Dear all:

Please allow this to be an update of MAG’s activities over the last few weeks. My previous updates can be found at http://www.mag.org/resources/executive-directors-message. As always, please feel free to pass this update to others.

**Narrow Networks and Contract Amendments**

In the next couple of days, you will receive a MAG statewide alert encouraging physicians to be aware of potential unilateral contract amendments from Blue Cross Blue Shield as well as United Health Care. These contracts provide a limited time limit to address contractual concerns that may have an impact on your practice. We have already contacted the Commissioner of Insurance Office to bring to his attention the continued problems physicians are facing with health insurers and the impact “narrow networks” are having on the access patients have to their physicians. Please contact Trish Yeatts with problems you are experiencing as a result of these unilateral amendments. Trish can be reached at pyeatts@mag.org.

Narrow networks are continuing to gain national attention. As noted in the Washington Examiner, “The Centers for Medicare & Medicaid Services (has) proposed rules for 2015 that would require insurers to submit a list of (health care) providers, which CMS would evaluate to make sure consumers are offered ‘reasonable access.’” More information can be found at http://www.mag.org/news/articles/we-narrow-networks. We are working with the Commissioner of Insurance to address this issue.

**Medicare Proposed Rule**

The American Medical Association recently commented on a new Medicare Proposed Rule entitled “Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule, Clinical Laboratory Fee Schedule, Access to Identifiable Data for the Center for Medicare and Medicaid Innovation Models & Other Revisions to Part B for CY 2015.” The comments are very extensive and more information can be found at http://www.mag.org/news/articles/ama-fee-schedule.

**Drug Enforcement Agency**

The DEA has announced that Hydrocodone combinations will be rescheduled to Schedule II from Schedule III on October 6. For more information, please see http://www.mag.org/news/articles/hcp.

**Dr. Deborah Martin**

Dr. Martin (MAG member) is hosting the Yonkofa dinner and auction on September 13th. It is Saturday at 6:30 PM at the Atlanta Marriott. The proceeds will finish a clinic in the Cocoa country in Ghana. For more information, please go to www.yonkofa.org or http://www.mag.org/news/articles/yonkofa.

**MAG in the News**

Over the last couple of weeks, we have had a few opportunities to discuss and present MAG to the general public. Please see the following link (http://www.mag.org/news/articles/top-docs) for a radio interview discussing MAG and our advocacy issues as well as the Think About It

Additionally, Medscape recently wrote an article entitled “Why Physicians Won’t Unite to Rescue Medicine.” This article featured the positive impact and growth in membership that MAG has had on the physicians of Georgia. We want to thank everyone for their work in having MAG nationally recognized for our growth in membership and willingness to tackle the issues that can divide medicine. For a copy of the article, please go to [http://www.medscape.com/viewarticle/830152](http://www.medscape.com/viewarticle/830152).

**Town Hall**
Please make a note on our upcoming Town Halls. On Monday, we are hosting a Town Hall on State Disaster Plans. On Tuesday September 23, we are hosting a Town Hall with United Healthcare. To register for the calls, please go to [http://www.mag.org/news/articles/september-townhalls](http://www.mag.org/news/articles/september-townhalls).

**Massachusetts and Licensure**
In 2012, Massachusetts enacted legislation that would require physicians to demonstrate proficiency in electronic health records (“meaningful use”) as a condition of licensure. With the measure to take effect on January 1, 2015, the Mass. Board of Registration in Medicine recently [proposed regulations](massmed.org) to implement this requirement. The Massachusetts Medical Society (MMS) has been extremely active on this issue over the last several years, opposing the original provision and working since enactment to correct it. After working closely with the Board, MMS issued praise for a “very reasonable approach to satisfying a broad set of concerns.”

The proposed rule outlines several ways in which a physician can meet the meaningful use requirement for licensure, including participating in the Stage 1 Meaningful Use program as an Eligible Professional or having a relationship with a hospital that has been certified as a Stage 1 Meaningful Use participant; completing at least three hours of accredited CME program on electronic health records; participating in or being an authorized user of the state’s official health information exchange; or completion of three hours of a Category 1 EHR-related CPD course that discusses, at a minimum, the core and menu objectives and the CQMs for Stage 1 Meaningful Use.

No other states have taking legislative action connecting “meaningful use” and licensure, it’s possible that some will consider it now that Massachusetts has taken this step. Last year, Alabama took the proactive approach of enacting legislation that would, among other things, prevent physician licensure from being “conditioned upon or related to compliance with the meaningful use of electronic health records.” AMA also taken the step of adding a “meaningful use” provision into the model “Voluntary Physician Participation Act”. We will be on the lookout for any attempts to bring this to Georgia. Please contact Marcus Downs at [mdowns@mag.org](mailto:mdowns@mag.org) if you have any questions.
Telemedicine
Recently, Politico ran a piece on telemedicine reform indicating that medical boards in states including North Carolina, Iowa, New Jersey, Virginia and West Virginia are considering adopting or amending rules on telemedicine, following the Federation of State Medical Boards’ (FSMB) adoption of new model telemedicine policy[fsmb.org] in April 2014. In 2014, 35 states considered 109 bills to regulate telemedicine, many of which addressed licensure and reimbursement.

At the same time, there are rumors that the Alliance for Connected Care[connectwithcare.org], a multi-stakeholder group led by former Senators Daschle, Lott and Breaux may be setting the stage for state legislation to (1) encourage coverage of and payment for telemedicine, (2) explore “alternatives to state/multistate licensure, such as a federal Medicare license for physicians to treat Medicare patients through telemedicine (federal initiative) or an interstate compact less restrictive than FSMB’s model compact (state initiative); and (3) pursue uniformity in definitions relevant to telemedicine.

We continue to work with the AMA and the Georgia Composite Medical Board related to these issues. These issues will be discussed at the upcoming MAG House of Delegates. The AMA has provided many resources that we will be posted on the website.

As always, if you should have any questions, please do not hesitate to call.

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