163rd HOUSE OF DELEGATES

October 20-22, 2017

HYATT REGENCY SAVANNAH
SAVANNAH, GEORGIA
MAG Delegates and Alternate Delegates:

Please review the following information to prepare for the Medical Association of Georgia’s (MAG) House of Delegates (HOD) meeting that will take place at the Hyatt Regency Savannah on October 21-22.

You should contact your county medical society to see if it has already reserved a room for you at the Hyatt Regency Savannah since MAG’s block of rooms at the Hyatt is sold out. MAG meeting attendees who would like to be placed on a waiting list for a room at the Hyatt or who need any other assistance with HOD lodging should contact Anita Amin at anita@associationstrategygroup.us.

We encourage you to visit www.mag.org/HOD for the latest information on this year’s HOD meeting. This web page includes the meeting schedule, staff contacts, deadlines, and reports and resolutions. You can also get this information by downloading MAG’s HOD meeting app by searching for ‘MAG HOD 2017’ in Apple iTunes or Google Play. Please contact Renai Lilly at 678.303.9263 or rlilly@mag.org with any questions related to the HOD meeting.

Sincerely,

Edmund R. Donoghue Jr., M.D.
Speaker of the House

James Barber, M.D.
Vice Speaker of the House
Handbook

The HOD handbook will be emailed to delegates and alternate delegates as a PDF by October 1. The handbook also will be posted at www.mag.org/HOD. Amendments to the handbook will be posted on this web page and emailed to delegates and alternate delegates on a regular basis.

Registration Desk

The HOD meeting registration desk will be located just outside of the Hyatt's Regency Ballroom at the top of the lobby escalator. A temporary registration desk will be available in the lobby of the Hyatt from 12 p.m. to 1 p.m. and 4 p.m. to 7 p.m. on Friday, October 20. The permanent registration will then be open at 6:30 a.m. on Saturday, October 21 and at 6:30 a.m. on Sunday, October 22. Delegate substitutions can only be made by the applicable society president or executive director at the registration desk.

Wireless Internet

Delegates can obtain free wireless internet access by selecting the “Hyatt Meeting” network and using the password “HOD2017.”

Meeting Schedule

The HOD will convene in the Regency Ballroom at 8:30 a.m. sharp on Saturday, October 21. The opening session is scheduled to conclude by 10 a.m. The second session of the HOD will begin at 8:30 a.m. on Sunday, October 22.

Although subject to change, the reference committees are scheduled to convene at 10:30 a.m. on Saturday, October 21 as follows...

Reference Committee A – Health Care Policy
Reference Committee C – Legislation
Reference Committee F – Finance & Administration
Reference Committee S – Prescription Drugs & Medical Marijuana

The HOD will adjourn once its business is complete on Sunday, October 22.

Elections

Delegates who wish to nominate a MAG member for an elected office will have one minute to make a nominating speech during Saturday’s opening session. In the event that there is just one candidate nominated for an office, the election for that office will be uncontested and no second will be necessary. The nomination process will take place on Saturday, October 21. The election of officers for any contested races would then take place on Sunday, October 22.

The elections will be conducted under the supervision of the chief teller, the assistant election tellers, and the Constitution and Bylaws Committee. For contested elections, voting will take place using an electronic audience response system. Only duly credentialed delegates are permitted to cast a ballot.
Alternate delegates who are seated for delegates must report to the registration desk to be properly credentialed and to receive a delegate’s badge. Alternate delegates may not vote on any matter unless they are properly credentialed as a delegate. Delegate substitutions can only be made by the applicable society president or executive director at the registration desk.

**President’s Installation and Awards Reception & Dinner**

The ceremony to install Frank McDonald, M.D., as MAG’s president for 2017-2018 will take place in the Scarbrough Ballroom at 6 p.m. on Saturday, October 21. A reception will take place in the Harborside Ballroom Pre-Function area at 7 p.m., while the awards dinner will take place in the Harborside Ballroom beginning at 7:30 p.m. The cost to purchase tickets for the reception and dinner in advance is $75, which includes two drink coupons. Additional drinks may be purchased on a cash basis. Dinner tickets can be obtained by completing the [online registration form](#), which should be done by Thursday, October 5. A limited number of dinner tickets will be available at the HOD registration desk for $125 per person.

**Policy Compendium**

The latest draft of the policy compendium is available on the MAG HOD app and at [www.mag.org/HOD](http://www.mag.org/HOD). The final version of the policy compendium will be included with the handbook that will be emailed to delegates and posted on [www.mag.org/HOD](http://www.mag.org/HOD). The policy compendium will be updated after the meeting to account for any actions that are taken by the HOD.

**Dress Code**

The dress code for the meeting is business casual. The individuals who are seated on a reference committee or on the dais are asked to wear business professional attire (e.g., coat and tie for men). The dress code for the president’s installation ceremony and the awards dinner is black tie or business professional.

