organizational meeting to follow immediately on adjournment of the House of Delegates.

X. NEXT MEETING

The next meeting of the Board of Directors of the Medical Association of Georgia is its organizational meeting on Sunday, October 18, 2015, following adjournment of the House of Delegates.

ADJOURN

Having no further business, the Board of Directors of the Medical Association of Georgia adjourned its October 16, 2015 meeting at 12:10 p.m.

APPROVED BY: ________________________________________________

ANDREW B. REISMAN, M.D., SECRETARY

DATE: ________________________________

RECORDED BY: ________________________________

DONNA T. GLASS
MAG BOARD OF DIRECTORS ATTENDANCE RECORD

DATE: October 16, 2015

President ............................................................................................................. Manoj H. Shah
President-elect .................................................................................................. John S. Harvey
Immediate Past President .................................................................................. William E. Silver
First Vice President ............................................................................................ Thomas E. Emerson
Second Vice President ....................................................................................... Madalyn Davidoff
Chairman, Board of Directors .......................................................................... Rutledge Forney
Vice Chairman, Board of Directors ..................................................................... Fred Flandry
Secretary ............................................................................................................. Andrew B. Reisman
Treasurer ............................................................................................................. Steven M. Walsh
Speaker, MAG House of Delegates ..................................................................... Frank McDonald
Vice Speaker, MAG House of Delegates ............................................................. Edmund R. Donoghue
Chairman, AMA Georgia Delegation ................................................................. William Clark
Chairman, Council on Legislation ....................................................................... Michael E. Greene

DIRECTORS/ALTERNATE DIRECTORS

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

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

District 3: 

District 6: 

District 7: John S. Antalis, Dalton, Director
            David C. Bosshardt, Ringgold, Alternate Director

District 8: S. William Clark III, Waycross, Director
            James W. Barber, Douglas, Alternate Director

District 9: Stephen Jarrard, Clayton, Alternate Director

District 10:

Bibb County Medical Society:
            William P. Brooks, Macon, Director
            Robert C. Jones, Macon, Alternate Director

Cobb County Medical Society
            Despina Dalton, Austell, Alternate Director
Crawford W. Long Medical Society

DeKalb Medical Society
   Stanley W. Sherman, Decatur, Director
   Andrea P. Juliao, Tucker, Alternate Director

Dougherty County Medical Society

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

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

Hall County Medical Society

Medical Association of Atlanta:
   Rutledge Forney, Atlanta, Director
   Michael C. Hilton, Atlanta, Director
   Quentin Pirkle, Atlanta, Director
   Lisa Perry-Gilkes, Atlanta, Director
   Thomas E. Bat, Atlanta, Alternate Director
   Matthews Gwynn, Atlanta, Alternate Director
   W. Hayes Wilson, Atlanta, Alternate Director

Muscogee County Medical Society:
   Frederick C. Flandry, Columbus, Director

Richmond County Medical Society:
   Michael J. Cohen, Augusta, Director
   John F. Salazar, Augusta, Director
   Jill P. Hauenstein, Augusta, Alternate Director

Young Physician Section

Medical Student Section

Other Voting Members
   W. Scott Bohlke, Brooklet, Past President
   Sandra B. Reed, Thomasville, Past President
Ex-officio members:
  Joseph P. Bailey, Jr., Augusta, Past President
  Jack M. Chapman, Jr., Gainesville, Past President
  Billie Luke Jackson, Macon, AMA Alternate Delegate
  E. Dan DeLoach, Savannah, Past President
  Bob G. Lanier, Atlanta, Past President
  Joy A. Maxey, Atlanta, Past President
  Gary C. Richter, Atlanta, Past President
  Stanley Sherman, Decatur, Editor, JMAG
  Roy W. Vandiver, Decatur, Past President

GUESTS:
Thekkepat Sehkur, M.D., MAG Member
CaRita C. Connor, Executive Director, Georgia Medical Society
Dale Mathews, Executive Director, Bibb County Medical Society
Joanne Thurston, Executive Director, Cobb County Medical Society
David Waldrep, Executive Director, Medical Association of Atlanta
Dan Walton, Executive Director, Richmond County Medical Society
Mr. Kevin Rainwater, Atlanta Capital Group
Mr. Ross Simms, Atlanta Capital Group
Mr. Trey Reese, Hall Booth Smith & Slover
Mr. Don Douglas, Chief Operating Officer, IMEDICOR

STAFF:
  Arianna Afshari
  Andrew Baumann
  Kate Boyenga
  Marcus Downs
  Donna Glass
  Sally Jacobs
  Fred Jones
  Tom Kornegay
  Ryan Larosa
  Susan Moore
  Lori Murphy
  Donald Palmisano
  Patricia Yeatts
  Anita Amin
MAG ORGANIZATIONAL MEETING

Sunday, October 18, 2015
Hyatt Regency Savannah

M I N U T E S

MAG President John S. Harvey, M.D., called the Board Organizational meeting to order and recognized Joy Maxey, M.D., for her leadership in reactivating MAG’s Resident and Fellow Physician Section.

Dr. Harvey called for nominations for chairman and vice chairman. Rutledge Forney, M.D., of Atlanta was nominated for the position of Chairman of the Board. Fred Flandry, M.D., of Columbus was nominated for the position of Vice Chairman of the Board. Hearing no further nominations were closed.

The Board of Directors elected Rutledge Forney, M.D., of Atlanta, Chairman of the Board.

The Board of Directors elected Frederick (Fred) Flandry, M.D., of Columbus, Vice Chairman of the Board.

Dr. Forney received the gavel from Dr. Harvey and proceeded with the business of the meeting. She presented the following membership of the 2016 Committee on Finance and recognized Thomas Emerson, M.D., as the newly elected Treasurer who serves as chairman:

- William P. Brooks, M.D., Macon (Family Medicine)
- Kelly A. Erola, M.D., Savannah (Palliative Medicine)
- Rutledge Forney, M.D., Atlanta (Dermatology)
- Lisa Perry-Gilkes, M.D., Atlanta (Otolaryngology)
- William E. Silver, Atlanta (Plastic Surgery)
- James L. Smith Jr Lawrenceville (Emergency Medicine)
- Arthur J. Torsiglieri, Conyers (Otolaryngology)
- Michelle R. Zeanah, Statesboro (Pediatrics)

Dr. Forney called for the appointment of Editor and Editorial Board of the Journal of the Medical Association of Georgia (JMAG).

The Board of Directors appointed Stanley W. Sherman, M.D., of Decatur as MAG’s JMAG Editor.

The Board of Directors appointed the following members to serve as the 2016 JMAG Editorial Board:
- Janis S. Coffin, D.O., Augusta
Dr. Sherman thanked the members of the Board of Directors for re-appointing him as Editor. As a point of personal privilege, Dr. Sherman requested that the Board of Directors consider other cities to host future annual sessions. Dr. Forney stated that his request will be forwarded to the Committee on Annual Session for consideration.

The next meeting of the Board of Directors of the Medical Association of Georgia will be held at 10:00 a.m., on Saturday, January 30, 2016 at MagMutual Insurance Company, 3535 Piedmont Road in Atlanta.

Having no further business, the Board of Directors of the Medical Association of Georgia adjourned its organizational meeting.

APPROVED BY: ____________________________________________________________
ANDREW B. REISMAN, M.D.

DATE: ___________________________________________________________________

RECORDED BY: ___________________________________________________________
DONNA T. GLASS
## EXECUTIVE SUMMARY

Georgia was honored this year to be the host state for the AMA 2015 Interim House of Delegates Meeting (I-15). Well over 500 physician delegates (plus alternates, staff, other AMA members, spouses and the national press) gathered from across the country to deliberate on critical policy, advocacy and membership-related issues at the Atlanta Marriott Marquis, November 14-17 and to adopt and focus AMA policies.

MAG was well represented with full delegation attendance. The Delegation advocated strongly for passage of recently submitted resolutions as well as those previously submitted that are still working their way through the referral to board/council process. The story of that advocacy, the current status and our accomplishments is detailed in this report. Please read it thoroughly.

In addition, we celebrated the selection of Dr. Joe Bailey as the only recipient of the 2015 AMA Distinguished Physician Award with a well-attended Welcome to GA Reception after the opening session. At this reception the delegation members renewed old relationships and advocated for MAG positions where strategic.

Honoring our commitment to the MAG BOD last January, I am pleased to report that the Delegation updated and consolidated its policies at the Annual AMA Meeting and agreed upon our service expectations in Atlanta. Attached for approval are these documents for your review.

