March 28, 2014

LaSharn Hughes, MBA
Executive Director
Georgia Composite Medical Board
2 Peachtree St., N.W
Atlanta, Georgia 30303

RE: Proposed Institutional License Rule

Dear Ms. Hughes:

The Medical Association of Georgia (MAG) thanks the Georgia Composite Medical Board (Board) for the opportunity to comment on the proposed rule, “Institutional Licenses” (360-10-01).

With nearly 7,500 members, the Medical Association of Georgia (MAG) has been the leading voice for physicians in the state since 1849. MAG represents every physician in every specialty in every practice setting in Georgia. With this in mind, I wanted to first express MAG’s support of the proposed rule and commend the Board for ensuring that Georgia continues to be a leader in health care.

In particular, MAG applauds the expansion of “institution” to include board-approved medical schools and teaching hospitals within the state. Allowing our medical schools and teaching hospitals to employ internationally renowned physicians will help ensure Georgia’s continued emphasis on quality health care and health care education.

Please note that MAG does have one concern that we would like to bring to the Board’s attention. MAG does not believe that the proposed rule significantly expands the availability of licensure regarding the existing institutional licensure requirements for state-licensed hospitals. However, the proposed rule could be narrowed to address a possible defect in drafting, as well as to address concerns of competition by institutional licensees with conventionally-licensed physicians.

The proposed rule would weaken the existing rule by collapsing the two existing sets of application evidence requirement criteria for hospitals seeking institutional licenses into a single set of criteria that must be met by the “institution and the applicant.” By changing the term “must” (existing rules) to “should” (proposed rule) in the language that addresses the “foreign schooling and inability to be conventionally licensed” requirement, physicians in the state will effectively be subjected to a less stringent standard when it comes to providing evidence of “exceptional circumstances” (i.e., the proposed rule would allow physicians who weren’t trained abroad or who could obtain a Georgia license but have not could take advantage of institutional licensing).
MAG believes that to better address concerns that the proposed rule insufficiently protects existing physician practices, a minor change could be made in the evidence requirement applicable to hospitals seeking institutional licenses. The proposed rule states that evidence of exceptional circumstances for such hospitals “should” include evidence of failed attempts to recruit licensed physicians. Changing this standard back to “must”, and also instituting a required minimum time frame for such efforts, would provide improved protection for existing practices. With this in mind, MAG has prepared the attached proposed amendment for your consideration.

Please contact Trish Yeatts at pyeatts@mag.org or 678.303.9274 in the event you have comments or questions or would like additional information on MAG’s position.

Sincerely,

William E. Silver, M.D.
President

WES:TY/dg

cc: Donald Palmisano, Jr., Executive Director/CEO
    Marcus Downs, Director, Government Relations
    Trish Yeatts, Legal Analyst
Proposed Amendment to Composite Board Proposed Revision of § 360-10-.01 et seq.

Strike paragraph (3) of subsection (b) of Section 360-1-.01 on page 4, and replace with the following (bold is changed language):

“(3) If the institution is a hospital licensed by the Department of Community Health but is not a teaching hospital, to qualify for Exceptional Circumstances consideration the institution must be in a medically-underserved area, the applicant must be a graduate of an international medical school, and the applicant must be unable to qualify for licensure under the provisions of O.C.G.A Section 43-34-26. The institution must also demonstrate failed attempts over not less than a six-month period to recruit licensed physicians to satisfy the deficiency. The institution and the applicant must submit evidence acceptable to the Board to demonstrate exceptional circumstances. Such evidence should include, but not be limited to:

(a) Deficient physician staff to service the health care needs of the population;
(b) Applicant is from a war-torn country; and
(c) Applicant has applied for political asylum in the United States.”