**GAMPAC**

GAMPAC will kick off its 2018 membership drive during the HOD meeting. GAMPAC is MAG’s non-partisan political action committee that elects pro-medicine candidates at the state level. GAMPAC membership levels include the Chairman’s Circle at $2,500, the Capitol Club at $1,000, Silver Member at $500, and Bronze Member at $250. GAMPAC members who are at the $250 level or higher are invited to attend an exclusive lunch that will take place in the Scarbrough Ballroom at 12:30 p.m. on Sunday, October 22. The lunch is free for GAMPAC members. You must be a GAMPAC member at the $250 level or higher to attend this lunch. The GAMPAC lunch will include a unique health care panel discussion that will feature three congressional leaders, including Reps. Neal Dunn, M.D., from Florida, Drew Ferguson, D.M.D., from Georgia, and Roger Marshall, M.D., from Kansas. Contact Bethany Sherrer at 678.303.9273 or [bsherrer@mag.org](mailto:bsherrer@mag.org) for additional information.
MagMutual Lunch

MagMutual is encouraging every delegate and alternate delegate to attend a complimentary lunch that it will host in the Harborside Ballroom at 12:30 p.m. on Saturday, October 21. The keynote speaker will be Bill Kanich, M.D., J.D., who is MagMutual's chief medical officer. He will give a talk on "One victory at a time: how MagMutual's Patient Safety Institute creates safer environments for both you and your patients." Our sincere thanks to MagMutual for its ongoing support.

MAG Foundation

MAG HOD delegates and alternate delegates are encouraged to support the MAG Foundation’s 'Think About It' campaign to reduce prescription drug abuse in the state and/or the Georgia Physicians Leadership Academy. Delegates and alternate delegates can also support Donald Palmisano in his efforts to raise $15,000 by running a 100-mile trail race in Arizona on October 28 to reduce distracted driving. The MAG Foundation’s donor levels include the "1849 Club" ($100-$1,000), the "Leadership Society" ($2,500-$10,000), and the "Vanguard Society" ($25,000-$100,000). Contact Lori Cassity Murphy at 678.303.9282 or lmurphy@mag.org for additional information. You can also donate online at www.mag.org/magfdonate.

Please note that the MAG Foundation will be conducting a special fundraising auction and raffle this year. Delegates are encouraged to visit the MAG Foundation exhibit on the mezzanine-level of the Hyatt for details on the GPLA's 10 Year Anniversary and Future Forward fundraising campaign. Donors will automatically qualify for a raffle for a chance to win a weekend at The King & Prince Resort on St. Simons Island.

Medical Student Section

MAG’s Medical Student Section (MSS) will meet in the Percival Room from 4 p.m. to 4:30 p.m. on Saturday, October 21. Contact Renai Lilly at rlilly@mag.org for more information.

Young Physicians Section

MAG’s Young Physicians Section (YPS) will meet in the Vernon Room from 4 p.m. to 4:30 p.m. on Saturday, October 21. Contact Renai Lilly at rlilly@mag.org for more information.

Resident Physician & Fellow Section

MAG’s Resident Physician & Fellow Section (RPFS) will meet in the Percival Room from 4:30 p.m. to 5 p.m. on Saturday, October 21. Contact Renai Lilly at rlilly@mag.org for more information.

International Medical Graduate Section

MAG’s International Medical Graduates (IMG) Section will meet in the Vernon Room from 4:30 p.m. to 5:30 p.m. on Saturday, October 21. Contact Renai Lilly at rlilly@mag.org for more information.
This year's HOD meeting will feature a MAG member medical student abstract competition. We encourage you to visit this exhibit, which will be set up in the hotel lobby from 12 p.m. to 4 p.m. on Saturday, October 21. Click here for more details.

AMA Delegation

The AMA Georgia Delegation will have a breakfast meeting in the Vernon Room at 6:30 a.m. on Sunday, October 22. Download MAG’s app or go to www.mag.org/HOD for additional information on the breakfast caucus.

County Medical Society Caucuses

The county medical society caucuses will begin at 6:30 a.m. on Sunday, October 22. Download MAG’s new app or go to www.mag.org/HOD for additional information on these breakfast meetings.

Special Events

MAG Past Presidents’ Dinner

The MAG past presidents’ dinner will be held on Friday, October 20. It will take place from 7 p.m. to 9 p.m. at Pearl's Saltwater Grille, which is located at 7000 La Roche Avenue in Savannah. This is an invitation-only, black tie affair. Roundtrip transportation will be provided. Contact Renai Lilly at rlilly@mag.org for more information.

Friday Night Welcome Cocktail Reception

There will be a cocktail reception for all HOD attendees and their families and guests in the Scarbrough Ballroom of the Hyatt Regency from 6 p.m. to 7:30 p.m. on Friday, October 20. Please be sure to get your registration packet at the registration desk prior to this reception as your drink tickets will be included in the packet.

Georgia Physicians Leadership Academy Dinner

The Georgia Physicians Leadership Academy (GPLA) Steering Committee is inviting GPLA scholars, alumni and spouses to attend a dinner at 45 Bistro, which is located at 123 East Broughton Street in Savannah from 7:30 p.m. to 9:30 p.m. on Friday, October 20.

After Party Reception

MAG’s Medical Student Section (MSS), Young Physicians Section (YPS), and Resident Physician & Fellow Section (RPFS) will host an “after party” reception in the River Lounge at the Hyatt Regency from 9 p.m. to 10:30 p.m. All HOD attendees and their families and guests are welcome to attend. Please note that drink tickets will be provided.