In conclusion, your AMA delegation needs to grow and the only way that will happen is for all of us to join (rejoin) the AMA and advocate to our colleagues that they should join us. MAG is currently in a unique position to accomplish the priorities of GA physicians that will be even stronger when there are more GA physician members of the AMA.
The AMA HOD meets twice a year. The June meeting is annually in Chicago and lasts for 6 days. The November meeting rotates among states where it is less likely that snow will impede transportation and lasts 5 days. Georgia was honored last year to be the host state for the AMA 2015 Interim House of Delegates Meeting. At the meeting, 517 voting delegates were credentialed. MAG’s perspective was represented by five delegates (<1%) as well as alternates and other MAG members who serve in national specialty society delegations. As in MAG, delegates are apportioned to organizations based on the number of AMA members within their boundaries. If there were more GA physicians who were members of the AMA, MAG could elect more AMA delegates to advocate for their perspectives.

We welcomed new delegation members Drs. Gary Richter and John Goldman, as well as President John Harvey, who served ex officio as an additional alternate delegate and hosted whenever we met in the Georgia Suite to caucus.

To accomplish MAG priorities, the delegation divides the massive AMA HOD Handbook by reference committees and each member is assigned a reference committee to study each report and resolution and suggest actions and strategies for the delegation to pursue that are then voted upon. This discussion is held by teleconference the week before the meeting and every member submits a detailed analysis with recommendations of his/her refcom prior to that meeting.

The AMA Board of Trustees arrived in Atlanta a few days earlier to hold a Board meeting prior to I-15. MAA and MAG cohosted a dinner and meeting with AMA leaders at the Georgia Tech Hotel and Conference Center on Thursday, November 12. It was well attended and members were afforded the opportunity to get to know AMA leadership, ask questions and give opinions and concerns.

On Friday, the MAG past presidents on the delegation attended the annual meeting of the Organization of State Medical Society Presidents (OSMAP). OSMAP participants heard a presentation from MAG Past President Alan Plummer and current Vice President of the Physicians Foundation on the positive and promising initiatives of the Foundation. His topics included an overview of the foundation, summarizing intriguing surveys and informational documentation on issues including managing the transition to IDC-10. He briefed the participants on the various grants that have been awarded for many worthwhile patient care and leadership initiatives including significant financial support for statewide (like GPLA) and national physician leadership programming. He encouraged participants to view the Forbes Channel to see several stories highlighting the voice of physicians through the Physicians Foundation.

At the opening session on Saturday, AMA president Steven J. Stack, M.D., presented Joseph P. Bailey, Jr., M.D., with the 2015 Distinguished Service Award. This award is presented for meritorious service in the science and art of medicine. At the close of the house, MAG
sponsored a Welcome to GA Reception, recognizing Dr. Bailey and allowing our delegates a unique opportunity to network with their colleagues and advance MAG priorities. Dr. Bailey was surrounded later that evening by family, friends and colleagues who honored him at the GA delegation dinner.

The AMA Delegation met several times during the Interim meeting to review reports and resolutions submitted to the AMA for action. Mornings began approximately at 6:30 a.m. when the delegation and other Georgia physicians representing national specialty societies or sections would gather to discuss the merits of each report and resolution and using MAG polices as the reference guide determining whether the delegation would or would not support. First and foremost were the resolutions submitted to the AMA from the Medical Association of Georgia (MAG) of which the delegation took the lead to address in reference committees and the AMA House of Delegates.

The following is a summary report of those resolutions:

Resolution 101A, National Board of Physicians and Surgeons (NBPAS) Recertification, as adopted by MAG HOD

“that the AMA 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.”

AMA Georgia Resolution 925 combined with Resolution 924, Alternative Pathways to Board Recertification was referred to Reference Committee K. Reference Committee K recommended adopting as amended Resolution 924 in lieu of Resolution 925. Because of the complexity of the issues presented in both resolutions, the members of the House decided to refer both resolutions for a report back at A-16. It is the AMA Council on Medical Education that monitors the development and implementation of maintenance of certification standards. Therefore it is expected that the report at A-16 will be developed by this particular council. The AMA Delegation will review this report at the AMA Annual meeting in 2016 and report back to its outcome.

This is a positive outcome for this resolution at this point of consideration and the results of the study will be scrutinized in June.

Resolution 102A.15, Computer Electronic Health Record Cybersecurity as adopted by the MAG HOD

“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.

AMA Georgia Resolution 221, Indemnity for Breaches in Electronic Health Record Cybersecurity was referred to Reference Committee B. Members of the reference committee
heard testimony in support of the intent of Resolution 221 that highlighted the growing concern with security and privacy breaches as more patient information is being stored electronically. Reference Committee B recommended the following amended Resolution 221 which was adopted by the HOD:

“RESOLVED, that our American Medical Association advocate for indemnity or other liability protections for physicians whose electronic health record data and other electronic medical systems become the victim of security compromises. (Directive to Take Action)

This is a successful outcome for this resolution.

Resolution 113A.15, IOM “Dying in America” Report as adopted by the MAG HOD

“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.”

AMA Georgia Resolution 006 was referred to the Reference Committee on Amendments to Constitution and Bylaws. Testimony for the resolution was predominately in favor of referral. While many who testified spoke in favor of the spirit of the report given the incredible amount of work that needs to be done around end-of-life decision making in the medical field, there was palpable skepticism about the content and recommendations of the IOM report. Testimony noted that the report had not been fully vetted by the AMA, and that there were incongruences between the different versions of the report as well as the report’s summary. There were concerns raised with some of the items in the IOM report relating to physician’s licensure. Because of all that was heard from members in the reference committee hearings, the reference committee recommended referral for decision.

Members of the House of Delegates referred Resolution 006 for report back at A-16. The Georgia Delegation will review this report in June 2016 and give you a report on its outcome.

This is a positive outcome for this resolution.

Resolution 304C.15, Lymphedema Treatment Act as adopted by the MAG HOD

“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,”

AMA referred this Georgia resolution 304C.15 to Reference Committee J. There was unanimous testimony in support of Resolution 822. Testimony given requested amendments clarifying that compression garments are not items of durable medical equipment and the inclusion of coverage for specific treatment options. Reference Committee J proposed substitute language and recommended the HOD adopt Substitute Resolution 822.
The AMA HOD adopted Substitute Resolution 822 as follows:

MEDICARE COVERAGE FOR EVIDENCE-BASED LYMPHEDEMA TREATMENT
RESOLVED, that our American Medical Association support Medicare coverage for appropriate and evidence-based treatment of lymphedema. (New HOD Policy)

This is a successful outcome for this resolution.

Resolution 311C.15, Amend H.R. 6, The 21st Century Cures Act

“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.”

The AMA combined Georgia Resolution 823 and Resolution 813, Removing Financial Barriers to Participation in Clinical Trials for Medicare Beneficiaries and referred them together to Reference Committee J. Reference Committee 813 called for AMA to advocate for legislation providing Medicare beneficiaries with coverage for the full amount of Medicare approved expenses incurred through participation in approved clinical trials. Resolution 823 called for AMA to advocate for the U.S. Senate to amend H.R. 6, 21st Century Cures Act to prohibit all supplement (Medigap) insurance policies from denying coverage of the entire Medicare approved expenses for a FDA approval clinical trial that Medicare Part A does not cover. Testimony was mixed on Resolutions 813 and 823. Significant testimony stated that the issue of clinical trial insurance coverage was multi-pronged and complex. Many of those testifying raised potential concerns. Therefore, because the issue is both complex and time-sensitive, Reference Committee J recommended referral.

Members of the AMA HOD agreed with Reference Committee J and referred for decision Resolutions 813 and 823 with a request for an informational report back to the House of Delegates.

This is a positive outcome for this resolution at this point but the results of the study will be scrutinized.

Other AMA actions included a new policy in opposition to the insurance mergers that, according to AMA members, would erode competition, causing patients and employers to pay higher premiums and forcing physicians to accept terms that will degrade their ability to provide patients with high-quality health care. Building on its work with the National
Association of Attorneys General, the AMA will present to a majority of state attorneys general later in November. AMA’s testimony will highlight findings from the AMA’s competition study and emphasize the importance of blocking mergers such as those between the four majors national insurers that are in the works.

AMA adopted a report written by the Council on Medical Education. The report notes that “given the scrutiny Medicare funding of GME has received of late, there may now be a greater prospect of developing a new payment system that could fund and shape a more appropriate physician workforce.” The report suggestions included research state funding possibilities, turn to philanthropic organizations, consider partnering with employers, worth with location hospitals. In looking ahead, policy adopted along with the report includes a number of actions that would help advance funding for CME: 1) AMA will explore various models of all payer funding for GME; 2) organizations with successful existing models should publicize and share their strategies, outcomes and costs; and 3) the AMA will encourage insurance payers and foundations to enter into partnerships with state and local agencies, academic medical centers and community hospitals to expand GME.