Exhibitors and Grand Prize Drawing

Exhibitions will be set up on the Hyatt’s mezzanine levels, adjacent to the HOD meeting room. MAG and MagMutual will conduct a special contest for delegates. Each delegate’s registration packet will contain a gold-colored ticket, and the delegates who have every exhibitor punch on the ticket will qualify for a chance to win the grand prize – which is a $500 American Express gift card. Delegates must be present for the drawing at the end of the meeting on Sunday to qualify.
Airport
Savannah-Hilton Head International Airport
http://savannahairport.com

Hyatt Regency Savannah
2 W. Bay Street
Savannah, Georgia 31401
912.238.1234

Parking
The Hyatt Regency Savannah offers valet parking for $30 per day for vehicles that are less than 7.5 feet tall. This includes unlimited in/out privileges. Self-parking is available in the Whitaker Street Garage – which is across the street and less than a block away – for $16 per night. In/out privileges do not apply.
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Room</th>
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<tbody>
<tr>
<td><strong>Friday, October 20, 2017</strong></td>
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<tr>
<td>8:00 a.m. - 11:30 a.m.</td>
<td>MAG Foundation &amp; MAG Institute Breakfast &amp; Meeting</td>
<td>Percival</td>
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<tr>
<td>12:30 p.m. - 1:00 p.m.</td>
<td>MAG BOD Lunch</td>
<td>Regency Ballroom Pre-function</td>
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<td>1:00 p.m. - 4:00 p.m.</td>
<td>MAG Board of Directors Meeting</td>
<td>Regency Ballroom</td>
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<td>4:00 p.m. - 5:30 p.m.</td>
<td>GAMPAC BOD Meeting</td>
<td>Verelst</td>
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<tr>
<td>4:00 p.m. - 7:00 p.m.</td>
<td>HOD Registration</td>
<td>Registration Booth</td>
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<tr>
<td>6:00 p.m. - 7:30 p.m.</td>
<td>MAG Welcome Reception</td>
<td>Scarbrough Ballroom</td>
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<tr>
<td>7:30 p.m. - 9:30 p.m.</td>
<td>GPLA Dinner</td>
<td>45 Bistro</td>
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<tr>
<td>7:00 p.m. - 9:00 p.m.</td>
<td>Past Presidents’ Reception &amp; Dinner</td>
<td>Pearl's Saltwater Grill (transportation provided)</td>
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<td><strong>Saturday, October 21, 2017</strong></td>
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<tr>
<td>6:30 a.m. - 3:00 p.m.</td>
<td>Registration &amp; Exhibit Visitation</td>
<td>Registration Booth/Mezzanine</td>
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<td>6:30 a.m. - 8:30 a.m.</td>
<td>HOD Breakfast</td>
<td>Mezzanine</td>
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<tr>
<td>7:00 a.m. - 8:00 a.m.</td>
<td>Conference CME Session (sponsored by Medical College of GA)</td>
<td>Regency Ballroom</td>
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<tr>
<td>8:30 a.m. - 10:00 a.m.</td>
<td>House of Delegates (First Session)</td>
<td>Regency Ballroom</td>
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<tr>
<td>8:00 a.m. - 10:00 p.m.</td>
<td>MAG Student/Resident/Young Physician Hospitality Room</td>
<td>Percival</td>
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<td>10:20 a.m. - 10:30 a.m.</td>
<td>HOD Picture</td>
<td>Hotel Lobby</td>
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<tr>
<td>10:30 a.m. - 12:30 p.m.</td>
<td>Reference Committee A - Health Care Policy</td>
<td>Regency Ballroom</td>
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<tr>
<td>10:30 a.m. - 12:30 p.m.</td>
<td>Reference Committee C - Legislation</td>
<td>Scarbrough 3</td>
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<tr>
<td>10:30 a.m. - 12:30 p.m.</td>
<td>Reference Committee F - Finance &amp; Administration</td>
<td>Verelst</td>
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<td>10:30 a.m. - 12:30 p.m.</td>
<td>Reference Committee S - Prescription Drugs &amp; Medical Marijuana</td>
<td>Scarbrough 4</td>
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<tr>
<td>12:30 p.m. - 1:45 p.m.</td>
<td>MagMutual - Delegates’ Luncheon</td>
<td>Harborside Ballroom</td>
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<td>12:00 p.m. - 4:00 p.m.</td>
<td>Student/Resident Poster Display</td>
<td>Hotel Lobby</td>
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<td>2:00 p.m. - 4:00 p.m.</td>
<td>Reference Committees, cont.</td>
<td>Same Room as A.M.</td>
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<tr>
<td>4:00 p.m. - 4:30 p.m.</td>
<td>MAG Medical Students Section Meeting</td>
<td>Percival</td>
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<tr>
<td>4:00 p.m. - 4:30 p.m.</td>
<td>MAG Young Physicians Meeting</td>
<td>Vernon</td>
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<tr>
<td>4:30 p.m. - 5:00 p.m.</td>
<td>MAG Resident Section Meeting</td>
<td>Percival</td>
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<tr>
<td>4:30 p.m. - 5:30 p.m.</td>
<td>MAG IMG Section Meeting</td>
<td>Vernon</td>
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<tr>
<td>6:00 p.m. - 7:00 p.m.</td>
<td>Officer Installation</td>
<td>Scarbrough 1-2</td>
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<tr>
<td>7:00 p.m. - 9:00 p.m.</td>
<td>MAG Reception &amp; Awards Dinner</td>
<td>Harborside Ballroom</td>
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<td>9:00 p.m. - 10:30 p.m.</td>
<td>Afterparty Reception</td>
<td>River Lounge</td>
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<td><strong>Sunday, October 22, 2017</strong></td>
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<tr>
<td>6:30 a.m. - 1:00 a.m.</td>
<td>Registration &amp; Distribution of Reference Committee Copies</td>
<td>Registration Booth</td>
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<tr>
<td>6:30 a.m. - 8:00 a.m.</td>
<td>Component Society Caucus Breakfast*</td>
<td>Vernon Room</td>
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<tr>
<td>6:30 a.m. - 8:00 a.m.</td>
<td>AMA Delegation</td>
<td>Vernon Room</td>
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<td>6:30 a.m. - 8:00 a.m.</td>
<td>Cobb CMS Breakfast</td>
<td>Scarbrough 4</td>
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<tr>
<td>6:30 a.m. - 8:00 a.m.</td>
<td>DeKalb, GA-ACC, Gwinnett-Forsyth &amp; Hall CMS</td>
<td>Scarbrough 2</td>
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<tr>
<td>6:30 a.m. - 8:00 a.m.</td>
<td>MAA CMS</td>
<td>Scarbrough 1</td>
</tr>
<tr>
<td>6:30 a.m. - 8:00 a.m.</td>
<td>Richmond CMS Breakfast</td>
<td>Scarbrough 3</td>
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<tr>
<td>6:30 a.m. - 8:00 a.m.</td>
<td>HOD Breakfast (non-caucus)</td>
<td>Mezzanine</td>
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<tr>
<td>6:30 a.m. - 1:00 p.m.</td>
<td>Exhibits</td>
<td>Mezzanine North</td>
</tr>
<tr>
<td>7:00 a.m. - 8:00 a.m.</td>
<td>Bibb CMS, Muscogee CMS &amp; Georgia CMS</td>
<td>Moss &amp; Oak</td>
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<tr>
<td>8:30 a.m. - 12:15 p.m.</td>
<td>House of Delegates (Second Session)</td>
<td>Regency Oak</td>
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<tr>
<td>12:30 p.m. - 1:30 p.m.</td>
<td>GAMPAC lunch</td>
<td>Scarbrough Ballroom</td>
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<tr>
<td>2:00 p.m. - 5:00 p.m.</td>
<td>House of Delegates - 2nd Session cont., if needed</td>
<td>Regency Ballroom</td>
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<tr>
<td>2:00 p.m. - 5:00 p.m.</td>
<td>BOD Organizational Meeting</td>
<td>Regency Ballroom</td>
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MAG HOUSE OF DELEGATES CAMPAIGN MATERIALS GUIDELINES