In response to increasing drug costs impacting patient access to needed medications, physicians voted to convene a task force and launch an advocacy campaign to drive solutions and help make prescription drugs more affordable. Physicians also are calling for greater competition in the pharmaceutical industry and transparency in prescription drug prices and costs.

Policy was adopted concerning shortcomings in EHR interoperability. The meaningful use program offers powerful financial incentives and disincentives for physicians but not to do so for EHR vendors. Meanwhile, most EHR systems fail to satisfy physician users. Physicians called for the Office of National Coordinator for Health IT (ONC) to prioritize EHR interoperability, data portability and health IT data exchange testing. The AMA will work with EHR vendors to promote transparency of actual costs of EHR implementation, and CME and ONC to identify barriers and solutions to data blocking so that physicians and hospitals have more options for purchasing, donating, subsiding or migrating to new EHRs.

The House referred CEJA Report 3 (Modernized Code of Medical Ethics) In 2008, the Council on Ethical and Judicial Affairs (CEJA) began the project to comprehensively review the AMA’s foundational document, the Code of Medical Ethics, and update the Opinions and interpret AMA Principles of Medical Ethics. The Council’s goal was to ensure that the Code’s ethical guidance keeps pace with the demands of a changing world of medical practice. This project represents the first such thoroughgoing review in more than 50 years. With assistance from the Federation of Medicine and AMA Councils and Sections, the Council reviewed each individual Opinion for clarity, timeliness and ongoing relevance in today’s health care environment, and consistency within the Code. However, reference committee testimony sparked questions and concerns regarding specific chapters of the Code. The final action of the House of Delegates was to agree with the reference committee recommendation to refer the Code of Medical Ethics and Judicial Affairs for clarify the confusion about the scope of code modernization.
The GA delegation agreed to participate with the Southeastern Delegation to study and make physician-friendly improvements to the proposed CEJA revisions to come to a meaningful agreement in the near future.

These are just a few of the many actions taken by the AMA House of Delegates this past November. To obtain final AMA actions on all reports and resolutions introduced this past November, please use the follow link:

http://www.mag.org/organizations/americamedical-association

I’d like to share with you a couple of documents the Delegation considered and adopted in 2015. At the June AMA HOD meeting, the delegation updated our internal policies to consolidate actions and procedures established over the course of the last two decades, which is attached.

At the November meeting, we deliberated and adopted our new policy of service expectations for the delegation, which is also attached to this report for approval. For the first time, an attendance and performance grid will be maintained that will be transmitted to the MAG EC, BOD and HOD.

Please feel free to share these documents with your district and county society leadership.

In conclusion, we now begin again to prepare for the next AMA meeting. The AMA Annual meeting will be held on June 11-15, 2016 at the Hyatt Regency Chicago. We will continue to serve the membership at the AMA meetings and in between the two major meetings will work, to promote and advocate for MAG policies through involvement in other AMA activities.

Your AMA Delegation strongly encourages all MAG physicians to join the AMA in order to give GA a stronger and more credible voice for our policies at the national level. There is no substitute.

Please don’t hesitate to contact me or any of your delegates and alternate delegates should you have questions or concerns regarding AMA policy and procedures.

I’d like to thank the Medical Association of Georgia for its continued support and confidence in those whom you have elected to be your voice at the AMA meetings each year.

I respectfully submit the following new and updated policies of the GA AMA Delegation to the MAG BOD for approval:

1. MAG AMA Delegation Policy
2. MAG AMA Delegation Service Expectations

Bill Clark, MD
Chair, Georgia AMA Delegation
Policy Statement of the Medical Association of Georgia Delegation to the American Medical Association
As adopted June 9, 2015

I. Purpose

The charge of the MAG AMA Delegation is to present and advocate for the policies of the Medical Association of Georgia to the American Medical Association, including deliberations at the AMA House of Delegates and other activities.

II. Composition and Duties

A. The Georgia Delegation is comprised of the AMA Delegates and Alternates elected by the MAG House of Delegates, the MAG President (an additional Alternate Delegate as allowed by AMA) and other AMA Delegates and/or Alternates that are funded by MAG (Regional Section Delegates to the AMA HOD). For internal elections, delegation endorsements and policy changes, only the AMA Delegates and Alternates elected by the MAG HOD will be allowed to vote.

B. The Georgia Delegation is expected to advance the policies of the Medical Association of Georgia in the form of resolutions to the American Medical Association and other advocacy activities.

C. Delegation members will be assigned to study, monitor and present testimony before at least one of the AMA HOD reference committees and to be seated in the House during their primary reference committee deliberations. Each will be expected to:

1. Analyze the pertinent sections of the AMA HOD Handbook and complete the Delegation Worksheet with his/her perspective of MAG’s policy, personal opinions and recommendations prior to the pre-meeting teleconference. The worksheet should be submitted to MAG staff at least 24 hours before the teleconference, so they can be compiled.

2. Participate in the teleconference if at all possible.

3. Review the online testimony in the relevant reference committee and others where interested, prior to the meeting and be prepared to inform the Delegation during the teleconference considerations, where appropriate.

D. The Delegation Chair is responsible for submitting reports to the MAG House of Delegates, Executive Committee and Board of Directors.

E. The Chair of the Delegation sits on the MAG Executive Committee, the MAG Board of Directors, and should be present at the MAG House of Delegates.

F. Georgia Delegation members are expected to be present during the entire meeting of the AMA House of Delegates; however, the Delegation is permitted to set up an early departure schedule as long as all allotted seats in the House are occupied until the end of the
meeting. They are to take part in all caucuses of the Delegation, in reference committee hearings and all floor deliberations, unless excused by the Chair for other AMA related responsibilities. Any foreseen or unforeseen absences are to be reported to the Chair of the Delegation. A Delegate who is present for only part of the meeting will not be reimbursed unless such absence is excused by the Chair of the Delegation.

III. AMA Medical Student Section Delegates and Alternates to the AMA HOD

A. The Delegation will include and support AMA MSS Regional Section Delegates and Alternates as long as they are approved and funded by MAG. The criteria for selection will include:

1. Prospective candidates must be and remain MAG and AMA members in good standing.

2. Candidates are nominated and elected through each school’s AMA/MAG MSS Chapter; if more than 4 candidates are nominated, the MAG MSS shall elect a final slate of not more than 4 candidates for consideration. A list of candidates shall be forwarded to the chair of the Georgia Delegation.

3. Candidate(s) will be interviewed by the Georgia Delegation to the AMA or its designees and approved by the delegation chair/vice chair. It is recognized that a candidate may or may not be chosen in any given year. The candidate(s) will be interviewed prior to the deadline for submission as designated by the AMA at a time determined by the Chair.

4. It is required that candidates request a Dean’s letter with assurance of academic standing and Dean’s agreement that candidate(s) would be released from class/clinical duties for meeting attendance.

5. The student delegation will participate in meetings/caucuses/teleconferences of the Georgia Delegation, and will be seated with the Delegation on the floor of the House.

6. The student delegate will testify for the Delegation only if authorized by the chair/vice chair. He/she may always speak as an individual.

7. The student delegate is to follow MAG policy in all testimony, including testimony given on behalf of the AMA-MSS.

8. The Delegation will mentor the student with MAG policy, process and procedures.

9. The student delegate will be required to submit a report within two weeks at the end of each AMA HOD to both the State MSS and Chair of the Delegation.
IV. Caucuses and Meetings

Delegation meetings may be called at the discretion of the Chair or by written petition signed by a majority of the Delegates and Alternate Delegates. The Chair will designate times for caucuses and other meetings during the AMA House of Delegates meetings.

V. Executive Sessions

The Chair may call executive sessions from time to time as needed. An executive session will be attended by the Delegates, Alternate Delegates, and others may be included by invitation of the Chair.

VI. Officers and Elections

A. Officers

1. The MAG Delegation will elect a Chair and Vice Chair of the Delegation by secret ballot at the AMA Annual Meeting in odd years by a majority vote. A runoff election will be held as required until a majority can be achieved. Proxy or absentee ballots are not permitted. The MAG CEO (or his/her designee) will count the ballots. The term of office will begin at the conclusion of that Annual Meeting. The Chair must announce the time and place of the election at least 24 hours in advance of the election. In the event of the resignation or incapacitation of the Chair in between elections, the Vice Chair will assume the responsibilities of the Chair and will call a Delegation meeting to select a new Chair and, if necessary, Vice Chair as soon as convenient to the Delegation.

2. The Chair and the Vice Chair are elected for a two-year term and may serve additional terms if elected by the Delegation. The Chair will be in charge of the overall activities of the Delegation, including appointing any Ad Hoc committee and presiding over all meetings. The Chair is responsible for communication with members of the Delegation in preparation for attending an AMA House meeting. The Chair is also responsible for appropriate correspondence and communication with other delegations or other members of the AMA House of Delegates. The Chair also represents the Delegation in its various functions that are part of the normal activities of the AMA House. The Chair will be the host for the Delegation and is responsible for all Delegation activities and shall not be absent from the Delegation under normal circumstances.

   (i) The Vice Chair of the Delegation will preside over the meetings of the Delegation and fulfill other duties of the Chair in his/her absence, including participation in MAG Executive Committee meetings.

   (ii) The Senior Alternate Delegate will be responsible for securing a nearby seating location for the other alternates and for coordinating their seating in the house. When two or more Alternates take office at the same time, seniority shall be established by the flipping of a coin or other method as determined by the Senior Alternate Delegate.
VII. AMA Office Candidates

A. The Delegation shall interview and evaluate all potential Georgia candidates who are MAG members for AMA elective office. Potential candidates should declare their interest in running for office at least two full years in advance of the AMA Annual Meeting at which they plan to be a candidate. If there are developments later in the year that preclude this, the Chair at his/her discretion, may call a special Delegation meeting to consider this person for candidacy.

B. In order to receive the official endorsement of the Delegation, at least 75% of the voting members present must vote to support the potential candidate. After such selection by the Delegation, the potential candidate should expect to receive the full support of the Delegation. The Delegation should consider MAG candidates for all the elected AMA offices.

C. The Georgia Delegation is a member of the Southeastern Delegation to the AMA and an active participant in the SED Candidate Review process. All candidates for elected AMA offices are interviewed by the SE Delegation. In order to preserve the integrity of this coordinated candidate interview process, the Georgia Delegation agrees not to conduct independent interviews of candidates. However, any candidate may come before the Georgia Delegation as a courtesy to ask members of the Delegation for their votes. Members of the Georgia Delegation agree that they will not ask questions of such candidates and refrain from giving any appearance that this meeting is an “interview” of the candidate.

VIII. Candidate Development

The Delegation shall have responsibility for assisting MAG members who are interested in seeking various AMA elective offices. These efforts shall include forecasting potential openings for the various offices and planning to sponsor qualified physicians for them. Additionally the Delegation shall advise candidates in the planning of effective strategies for seeking the various offices.

IX. Service Expectations

A. The Delegation will develop and adopt a policy statement on expectations of service and develop a report to include attendance, participation, and accomplishment of assigned duties that will be available to the MAG Executive Committee, Board of Directors and House of Delegates.

X. Amendments

The policies of the Georgia Delegation to the American Medical Association may be amended at any meeting of the Georgia Delegation to the American Medical Association by a two-thirds vote, as long as the subject(s) of the proposed amendment(s) is/are circulated to the Delegation 24 hours in advance of the meeting.
XI. Procedures

The deliberations of the Georgia Delegation to the American Medical Association shall be conducted in accordance with the current MAG HOD parliamentary standard.

Adopted December 7, 1994
Amended June 16, 2008
Consolidation recommended by subcommittee May 13, 2015
Consolidation adopted June 9, 2015
MAG AMA Delegation Service Expectations

The MAG AMA Delegation is expected to advance the policies of the Medical Association of Georgia in the form of resolutions to the American Medical Association and other advocacy activities. To be effective, the Delegation will accomplish this objective through effective public oratory in presenting our positions and through more personal advocacy efforts with other delegates, thought leaders and decision makers.

The MAG AMA Delegation has adopted the following expectations for service. The metrics for evaluation of each member’s performance have been developed and adopted by the Delegation, and will be transmitted to the MAG HOD, BOD and EC in grid form. This Delegation Service Record will indicate Present/Absent/Excused or Yes/No, as appropriate.

The only excused absences will be for members who are carrying out other AMA-related assignments. Should the delegation agree on an attendance schedule—as described below—that allows for early departure, these absences will also be considered excused.

Otherwise, members will be allowed to submit the reason they were absent/non-participating and these will be recorded in a separate area on the grid. Such reasons might include family emergencies, practice obligations, personal health challenges, and other specified exigencies. Each member should submit a completed copy of their grid to the MAG Executive Secretary or Chair before departing the meeting, including reasons for non-participation if they desire. Other reasons should be reported within 48 hours of a missed BOD/HOD meeting. It is not mandatory to state a reason.

The Delegation will strive to accomplish MAG priorities by all means.

A. Delegation members will attend MAG HOD meetings, in order to understand the ongoing perspective of our members.

B. As ex-officio members of the MAG BOD, Delegation members will attend at least 2 board meetings (not counting the organizational meeting), unless they are engaged in a conflicting AMA obligation (ex. RUC)—in which case a pertinent report will be issued to the Chair.

C. Delegation members will advocate for and recruit new members to the AMA from MAG members and combined membership for nonmembers.

D. Delegation members will be assigned to study, monitor and present testimony before at least one of the AMA HOD reference committees and will be seated in the House during their primary reference committee deliberations. Each will be expected to:

1. Analyze the assigned sections of the AMA HOD Handbook and complete the Delegation Worksheet with his/her perspective of MAG’s policy where necessary, personal opinions and recommendations and submit them at least 24 hours prior to the pre-meeting teleconference.

2. Participate in the teleconference.

3. Review the online testimony in the assigned reference committee and others where interested and be prepared to inform the Delegation during the teleconference considerations, where appropriate.
E. Delegation members are expected to be present during the entire meeting of the AMA House of Delegates.

1. They are to take part in all caucuses of the Delegation, in reference committee hearings and floor deliberations, unless excused by the Chair for other AMA related responsibilities.

2. The Delegation is permitted to set up an early departure schedule as long as all allotted seats in the House are occupied until the end of the meeting.

3. Otherwise, a Delegate who is present for only part of the meeting will not be reimbursed unless such absence conforms to these policies or is excused by a secret ballot vote of the delegation.

F. In all deliberations, potential conflicts of interest must be declared.

G. Delegation members will continuously nurture existing relationships and foster new ones at each AMA meeting. This will include:

1. Attending the receptions at the AMA HOD.

2. Going out to lunch, dinner and/or other social functions with non-GA delegates at least once during the meeting. This does not include the GA Delegation Dinner, which may be attended by invited guests who might be delegates.

3. Advocating personally on behalf of MAG policies to other delegates.

4. Participating in all Southeastern Delegation assigned interview, political and social activities.

H. Delegation members will wear the Delegation jacket during all official activities at the AMA, except upon formal occasions.

K. The Delegation Chair and Vice Chair will review the entire AMA HOD Handbook.

Adopted: 11/16/2015
### Action Items: Information Only

The next Committee on Continuing Medical Education meeting is on Wednesday, February 10, 2016.

**Accreditation Services – Overview of Providers**

- MAG has 39 accredited CME providers (37 in Georgia and 2 in Tennessee)

**Accreditation Schedule – 2016**

- Completed site survey visits
  - Tanner Health System
  - Emory Regional Perinatal Center

- Planned site survey visits
  - Georgia Hospital Assoc Research & Education Foundation
  - Phoebe Putney Memorial Hospital
  - Georgia Psychiatric Physicians Association
  - West Georgia Medical Center, Inc.

**Accreditation Schedule – 2017**

- Planned site survey visits
  - American Academy of Pediatrics – Georgia Chapter
  - Physicians’ Institute for Excellence in Medicine, Inc.
  - Emory Saint Joseph’s Hospital
  - Covenant Healthcare (Tennessee)
  - Georgia Chapter of the American College of Cardiology
  - Memorial Health Care System (Tennessee)
  - South Georgia Medical Center
  - Southern Alliance for Physician Specialties CME
Date: January 8, 2016
For: Board of Directors
January 30, 2016

Committee/Officer: Health Policy and TPP Department Report

Submitted by: Susan W. Moore, Director

Action Items: For Information Only

This report provides an update regarding the activities of the department since its last report to MAG leadership. Please refer to attached results of the department’s 2015 work plan.

**MAG Members Face Ongoing Payer Challenges**

MAG members continue to contact the TPP Department for assistance and support in solving a multitude of issues related to audits, payment delays, underpayments and the like. Over the past year, we have addressed matters posed by individuals, solo practices, large groups, GMGMA and other local practice management association groups, member IPAs, member PHOs, specialty societies, county medical societies, patients and GA citizens.

The majority of 2015 complaints related to CAHABA and its poor timeliness in processing revalidations issues and Anthem BCBSGA due to its provider data base conversion. Our success stories were (1) in a collaboration between the Bibb County Medical Society and MAG to document and convey member “stories” passionately, yet concisely, in terms that would drive payer action. The effort, which included the stories of approximately twenty practices, resulted in payment of 4 million dollars to affected physicians over a two month period. Similarly, while we do not know the status of the “fix” to Anthem’s database glitches, we can say that because of our relationship with the clinical leadership at BCBSGA, concerns brought to the attention of MAG by its members were immediately prioritized for resolution by BCBSGA with timely results.