1. No campaign literature or communications (e.g., letters, information sheets, brochures) shall be distributed by any method unless it:
   a. Clearly delineates which candidate the communication is promoting;
   b. What position that candidate is running for; and
   c. Is signed or endorsed by the candidate that the communication is promoting.

2. Only with the approval of MAG’s Executive Director will it be permissible for candidate-signed or candidate-approved materials (in accordance with paragraph 1 above) to be placed at delegate seats prior to any session or meeting of the House.

3. Under the direction of MAG’s Executive Director, any materials not in compliance with paragraph 1 and/or 2 above will be removed by MAG staff.

4. Any disputes or violations will be handled by the Credentials Committee.

Edmund R. Donoghue Jr., M.D.
Speaker of the House of Delegates

James W. Barber, M.D.
Vice Speaker of the House of Delegates
INTRODUCTION

The Medical Association of Georgia House of Delegates is the legislative body of our Association responsible for setting its policies. With the exception of the time during the War Between the States, our House of Delegates has met every year since 1849.

The House is a democratic institution. All county component medical societies in Georgia are entitled to representation in our House. Small societies (5 to 49 members) are entitled to one delegate. Larger societies (50 members or more) are entitled to one Delegate for every 25 active members. Additional delegates represent our several House Sections and Specialty Societies, so that our House consists of over two hundred voting delegates.

The House has two main functions: (1) to elect the Association’s officers for the coming year; and (2) to debate and vote on the various resolutions, reports and recommendations submitted to it. MAG officers, MAG committees, county societies (either through their officers or their Delegates to the MAG House), and specialties may submit resolutions, reports and recommendations.

Each year, the House of Delegates considers some 50 to 60 items of business. To expedite matters, each resolution or recommendation is assigned by the House Speaker to a REFERENCE COMMITTEE, composed of six to ten delegates. During the House, Reference Committees hold hearings so that any member of MAG (delegate or not) may express his or her opinion on the resolutions and recommendations. After testimony is heard, each Reference Committee evaluates all the opinions given, and drafts a report to the House recommending courses of action on the resolutions and recommendations. In so doing, the House sets MAG’s policy. Therefore, our House of Delegates meeting consists of a mix of representative democracy (through county and specialty society delegates) and direct democracy (through individual member’s right to speak at Reference Committees). As with all democratic bodies, our House depends on the individual’s expression of opinion.

The MAG House of Delegates exists to give you a means to express your ideas and an opportunity to implement those ideas into action by creating policy regarding the practice of medicine in our state.
ABOUT OUR PROCEDURES

Tradition governs a substantial portion of each formal session of the House of Delegates. Addresses by the President and President – Elect, remarks by the Speaker, recognition of distinguished guests, presentation and acceptance of awards, installation of officers, and the like, are done in this way. It is the prerogative of the Speaker to permit many of these niceties as he/she may feel to be appropriate without unduly intruding upon the time necessary for the House to accomplish its assigned business. In general, such items are scheduled in advance and are published in the Order of Business. Unscheduled presentations may be arranged, either with the Speaker, or by a request to hear them by unanimous consent of the House.

The House of Delegates of the Medical Association of Georgia transacts its business according to the American Institute of Parliamentarians Standard Code of Parliamentary Procedure by the American Institute of Parliamentarians. Parliamentary procedure serves to aid the House in the orderly, expeditious and equitable accomplishment of its desires. The majority opinion of the House, in determining what it wants to do and how it wants to do it, should always remain the ultimate determinant, yet the right of the minority must never be overlooked. It is the obligation of the Speaker to sense this will of the House to preside accordingly, and to hold his/her rulings ever subject to challenge from and reversal by the House.