**MAG Medical Reserve Corps Stepping Up**

The Medical Association of Georgia (MAG) Medical Reserve Corp (MRC) is one of its kind medical society- led MAG MRC. Its purpose is to serve as a state resource with the ability to collaborate with any local MRC upon request and approval of MAG MRC leadership and under the direction of the GA Department of Public Health. The primary role of the MAG MRC is to support the GA Department of Public Health Mobile Surge Unit System.
MAG has received $3,500 for the purpose of capacity building and was awarded $75 K from the Georgia Trauma Commission to assist in capacity building as well. These funds were put to use at the 2015 MAG HOD meeting where the MAG MRC sponsored a session and lunch to inform MAG leadership and to recruit those interested in participating in a regional coordinator role as well as in a local volunteer only capacity.

The leadership team met monthly since June, 2015 and will continue this schedule through 2016. A training is planned for April and an exercise will be coordinated with the 2016 HOD.

We have received interest by over 120 individuals and we are in the process of promoting the completion of the required administrative pre-requisites for volunteer onboarding.

**MAG Represented in Statewide Programs and Initiatives**

Whether the focus is quality improvement; care coordination; bringing practices together with hospitals around mutual interest; heart health; immunization advocacy; HIT/EHR/MU, MACRA, MIPS, etc., MAG is there, participating in a meaningful way to represent its members.

It is imperative that MAG reframe its definition of Third Party Payer Advocacy in view of MACRA and MIPS. It is a matter of practice sustainability and we must make every effort to ensure that our members are prepared to survive in this new environment.

**Hot Topics Forums and Learning Opportunities Offered to Members, Practice Managers and Others.**

This member benefit is established to help MAG’s busy physicians meet their informational needs by offering the right information on the right topics via a convenient venue. Since 2014, this series of 30 minute monthly Town Hall presentations has been supported with a grant from Health Care Research (HCR), a subsidiary of Alliant Health Solutions. MAG extends its appreciation to HCR for this funding, which included funding to present topics that focus on quality, patient safety, care coordination, value based purchasing, health information exchange and other related topics.

MAG has opened registration to this venue to non-members as well as group practice managers. The recordings of every call are posted to the MAG website and promoted by the CEO in his communications and by the Director of Health Policy and Payer Advocacy with relevant partners and stakeholder groups such as GMGMA.

In 2015 we offered a 3 part webinar series for practice managers. The topics include Maximizing Patient Collections, Missed Appointments = Missed Opportunities and Front Office Success. The attendance was in the hundreds.

Due to many factors including the positive responses MAG has received to its “experiment” with talk radio in 2015, we intend to transition from the monthly Town Hall audio calls to radio as MAG’s “hot topic” communication platform in 2016. With adequate funding support, MAG hopes to establish a robust health care driven content channel that will become a strategic tool to inform and educate the medical community and others, including key leaders and decision-makers.
MAG’s will utilize Top Docs Radio in 2016 to offer a series of twenty-four talk radio interview segments on cutting edge trends and topics in health care.

The Top Docs Radio Show has reached listeners in 69 countries and 47 states in the US. Over 90% of listeners are from the US and over 75% are from Georgia, particularly metro Atlanta. Top Docs is approaching 10,000 downloads for the content it has created to date. Since MAG’s introduction to Top Docs in 2015, MAG has enjoyed a live audience of over 4,000 and its program content has been downloaded over 2,800 times. The programs are also getting additional traction as a result of thousands of twitter, Facebook and LinkedIn followers.

We are extremely excited to expand MAG’s presence via talk radio in 2016.

**Status of MAG Led HIE**

As you are aware, MAG spent the past year and a half working in close collaboration with the Kansas Health Information Network (KHIN) to explore the feasibility of replicating the successful KHIN model in Georgia. KHIN has been so successful that it recently established a new entity, Kansas Health Solutions (KHS), to manage the data analytic products and services.

Over the course of our deliberations, the quality of the KHIN products and services, vendors, customer service excellence and reputation has not once been disputed. It has been held in the highest regard as a best practice HIE with the many stakeholders we have spoken with since 2014. To all MAG audiences, there has been agreement that the existing Georgia HIE landscape would benefit from a provider led and not vendor led health information organization.

In September, six months after engaging in discussions with the Georgia Hospital Association (GHA), the GHA board decided not to participate in the joint venture approved by our BOD because it believed that there were no longer enough uncommitted large hospital systems to financially support the infrastructure of the proposed state-wide HIE. In addition, participation by large hospital systems was a pre-requisite for funding by MAG Mutual, so Chapter closed.

In anticipation of the decision by GHA and MAG Mutual, MAG and KHIN began to consider more feasible options so as not to lose the momentum and support by MAG members to the possibility of a private, state-wide, provider led health information organization (now to include a data analytics operation). With MAG input, the executive team at KHIN and KHS went to work to develop a new model and HIE strategy, which was presented to MAG and distributed to the EHCC Committee and Task Force in October.

It is critical to be nimble in the present environment of HIE, analytics and population health. The reinvented KHS product avoids the plan to of replicating a costly HIE infrastructure in Georgia because KHS will do all of the heavy lifting in the “background”. This “franchise” or subscription approach requires no financial investment by MAG, it allows MAG to quickly connect practices without the worry of first on-boarding large entities to support its financial viability, and it allows MAG to make a little bit of money as well.
With this proposed model and approach, MAG would benefit from the lessons learned from KHIN’s five years in this business; we will benefit from its excellent industry reputation; we will benefit from its high quality vendor relationships, seasoned staff and national presence; and we will benefit from its recent expansion into delivering analytics that support value based purchasing payment models.

Regardless of the level of commitment on the part of MAG, MAG believes that there is a significant opportunity and a timing imperative to connect the independent physician community, who continue to be woefully under-represented in Georgia’s HIE environment. While independent physicians will be the focus, this model will also be attractive to hospitals and other entities such as ACOs.

Should you desire additional information or if you have questions, please contact me at 678.303.9275 or at smoore@mag.org.
<table>
<thead>
<tr>
<th>Advocacy Topics and Sub-Topics</th>
<th>Advocacy Strategies and Tactics</th>
<th>Outcome Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEADERSHIP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legislative</td>
<td>Collaborate with MAG leadership to support MAG legislative positions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Tactic(s):</strong></td>
<td><strong>Outcome Measures:</strong></td>
</tr>
<tr>
<td></td>
<td>a. Review policy and clinical literature to contribute to positions and support MAG agenda</td>
<td>a. Provide high quality support to MAG leadership and staff in accordance with expectations of quality and timeliness</td>
</tr>
<tr>
<td></td>
<td>b. Promote MAG positions with staff, membership, stakeholders, public entities, consumers and others.</td>
<td>b. Distribute information and offer education to TPP Department external colleagues and partners for purposes of informing and soliciting support and participation in MAG legislative agenda.</td>
</tr>
<tr>
<td>Physician Well-being &amp; Economic Health</td>
<td><strong>Support MAG positions related to Federal, State and Commercial TPP to protect physician payment.</strong></td>
<td><strong>Outcome Measure:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Tactic(s):</strong></td>
<td>a. Acknowledge complaints within 2 days and provide status at week one</td>
</tr>
<tr>
<td></td>
<td>a. <strong>Continue to pursue and foster contacts and rapport with GA payers</strong></td>
<td>b. Document efforts and track complaints.</td>
</tr>
<tr>
<td></td>
<td>b. ID, document &amp; communicate patterns of payer practices that have a negative impact on member practices</td>
<td>c. Participation at established TPP venues</td>
</tr>
<tr>
<td></td>
<td>c. Pursue actions with payers as appropriate</td>
<td>d. Document $$ back to physicians</td>
</tr>
<tr>
<td></td>
<td>d. Participate on payer advisory committees to remain informed and to advocate for MAG membership, e.g. UHC</td>
<td><strong>Outcome Measure Met for 2015</strong></td>
</tr>
<tr>
<td></td>
<td>e. Serve as MAG staff on BCBSGA Provider Task Force and coordinate with MAG member participants</td>
<td><strong>Outcome Measure Met in 2015 with timely responses unless responses depended on TPPs which often exceeded the one week timeline. Also, documentation to support 4 M in outstanding Part B payments back to Bibb County Medical Society members, as one example</strong></td>
</tr>
<tr>
<td></td>
<td>f. Participate on DCH CMO Stakeholder Group</td>
<td></td>
</tr>
</tbody>
</table>
| Membership | Initiate and facilitate opportunities for membership retention and expansion through Health Policy and TPP activities.  
**Tactic(s):**  
- a. Promote MAG membership to physicians and practice managers  
- b. E-mail MAG membership information to non-physician members requesting assistance  
- c. Support CEO at meetings of large groups to present value of membership from the Health Policy and TPP Advocacy perspective leading to 2 large groups becoming MAG members in 2015  
- d. Recruit members to MAG  
**Outcome Measure:**  
- a. Recruit new members to MAG  
- b. ID activities of value to drive membership |