INTRODUCTION OF BUSINESS

Business resolutions are brought by voting delegates, county societies, specialty societies or five active MAG members, and by recommendations from MAG Officers and Committee Chairman as part of their annual reports.

The essential element of a resolution is expressed in one or more “RESOLVE” clauses setting forth the author’s specific intent for action. The resolution may carry (a) prefatory statement(s) explaining the rationale of the resolution. These are usually written as a series of “WHEREAS” statements that appear before the “RESOLVE” clauses. There may also be included appendices of materials, which attempt to contribute to the understanding of the topic of the resolution.

In adopting a resolution, the House of Delegates formally adopts only the “RESOLVE” section(s) of the resolution. Consequently, the author’s specific intent for action must be stated fully and completely in the “RESOLVE” clauses(s). To say it another way, the “RESOLVE” clause(s) must be able to convey all concepts for action or policy when read alone. It is unnecessary to amend the language of the “WHEREAS” portions of a resolution since the House will only act on the “RESOLVE” portions as the official item of business. The ultimate question before the House is how to dispose of a specific “RESOLVE”.
REFERENCE COMMITTEE HEARINGS

Except under special circumstances, all resolutions and reports containing recommendations are referred to a Reference Committee so that hearings may be on their contents.

Reference Committees are groups of six to ten delegates selected by the Speaker to conduct open hearings on matters of business before the House. The items are usually divided up into groups containing similar topics. For instance, one Reference Committee may hear resolutions and recommendations pertaining to Legislative issues, another will hear resolutions and recommendations pertaining to Public Health issues and so forth. Having heard discussion on the resolutions and recommendations before it, the Reference Committee compiles a report with recommendations to the House for the disposition of its items of business.

Reference Committee hearings are open to all members of the Association and invited guests. Any member of the Association is encouraged to speak on the resolution or recommendation under consideration. Other non-members, upon recognition by the chairman, may also be permitted to speak.

Fair hearings are the responsibility of the Reference Committee Chairman. The committee may establish its own rules on the presentation of testimony with respect to the order of testimony, the order of consideration, limitation of time, repetitive statements, recesses, and the like. Following the open hearing, a Reference Committee will go into Executive Session for deliberation and preparation of its report. It may call into Executive Session anyone whom it may wish to hear from or question further. The Reference Committee submits a unanimous report to the House of Delegates recommending a disposition for each of the items of business assigned to it. Minority reports from a Reference Committee may be issued in circumstances where the Reference Committee cannot come to consensus on the disposition of an item of business.

REFERENCE COMMITTEE REPORTS

Reference Committee reports comprise the bulk of the official business of the House of Delegates.

Reference Committees have wide latitude in their efforts to facilitate expression of the will of the House on matters before them and give credence to the testimony they hear. They may amend resolutions, consolidate similar resolutions by constructing substitutes, and recommend the parliamentary procedure for disposition of the business before them, such as acceptance, rejection, amendment, referral, and the like for specific item of business.
Specifically, the Reference Committee may make the following recommendations to the House of Delegates:

a) adoption;

b) adoption as amended, with amendments drafted and submitted by the Reference Committee;

c) adoption by substitution, with a substitute resolution drafted and submitted by the Reference Committee;

d) not for adoption;

e) to be filed;

f) referral to Board of Directors/Executive Committee or other Committee

Reference Committee reports will be made available to Reference Committee members and delegates as soon as they are completed. The first reports should be available at the MAG Registration desk on the day of the second MAG House Session.

NOTE: During the reading of Reference Committee reports, the Speaker of the House urges delegates to refer to their Handbooks, following the specific resolution or recommendation under discussion. Reference Committee Report recommendations are just that, recommendations only, and do not become MAG policy until acted on by the House of Delegates. A Reference Committee recommendation is to be considered the main motion before the House and must be dealt with as such.

PARLIAMENTARY PROCEDURE ON THE HOUSE

It is imperative in an assembly of over 200 Delegates that each individual speaking to an issue be recognized by the Speaker, be at a microphone, and be properly identified for the information of those who transcribe the proceedings. In the absence of specific provisions to the contrary in the Bylaws of the Association or in this manual of “Procedures of the House of Delegates,” the House shall be governed by the American Institute of Parliamentarians Standard Code of Parliamentary Procedure by the American Institute of Parliamentarians. The following is based upon the aforementioned text.
CLASSIFICATION OF MOTIONS

Business is brought before the House, and acted upon, by the motions of Delegates. A motion is the formal statement of a proposal or question to the House for consideration and action.

Motions are classified into five groups: A) main motions; B) specific main motions; C) subsidiary motions; D) privileged motions; and E) incidental motions.

MAIN MOTIONS

Main motions are the most important and most frequently used. Their purpose is to bring substantive proposals before the House for consideration and action.

A main motion (or “question”) is presented for discussion by the following steps:

1. The Delegate rises and addresses the Speaker;

2. The Delegates is recognized by the Speaker;

3. The Delegates identifies himself/herself and their local society. The delegate then indicates if they are speaking on behalf of their society or as an individual, and identifies any potential conflict of interest he/she may have on the issues at hand.

4. The delegate proposes (“makes”) his/her motion;

5. Another Delegate seconds it;

6. The Speaker states the motion to the House.

Once a main motion has been brought before the House through the steps above, it is usually considered in the following way:

7. Delegates debate the motion;

8. The Speaker puts the question to a vote;

9. The Speaker announces the result of the vote.
SPECIFIC MAIN MOTIONS

Restorative Main Motions do not present a new proposal but concern actions that were previously taken. The five main motions have specific names:

  a) Amend a Previous Action - to amend a main motion that was approved previously.

  b) Adopt in-lieu-of – to introduce a main motion with the intent that its adoption will also dispose of one or more other main motions that are known to be coming before the assembly.

  c) Ratify - to confirm and thereby validate an action that was taken in an emergency, or where a quorum was not present.

  d) Recall from Committee – to enable an assembly to remove a motion or subject from a committee or board and present it before the assembly for consideration.

  e) Reconsider – to enable the House to a set aside an earlier vote on a main motion, and to consider it again as though no vote had been taken on it.

  f) Rescind – to repeal or nullify a main motion previously passed.

SUBSIDIARY MOTIONS

Subsidiary motions alter the main motion, or delay or hasten its consideration. They are:

  a) Table – used to set aside a pending main motion, which can be taken up for further consideration at any time during the same meeting.

  b) Close Debate – used to close discussion on the pending question or questions and to the pending question or questions them to an immediate vote.

  c) Limit or Extend Debate – used to determine the time that will be devoted to the discussion of a pending motion or the time each speaker may discuss the motion or remove limitations already imposed on to its discussion.

  d) Postpone to a Certain Time – used to delay further consideration of a pending main motion and to fix a definite time for its consideration.
e) Refer to Committee – used to transfer to another body of the organization (such as a committee, council, task force, or Board of Directors) the opportunity and responsibility of studying the proposal and reporting back to the House with recommendations. It can also be to conserve the time of the House by delegating the duty of deciding a proposal and sometimes of carrying out the decision to a smaller group.

f) Amend – used to change a motion that is being considered by the House so that it expresses, as closely as possible, exactly the will of the members.

PRIVILEGED MOTIONS

Privileged motions have no direct connection with the main motion before the House. They are motions of such urgency that they are entitled to immediate consideration. They relate to the members and to the organization rather than to particular items of business. Privilege motions would be main motions but for their urgency. Because of their urgency, they are given the privilege of being considered ahead of other motions that are before the House. Therefore, the following are privileged motions:

a) Adjourn – when no other motion is pending, the motion to adjourn is a main motion and is open to discussion and amendment. When a main motion is pending, however, the motion to adjourn becomes a privileged motion and outranks all other motions. If adopted, the privileged motion to adjourn requires that adjournment take place immediately. The privilege motion to adjourn cannot be debated but may be amended to establish the time when the interrupted meeting may continue.

b) Recess – used to provide an interlude in meeting. The length of the recess or the establishment of a definite time for resuming deliberations should be set.

c) Question of Privilege - to enable a member to secure immediate decision and action by the presiding officer on a request that concerns the comfort, convenience, rights or privileges of the assembly or of the member, or permission to present a motion of an urgent nature, even though other business is pending.
INCIDENTAL MOTIONS

Incidental Motions arise incidentally out of the business before the House. They do not relate directly to the main motion, but usually relate to matters incidental to the conduct of the meetings. Incidental motions may be offered whenever they are needed, and have no order of preference. Because of their very nature they may interrupt business and in some cases may interrupt the Speaker, and should be handled as soon as they arise.

Incidental Motions include:

a) Appeal – used to subject the ruling of the Speaker to examination by the House. Any member, suspecting that the Speaker has been mistaken or unfair in the ruling, may appeal that ruling of the House. The Speaker explains the reason for the ruling and allows the member to state his or her reasons for the appeal. After discussion by the members, the vote is taken, not on the appeal, but on sustaining the decision of the Speaker.

b) Suspended Rules – used to allow the House to take an action, which would otherwise be prevented by a procedural rule or by a program already adopted. A suspension of the rules makes temporarily ineffective whatever obstacle which otherwise would prevent the House from achieving its will. The effect of suspending the rules ends when that action is completed.

c) Consider Informally – used to allow the House to discuss an issue without the restrictions of parliamentary rules. It can be used if no motion is pending in the hope that unrestricted discussion will forge a consensus supporting the substance and the language of the motion that evolves. It also can be used even though a motion is under consideration. The pending motion is considered informally until the members decide to vote on it. This vote terminates the informal consideration.

d) Point of Order – used to get the Speaker’s and the House’s attention to the possibility that a violation of the rules, an omission or an error in the proceedings has occurred and to seek a ruling from the Speaker. A point of order must be raised immediately after the possible error or omission occurs. As soon as the Speaker has made a ruling on the point of order, the
business of the House resumes at the point at which it was interrupted.

e) Inquiries – used to acquire the Speaker’s opinion on a matter of parliamentary procedures as it relates to the business under discussion. It does not involve a ruling of the chair. Parliamentary inquiry can also be used to ask the Speaker or the maker of a motion a clarifying question about the pending motion. The request for a parliamentary inquiry may interrupt a speaker only when it requires an immediate answer. A parliamentary inquiry should always be addressed to the Speaker and answered by the Speaker. The Speaker may consult with anyone he or she wishes before answering the inquiry. A member who is interrupted by parliamentary inquiry, once the inquiry is resolved, retains the floor and continues his or her debate. The privilege of parliamentary inquiry should never be used or allowed as a means of delaying the proceedings or harassing a member.

f) Withdraw Motion – used to allow a member to remove from consideration of the House a motion, which, he or she has proposed. If the Speaker has not stated the motion to the House, permission to withdraw is not necessary.

g) Division of Question – used to divide a motion that is composed of two more independent parts into individual motions that may be considered and voted on separately. If the Speaker agrees that the motion contains at least two propositions, each of which can stand alone as a reasonable motion and each suitable for adoption should the other portion fail, he or she may grant this request.

h) Call for Division of Assembly – to verify an indecisive voice or hand vote by requiring voters to rise and, if necessary, to be counted. Any member concerned about the vote may call for a decision as soon as the motion is put to a vote and even before the vote has been announced. Just like any other mandatory requests, division of the assembly should not be used to delay the proceedings or to harass a member.
RULES GOVERNING MOTION AND REQUESTS

Many rules affect when a motion may be introduced, whether it must be seconded, whether it is debatable or amendable and what type of vote it requires for passage. Following is a summary of these rules, taken from the American Institute of Parliamentarians Standard Code of Parliamentary Procedure by the American Institute of Parliamentarians.