| Education | Identify and promote opportunities for timely learning on subjects that are relevant to MAG’s strategic agenda and member interest.  
**Tactic(s):**  
- a. Share ideas with MAG leaders & members.  
- b. Identify relevant topics and share with Communication Division for dissemination via media.  
- c. Identify timely "Need to Know Now" Topics for monthly forum to members via leaders, standing committees that align with TPP objectives.  
- d. Identify 3 webinar topics  
- e. $$ Submit funding request to Health Care Research to cover expenses related to 12 month series of Need To Know Now Forums, to include nationally recognized speakers TH and 3 webinars focused on practice managers.  
- f. Asked to write grant for 2016 Top Doc programming.  
**Outcome Measure:**  
Secure funding in amount of over $30,000 to support Town Halls  
Successful grant performance  
Submit grant proposal and budget to Alliant GMCF in amount of 40 K for 2016 |

| Stakeholder Relationships & Collaboration | Foster MAG Relationships with key Federal and State Stakeholders.  
**Tactic(s):**  
- a. Support federal and state initiatives that align with MAG’s strategic focus through information, education and program activity.  
- b. Actively participate on workgroups and committees as a representative of MAG.  
- c. Promote opportunities that advance MAG’s strategies and provide support for member engagement  
- d. $$ Solicit external funding to support 7 targeted programs to members that support understanding of Federal and state initiatives.  

---

Outcome Measure Met in 2015.  
Successfully recruited large group to MAG in 2015. Still collecting data on status of additional recruiting  

Outcome Measure Met in 2015.  
Secured funding in amount of 31,300 and planned and assisted in coordinating this series of educational opportunities. Final report submitted 12/15.  
2016 Grant submitted 12/15
<table>
<thead>
<tr>
<th><strong>MAG Health Policy and Third Party Payer Department Work Plan Review</strong></th>
</tr>
</thead>
</table>

### PRACTICE ADVOCACY & SUSTAINABILITY

**Practice Management Support**

<table>
<thead>
<tr>
<th><strong>Outcome Measure:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Represent MAG at meetings and forums related to Meaningful Use, Audits, Emergency Response, PQRS, HIPAA, HITECH, etc.</td>
</tr>
<tr>
<td>b. Funding of C.</td>
</tr>
</tbody>
</table>

**Protect MAG members and practice staff from abusive payer behavior and advocate for just treatment and payment.**

**Tactic(s):**

a. Investigation, research and problem resolution.

b. Promote Fair Practice in Audits to Payers and Commissioner.

c. Facilitate Education Opportunities /Information & tool dissemination/ consultation and Resource Referral.

d. Facilitate Education Opportunities /Information & tool dissemination/ consultation /and Resource Referral.

e. Facilitate Education Opportunities /Information & tool dissemination/and Resource Referral.

f. Seek opportunities to partner with colleague-stakeholders in activity designed to promote discharge management activity to reduce patient harm and encourage active patient engagement.

g. Promote the adoption of fair practice principles by major payers in GA.

**Outcome Measure:**

a. Town halls, presentations, webinars, informational materials and web site postings delivered timely.

### HEALTHY GEORGIANS

**Quality Health Care and Health**

| **Promote MAG’s vision and position on the issue of healthy communities and population health.** |

**Tactic(s):**

a. Represent MAG as member of the Atlanta Regional Commission Health Collaborative.

b. Participate on Coordination of Care subcommittee and Do Your Part.

c. Participate on and promote Million Hearts campaign.

d. Represent MAG on Alliant Immunization Advisory Task Force.

e. Represent MAG on the GA HITECH Advisory Board.

f. Support GCT3.

g. Integrate quality strategy into MAG’s 2020 strategic plan.

h. Promote the concepts of HIE, population health analytics and the importance of these being physician led.

**Outcome Measures:**

a. 100% meeting attendance.

b. Promote opportunities to members via MAG web site.

c. Aligned selected town halls to support this MAG strategy.

d. Quality of care improvement included in 2020 strategic plan.

e. Improving Health Outcomes task force approved.

f. Continue to ID role for MAG to be a leader in promoting GA venues for HIE.

---

**2015 Outcome Measures successfully met, including three presentations to members via the town hall series that addressed MGMA position on 2015 legislative priorities, the QIN scope of work, chronic disease health status in GA, chronic care coding, avoid audits & ICD 10 readiness.**

**Outcome Measure Met in 2015**

---

**Outcome Measures Met in 2015**
### ACA

Support MAG leader and membership participation in venues that advance the voice of Georgia’s House of Medicine on selected topics of importance, including but not limited to insurance reform, health IT and health information exchange.

**Tactic(s):**
- Develop responses and provide administrative and clinical evidence to support MAG’s agenda.
- Solidify existing and identify new partners and contacts that will advance MAG’s positions.
- Continue to advocate for the content of MAG’s EHCC Subcommittee’s White Paper on Quality and Meaningful Use to the AMA
- Support AMA initiatives that support concept of White Paper.

**Outcome Measures:**
- Timely production of projects to support the dissemination of MAG positions.
- Solicitation of members to participate at the AMA town hall.
- Recruitment of members to provide testimonials.
- Share MAG’s position with the AMA, CMS and others
- Author two resolutions supporting these positions and seek sponsor/s.

### Quality Clinical Care

Support MAG Membership’s capacity to improve the delivery of effective, and high quality and affordable care.

**Tactic(s):**
- Provide information and education related to quality measures and national quality trends and initiatives to members.
- Promote membership involvement in quality reporting initiatives consistent with MAG priorities.
- Provide information and support related to care transition as a means of decreasing hospital readmissions.
- Use carry over funds to support participation in phase two of the HEN effort.

**Outcome Measure:**
- Disseminate information through MAG communication structures.
- Participate in Team STEPPs training.

---

**Outcome Measures Met in 2015.**
- The paper submitted by MAG contributed to the AMA publication of 8 Guiding Principles for EHR. This guidance providing the foundation for discussion at the first AMA Break the Red Tape town hall. MAG demonstrated the leadership of its organization at this event as well as in a meeting with the CMS RO meeting. Two resolutions adopted.
<table>
<thead>
<tr>
<th>PUBLIC HEALTH</th>
<th></th>
</tr>
</thead>
</table>
| Health Literacy | Represent MAG on the Georgia Health Literacy Alliance.  
**Tactic(s):**
- a. Identify activities for MAG Participation  
- b. Consider MAG sponsored Forum on Health Literacy  
- c. Advocate for adoption of Teach Back  
**Outcome Measure:**
- a. MAG endorsement of communication/teach-back methodology for physician offices  
- b. Forum to address health literacy  
| Emergency Preparedness and Response | Promote interest in disaster preparedness and response among members.  
**Tactic(s):**
- a. Promote Physician Practice Risk Mitigation via COOP  
- b. Represent MAG on State Mutual Aid Task Force  
- c. Work with MAG leadership to develop a MAG strategy on preparedness and response activity.  
- d. $ Pursue NCCHO funding.  
- e. Operationalize the MAG MRC  
- f. Recruit volunteers to the MAG MRC under direction of MRC Medical Director  
**Outcome Measures:**
- a. MRC development-5 infrastructure meetings including HOD sponsorship of MAG MRC outreach and promotion  
- b. Secure monetary support for preparedness activity by physician practices in Georgia  
- c. Successful initiation of MAG MRC  
- d. Identification of regional MAG MRC physician coordinators  
| Prescription Drug Abuse | Promote awareness among MAG members regarding the public health crisis and ways that they can mitigate the epidemic of prescription drug abuse.  
**Tactic(s):**
- a. Support Think About It Campaign and Promote Program to Corporate Entities.  
**Outcome Measure:**
- a. Support MAG Foundation in timely and meaningful manner to promote success of Think About It Campaign by providing clinical support and sharing information and research as appropriate. |
Date: January 15, 2016

Meetings: Board of Directors
January 30, 2016

Committee/Officer: Communications Department

Submitted by: Tom Kornegay, Director of Communications

Action Items: **Information Only**

The 4Q edition of the MAG *Journal* focused on the 2015 MAG House of Delegates (HOD) meeting and the 2016 state legislative preview. It included a feature article on the HOD meeting – including delegate survey highlights, an attendees list, and photos. The 4Q *Journal* also a 2016 state legislative preview, a summary of key 2015 bills, key 2014 HOD resolutions (i.e., update/status), 2015 student abstract poster winners, 2015 MAG award winners, how to comply with the Stark Law – as well as legal takes on MPFS, ER care, and the Medicaid ‘gap.’