###
## BASIC RULES GOVERNING MOTIONS

<table>
<thead>
<tr>
<th>Order of Precedence</th>
<th>Can Interrupt?</th>
<th>Requires a Second?</th>
<th>Debatable</th>
<th>Amendable?</th>
<th>Vote Required?</th>
<th>Applies to what other motions?</th>
<th>Can have what other motions applied to it?</th>
<th>Renewable?</th>
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<tbody>
<tr>
<td>Privileged Motions</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Adjourn</td>
<td>No</td>
<td>Yes</td>
<td>Yes²</td>
<td>Yes²</td>
<td>Majoritý</td>
<td>None</td>
<td>Amend, close debate, limit debate</td>
<td>Yes⁰</td>
</tr>
<tr>
<td>2. Recess</td>
<td>No</td>
<td>Yes</td>
<td>Yes²</td>
<td>Yes²</td>
<td>Majoritý</td>
<td>None</td>
<td>Amend, close debate, limit debate</td>
<td>Yes⁰</td>
</tr>
<tr>
<td>3. Question of privilege</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Yes</td>
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<td>Subsidiary Motions</td>
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<td></td>
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<tr>
<td>4. Table</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>Main motion</td>
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<tr>
<td>5. Close debate</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>Debatable motions</td>
<td>None</td>
<td>Yes⁰</td>
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<tr>
<td>6. Limit or Extend debate</td>
<td>No</td>
<td>Yes</td>
<td>Yes²</td>
<td>Yes²</td>
<td>2/3</td>
<td>Debatable motions</td>
<td>Amend, close debate</td>
<td>Yes⁰</td>
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<tr>
<td>7. Postpone to a certain time</td>
<td>No</td>
<td>Yes</td>
<td>Yes²</td>
<td>Yes²</td>
<td>Majority</td>
<td>Main motion</td>
<td>Amend, close debate, limit debate</td>
<td>Yes⁰</td>
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<tr>
<td>8. Refer to committee</td>
<td>No</td>
<td>Yes</td>
<td>Yes²</td>
<td>Yes²</td>
<td>Majority</td>
<td>Main motion</td>
<td>Amend, close debate, limit debate</td>
<td>Yes⁰</td>
</tr>
<tr>
<td>9. Amend</td>
<td>No</td>
<td>Yes</td>
<td>Yes²</td>
<td>Yes²</td>
<td>Majority</td>
<td>Rewordable motions</td>
<td>Amend, close debate, limit debate</td>
<td>No²</td>
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<tr>
<td>Main Motions</td>
<td></td>
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<td>10. a. The main motion</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
<td>None</td>
<td>Subsidiary</td>
<td>No</td>
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<td>10. b. Specific main motions</td>
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<td>Amend a previous action</td>
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<td>Yes</td>
<td>Majoritý</td>
<td>None</td>
<td>Subsidiary</td>
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<tr>
<td>Adopt in-lieu-of</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Same Vote</td>
<td>Adopted main motion</td>
<td>Subsidiary</td>
<td>No</td>
</tr>
<tr>
<td>Ratify</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majoritý</td>
<td>Adopted main motion</td>
<td>Subsidiary</td>
<td>No</td>
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<tr>
<td>Recall from committee</td>
<td>No</td>
<td>Yes</td>
<td>Yes²</td>
<td>No</td>
<td>Majority</td>
<td>Refereed main motion</td>
<td>Close debate, limit debate</td>
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<tr>
<td>Reconsider</td>
<td>Yes³</td>
<td>Yes</td>
<td>Yes²</td>
<td>No</td>
<td>Majority</td>
<td>Vote on main motion</td>
<td>Close debate, limit debate</td>
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<tr>
<td>Rescind</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Same Vote</td>
<td>Adopted main motion</td>
<td>Subsidiary, except amend</td>
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</table>

### INCIDENTAL MOTIONS

<table>
<thead>
<tr>
<th>No order of precedence</th>
<th>Can Interrupt?</th>
<th>Requires a Second?</th>
<th>Debatable</th>
<th>Amendable?</th>
<th>Vote Required?</th>
<th>Applies to what other motions?</th>
<th>Can have what other motions applied to it?</th>
<th>Renewable?</th>
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<tbody>
<tr>
<td>Motions</td>
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<tr>
<td>Appeal</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Majority²</td>
<td>Ruling of chair</td>
<td>Close debate, limit debate</td>
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<tr>
<td>Suspend the rules</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>Procedural rules</td>
<td>None</td>
<td>Yes⁰</td>
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<tr>
<td>Consider informally</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Majority</td>
<td>Main Motion or subject</td>
<td>None</td>
<td>Yes</td>
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<tr>
<td>Requests</td>
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<tr>
<td>Point of order</td>
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<td>No</td>
<td>No</td>
<td>None</td>
<td>Procedural error</td>
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<td>Inquiries</td>
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<td>All motions</td>
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<tr>
<td>Withdraw a motion</td>
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<td>No</td>
<td>No</td>
<td>No</td>
<td>None²</td>
<td>All motions</td>
<td>None</td>
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<td>Division of question</td>
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<td>No</td>
<td>None</td>
<td>Main motion</td>
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<td>No</td>
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<tr>
<td>Division of assembly</td>
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<td>No</td>
<td>No</td>
<td>No</td>
<td>None²</td>
<td>Indecisive vote</td>
<td>None</td>
<td>No</td>
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</tbody>
</table>