The 1Q *Journal* will focus on practice management, including a feature on health insurance mergers/billing/networks in Georgia and articles on the Augusta market, MPFS, documentation, and compliance issues/marketing.

MAG Board members are encouraged to contact Tom Kornegay at tkornegay@mag.org with advertising prospects for the *Journal*. MAG members can also submit case reports of 750 words or 1,500 words that are of interest to physicians across specialties to Kornegay.

The December/January edition of the *e-News from MAG* newsletter included articles on 1) MAG’s new patient billing resources (i.e., a brief and a new web page) and 2) MAG’s ‘Top Docs Radio’ program on insurance mergers and billing and 3) MAG’s town hall call on a key health insurance bill 4) MAG’s support for Rep. Price’s EHR Meaningful Use “hardship relief” bill and calls for Congress to “refocus” the Stage 3 requirements and 5) AMA’s interim meeting and Dr. Bailey’s AMA award and 6) the GPLA nomination process and 7) MAG winning its eighth website award and 8) the 2016 ‘Physicians’ Day at the Capitol’ event and 8) MAG’s ‘Doctor of the Day’ program and 9) naloxone and Georgia’s 9-1-1 Medical Amnesty Law and 10) MAG's efforts to support a bill to repeal a ban on new M.D.-owned hospitals.
MAG distributed alerts addressing 1) the ‘Health Connect South’ meeting and 2) MAG’s ‘Top Docs Radio’ programs, which featured Dan Huff (medical malpractice), James Dunnick, M.D. (ICD-10), Sidney Welch (telemedicine), and former Georgia Insurance Commissioner John Oxendine (ERISA, insurance claims) and 3) a series of free practice management webinars that MAG hosted and 4) town hall conference calls that addressed chronic disease prevention, the ICD-10 transition, and a key health insurance bill and 5) HOD reference committees and 6) HOD awards solicitations and 7) physician feedback on Aetna out-of-network issues and 8) James Magazine’s ‘Best Lobbyist’ survey and 9) the Georgia Drug Card and 10) MAG’s House of Delegates and 11) the ICD-10 deadline/transition and 12) a MAG/MAA/CCMS event on ‘How AMA is helping’ Georgia physicians and 13) MAG advisory committees. MAG also sent alerts on behalf of the MAG Alliance (free membership) and the MAG Foundation (year-end fundraising appeal).

MAG distributed several surveys, including ones addressing 1) the DCH Medicaid revalidation and 2) MAG’s 2016 legislative meeting venue and 3) MAG’s governance culture and 4) the Aetna/Humana merger and 5) the 2015 HOD meeting (i.e., delegate feedback) and 6) workers’ compensation and 7) EHR ‘Meaningful Use’ Stage 2 and 8) MAG’s Council on Legislation.

MAG also distributed press releases addressing 1) MAG’s 2015 award winners and 2) an award that MAG won from the Georgia Nurses Association and 3) the need for patients to see their physician to be vaccinated for the flu. MAG also distributed a press release for the Physicians’ Institute for Excellence in Medicine to promote its program to address prescription drug abuse.

MAG recently won its eighth and ninth awards for its mag.org website, including an Academy of Interactive and Visual Arts Silver Davey Award and a silver award from The Communicator Awards. MAG’s www.mag.org website was visited more than 53,000 times – about 145 visits per day – since January 1, 2015. About 68 percent of those were first time visitors. The “Find a Physician” feature on www.mag.org was viewed more than more than 4,300 times by 659 different users during the same time frame.

MAG is being followed by nearly 3,500 accounts on Twitter (www.twitter.com/MAG1849), which includes a number of state and specialty medical societies. MAG has 440 “likes” on Facebook. MAG Executive Director Donald J. Palmisano Jr. can be followed on Facebook, LinkedIn, or Twitter @DPalmisanoMAG.

MAG’s weekly Georgia Pulse media highlights report has more than 6,500 subscribers.

Media inquiries have included AP (MAG’s legislative priorities for 2016), CQ Roll Call (social media tools), Georgia Health News (medical scribes & Blue Cross Blue Shield of Georgia), Georgia News Network (MAG’s ‘Doctor of the Day’ program), POLITICO Pro (ICD-10), WXFL Fox 31 in Albany (MAG award), Chattanooga Times (Hutcheson Medical Center closure), WSB-TV 2 in Atlanta (step therapy), the Atlanta Journal-Constitution (Medicaid expansion), and Health Matters radio at Brenau University (health care issues).
Date: January 15, 2016
For Meeting: Board of Directors
January 30, 2016

Committee/Officer: Membership & Marketing Department

Submitted by: Kate Boyenga, Director

2016 Membership Plan

Dues statements were mailed to all renewing physicians and non-members during the second week of October. A second dues mailing was sent to these groups on December 8. These mailings included a brochure listing the top ten ways MAG creates value for the physicians in Georgia as well as a demographic form so MAG can gather statistical data on Georgia physicians. Reminder emails are sent to all physicians who have not renewed bi-weekly.

This year our focus will center on reestablishing MAG’s Student, Resident and Young Physician sections. It has been several years since the sections have been active and with MAG staff and leadership support our hope is to both recruit members as well as develop meaningful programs for these future leaders of MAG.

Part of the MAG membership 2016 marketing campaign centers around membership cards. In previous years we developed a flyer explaining the benefits provided with membership along with a tear our membership card. Printing of the card and postage costs quickly became prohibitive. Additionally, member interest in having a physical card waned. This year we developed an online membership brochure that highlights MAG success stories, key areas of interest, upcoming events and an area where members may print a personalized membership card should they wish. If a physician would like a card mailed to them, membership staff will do so upon request.

2016 Marketing

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>October dues mailing</td>
<td>10/13/2015</td>
</tr>
<tr>
<td>October dues mailing #2</td>
<td>10/23/2015</td>
</tr>
<tr>
<td>Dues statements on the way email</td>
<td>10/26/2015</td>
</tr>
<tr>
<td>Dues reminder email</td>
<td>11/3/2015</td>
</tr>
<tr>
<td>December dues mailing</td>
<td>12/3/2015</td>
</tr>
<tr>
<td>Dues reminder email</td>
<td>12/7/2015</td>
</tr>
<tr>
<td>Membership card sent</td>
<td>12/11/2015</td>
</tr>
<tr>
<td>Dues reminder email</td>
<td>1/5/2016</td>
</tr>
<tr>
<td>Membership card sent</td>
<td>1/11/2016</td>
</tr>
<tr>
<td>Delinquent warning email</td>
<td>1/19/2016</td>
</tr>
</tbody>
</table>
2015 Membership Figures

**Total Membership 2012-2016**

<table>
<thead>
<tr>
<th>Year</th>
<th>Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>3921</td>
</tr>
<tr>
<td>2013</td>
<td>4196</td>
</tr>
<tr>
<td>2014</td>
<td>4233</td>
</tr>
<tr>
<td>2015</td>
<td>4047</td>
</tr>
<tr>
<td>2016</td>
<td>3883</td>
</tr>
</tbody>
</table>

**Dues Collected By Now 2012-2016**

<table>
<thead>
<tr>
<th>Year</th>
<th>Dues Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>$1,140,000</td>
</tr>
<tr>
<td>2013</td>
<td>$1,160,000</td>
</tr>
<tr>
<td>2014</td>
<td>$1,180,000</td>
</tr>
<tr>
<td>2015</td>
<td>$1,200,000</td>
</tr>
<tr>
<td>2016</td>
<td>$1,220,000</td>
</tr>
<tr>
<td></td>
<td>$1,240,000</td>
</tr>
<tr>
<td></td>
<td>$1,260,000</td>
</tr>
<tr>
<td></td>
<td>$1,280,000</td>
</tr>
<tr>
<td></td>
<td>$1,300,000</td>
</tr>
</tbody>
</table>

- $1,191,399
- $1,223,175
- $1,267,348
- $1,276,245
- $1,211,355
### 2016 Membership Figures
As of December 31, 2015

<table>
<thead>
<tr>
<th>TOTAL ALL CATEGORIES</th>
<th>2012 YTD</th>
<th>2013 YTD</th>
<th>2014 YTD</th>
<th>2015 YTD</th>
<th>2016 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>3921</td>
<td>4196</td>
<td>4233</td>
<td>4047</td>
<td>3883</td>
<td></td>
</tr>
</tbody>
</table>

### New Members

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>New Members</td>
<td>85</td>
<td>108</td>
<td>445</td>
<td>648</td>
<td>482</td>
<td>323</td>
<td>207</td>
</tr>
<tr>
<td>2nd Year</td>
<td>129</td>
<td>122</td>
<td>513</td>
<td>353</td>
<td>528</td>
<td>391</td>
<td>245</td>
</tr>
<tr>
<td>Actives</td>
<td>1716</td>
<td>2096</td>
<td>2080</td>
<td>2263</td>
<td>2367</td>
<td>2436</td>
<td>2478</td>
</tr>
</tbody>
</table>

### Total Active Dues Paying Members

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1930</td>
<td>2326</td>
<td>3038</td>
<td>3264</td>
<td>3377</td>
<td>3150</td>
<td>2930</td>
<td></td>
</tr>
</tbody>
</table>

### ACTIVE MEMBERSHIP COMPARISON

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>New Members</td>
<td>445</td>
<td>648</td>
<td>482</td>
<td>323</td>
<td>207</td>
<td>-116</td>
</tr>
<tr>
<td>Other Actives</td>
<td>2593</td>
<td>2616</td>
<td>2895</td>
<td>2827</td>
<td>2723</td>
<td>-104</td>
</tr>
<tr>
<td>Total Dues Revenue (all categories)</td>
<td>$1,211,355</td>
<td>$1,276,245.01</td>
<td>$1,267,347.51</td>
<td>$1,223,175</td>
<td>$1,191,398.75</td>
<td>-$31,776.25</td>
</tr>
</tbody>
</table>
### MEMBERSHIP CATEGORIES RETENTION RATES

<table>
<thead>
<tr>
<th></th>
<th>2015 Total</th>
<th>2016 YTD</th>
<th>% Retained</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 A2s</td>
<td>672</td>
<td>245</td>
<td>36.45</td>
</tr>
<tr>
<td>2016 ACT</td>
<td>4824</td>
<td>2478</td>
<td>51.36</td>
</tr>
</tbody>
</table>

*2016 A2s were 2015 new members*

*2016 ACT were 2015 A2 and ACT*

### OTHER CATEGORIES OF MEMBERSHIP

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Free</td>
<td>1069</td>
<td>1350</td>
<td>1131</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Exempt</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Affiliate</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Int/Res</td>
<td>11</td>
<td>12</td>
<td>5</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Associate</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Honorary</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Life</td>
<td>438</td>
<td>389</td>
<td>379</td>
<td>379</td>
<td>359</td>
<td>360</td>
<td>356</td>
</tr>
<tr>
<td>Retired</td>
<td>151</td>
<td>151</td>
<td>149</td>
<td>149</td>
<td>109</td>
<td>51</td>
<td>92</td>
</tr>
<tr>
<td>Service</td>
<td>19</td>
<td>19</td>
<td>20</td>
<td>20</td>
<td>0</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>Students</td>
<td>178</td>
<td>310</td>
<td>470</td>
<td>470</td>
<td>382</td>
<td>452</td>
<td>453</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1877</td>
<td>2235</td>
<td>2162</td>
<td>2162</td>
<td>856</td>
<td>894</td>
<td>953</td>
</tr>
<tr>
<td>District 1</td>
<td>Director</td>
<td>Davidson, Aaron</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate</td>
<td>Zeanah, Michelle</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District 2</td>
<td>Director</td>
<td>Register, Ashley</td>
<td>P</td>
<td>A</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate</td>
<td>Price, Billy Ray</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District 3</td>
<td>Director</td>
<td>Shah, Manoj</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate</td>
<td>Wilson, Steven</td>
<td>P</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District 6</td>
<td>Director</td>
<td>Takle, Leiv</td>
<td>P</td>
<td>P</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate</td>
<td>Freeman, Richard</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District 7</td>
<td>Director</td>
<td>Antalis, John</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate</td>
<td>Bosshardt, David</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District 8</td>
<td>Director</td>
<td>Clark, William</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate</td>
<td>Barber, James</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District 9</td>
<td>Director</td>
<td>Wherry, Richard</td>
<td>A</td>
<td>P</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate</td>
<td>Jarrard, Stephen</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District 10</td>
<td>Director</td>
<td>Ellison, Steven B.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate</td>
<td>Torsiglieri, Arthur</td>
<td>P</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bibb CMS</td>
<td>Director</td>
<td>Brooks, William</td>
<td>A</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate</td>
<td>Jones, Robert</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cobb CMS</td>
<td>Director</td>
<td>Tharp, Jeffrey</td>
<td>P</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>Huffman, Steven</td>
<td>P</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate</td>
<td>Dalton, Despina</td>
<td>A</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate</td>
<td>Musarra, Anthony</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crawford W Long</td>
<td>Director</td>
<td>Herrin, Andrew</td>
<td>P</td>
<td>P</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate</td>
<td>Katz, Ryan</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DeKalb Medical Society</td>
<td>Director</td>
<td>Sherman, Stanley</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>Hardcastle, William</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate</td>
<td>Juliao, Andrea</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate</td>
<td>Levitt, Brian</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dougherty CMS</td>
<td>Director</td>
<td>Trulock, Timothy S.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate</td>
<td>Daugherty, Michael</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td>Position</td>
<td>Name</td>
<td>Appointed</td>
<td>Principals</td>
<td>Academy</td>
<td>AAP</td>
<td>APA</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------------------</td>
<td>--------------------</td>
<td>-----------</td>
<td>------------</td>
<td>---------</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Georgia Medical</td>
<td>Director</td>
<td>Oliver, David S.</td>
<td>n/a</td>
<td>A</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alternate</td>
<td>Erola, Kelly</td>
<td>n/a</td>
<td>n/a</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gwinnett-Forsyth CMS</td>
<td>Director</td>
<td>Shih, John Y.</td>
<td>A</td>
<td>A</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alternate</td>
<td>Smith, James L.</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hall CMS</td>
<td>Director</td>
<td>Schultz, Karl D</td>
<td>P</td>
<td>P</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alternate</td>
<td>Gaur, Abhishek</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Assn of Atlanta</td>
<td>Director</td>
<td>Forney, Rutledge</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alternate</td>
<td>Hilton, Michael</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alternate</td>
<td>Pirkle, Quentin</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alternate</td>
<td>Gilkes, Lisa</td>
<td>P</td>
<td>A</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alternate</td>
<td>Bat, Thomas E</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alternate</td>
<td>Gwynn, Matt</td>
<td>n/a</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alternate</td>
<td>Wilmer, Charles</td>
<td>P</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alternate</td>
<td>Wilson, W. Hayes</td>
<td>A</td>
<td>A</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscogee CMS</td>
<td>Director</td>
<td>Flandry, Frederick</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alternate</td>
<td>Willett, Frank</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Richmond CMS</td>
<td>Director</td>
<td>Cohen, Michael</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Director</td>
<td>Salazar, John</td>
<td>A</td>
<td>A</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alternate</td>
<td>Hauenstein, Jill</td>
<td>A</td>
<td>A</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alternate</td>
<td>Dunagan, Donnie</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young Physician Section</td>
<td>Director</td>
<td>Vacant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alternate</td>
<td>Vacant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Student Section</td>
<td>Director</td>
<td>Cinderella, Margaret</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alternate</td>
<td>Lindsay, Kevin</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Voting Members</td>
<td>President</td>
<td>Shah, Manoj</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>President-Elect</td>
<td>Harvey, John</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Immediate PP</td>
<td>Silver, William</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1st VP</td>
<td>Emerson, Thomas</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2nd VP</td>
<td>Davidoff, Madalyn</td>
<td>A</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chairman</td>
<td>Forney, Rutledge</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>V Chairman</td>
<td>Flandry, Fred</td>
<td>n/a</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secretary</td>
<td>Reisman, Andrew</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Treasurer</td>
<td>Walsh, Steven</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Speaker</td>
<td>McDonald, Frank</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>V Speaker</td>
<td>Donoghue, Edmund</td>
<td>A</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chairman, AMA</td>
<td>Clark, William</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chairman, COL</td>
<td>Greene, Michael</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role</td>
<td>Name</td>
<td>P</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>--------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PP</td>
<td>Reed, Sandra</td>
<td></td>
<td>A</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PP</td>
<td>Bohlke, Scott</td>
<td></td>
<td>A</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ex-officio Members* (non voting)</td>
<td>AMA Delegates</td>
<td>Clark, William</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Greene, Michael</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maxey, Joy</td>
<td>P</td>
<td>A</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Price, Thomas</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reed, Sandra</td>
<td>A</td>
<td>A</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMA Alternates</td>
<td>Antalis, John</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chapman, Jack</td>
<td>P</td>
<td>A</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DeLoach, Dan</td>
<td>P</td>
<td>A</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jackson, Billie Luke</td>
<td>A</td>
<td>A</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Plummer, Alan</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Editor</td>
<td>Sherman, Stanley</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living Past Presidents</td>
<td>Bob Lanier</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Joy Maxey</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Walker Ray</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jack Chapman</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dan DeLoach</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Joseph Bailey</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gary Richter</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Roy Vandiver</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>