1 Motions are in order only if no motion higher on the list is pending. Thus, if a motion to close debate is pending, a motion to amend would be out of order; but a motion to recess would be in order, since it outranks the pending motion.
2 Restricted.
3 Is not debatable when applied to an undebatable motion.
4 A member may interrupt the proceedings but not a speaker.
5 Withdraw may be applied to all motions.
6 Renewable at the discretion of the presiding officer.
7 A tie or majority vote sustains the ruling of the presiding officer; a majority vote in the negative reverses the ruling.
8 If decided by the assembly, by motion, requires a majority vote to adopt.
# 2017 HOUSE OF DELEGATES
## Items of Business

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<tr>
<th>Officer</th>
<th>Reports</th>
<th>Reference Committee Referrals</th>
</tr>
</thead>
<tbody>
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<td>Officer: 01.17</td>
<td>President</td>
<td>Not Referred</td>
</tr>
<tr>
<td>Officer: 03.17</td>
<td>Treasurer</td>
<td>Reference Committee F</td>
</tr>
<tr>
<td>Officer: 06.17</td>
<td>Chairman, AMA Delegation</td>
<td>Reference Committee F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Director</th>
<th>Reports</th>
<th>Reference Committee Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director: 01.17</td>
<td>First District Medical Society</td>
<td>Not Referred</td>
</tr>
<tr>
<td>Director: 02.17</td>
<td>Second District Medical Society</td>
<td>Not Referred</td>
</tr>
<tr>
<td>Director: 03.17</td>
<td>Third District Medical Society</td>
<td>Not Referred</td>
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<tr>
<td>Director: 04.17</td>
<td>Fourth District Medical Society (See DeKalb CMS 15.17)</td>
<td>Not Referred</td>
</tr>
<tr>
<td>Director: 05.17</td>
<td>Fifth District Medical Society (See MAA 20.17)</td>
<td>Not Referred</td>
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<tr>
<td>Director: 06.17</td>
<td>Sixth District Medical Society</td>
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<tr>
<td>Director: 07.17</td>
<td>Seventh District Medical Society</td>
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<td>Director: 08.17</td>
<td>Eighth District Medical Society</td>
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<tr>
<td>Director: 09.17</td>
<td>Ninth District Medical Society</td>
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<tr>
<td>Director: 10.17</td>
<td>Tenth District Medical Society</td>
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<td>Director: 11.17</td>
<td>Bibb County Medical Society</td>
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<tr>
<td>Director: 12.17</td>
<td>Clayton-Henry-Fayette Medical Society</td>
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<td>Director: 13.17</td>
<td>Cobb County Medical Society</td>
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<td>Director: 14.17</td>
<td>Crawford W. Long Medical Society</td>
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<td>Director: 15.17</td>
<td>DeKalb Medical Society</td>
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<td>Director: 16.17</td>
<td>Dougherty County Medical Society</td>
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<td>Director: 17.17</td>
<td>Georgia Medical Society</td>
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<td>Director: 18.17</td>
<td>Gwinnett-Forsyth County Medical Society</td>
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<td>Director: 19.17</td>
<td>Hall County Medical Society</td>
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<td>Director: 20.17</td>
<td>Medical Association of Atlanta</td>
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<td>Director: 21.17</td>
<td>Muscogee County Medical Society</td>
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<td>Director: 22.17</td>
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<td>Director: 23.17</td>
<td>Richmond County Medical Society</td>
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<table>
<thead>
<tr>
<th>Section</th>
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<tbody>
<tr>
<td>Section: 02.17</td>
<td>International Medical Graduate Section</td>
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<td>Section: 03.17</td>
<td>Young Physician Section</td>
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<td>Section: 04.17</td>
<td>Resident Physician and Fellow Section</td>
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<td>Section: 05.17</td>
<td>Medical Student Section</td>
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<tr>
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<td>Special: 02.17</td>
<td>Medical Association of Georgia Alliance</td>
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<td>Special: 03.17</td>
<td>Policy Sunset &amp; Reaffirmation Report</td>
<td>Consent Calendar</td>
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<td>Special: 04.17</td>
<td>Department of Communications</td>
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<td>Special: 05.17</td>
<td>Department of Membership and Marketing</td>
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<td>Special: 06.17</td>
<td>Georgia Physicians Leadership Academy</td>
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<td>Special: 07.17</td>
<td>MAG Institute for Excellence in Medicine</td>
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<td>Special: 08.17</td>
<td>Georgia Medical Political Action Committee</td>
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<td>Special: 09.17</td>
<td>The Physicians Foundation</td>
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### Reports

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<td>Committee: 05.17</td>
<td>Committee on Continuing Medical Education</td>
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<tr>
<td>Committee: 06.17</td>
<td>Committee on Correctional Medicine</td>
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### Resolutions

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<td>101A.17 Drug Discount Cards</td>
<td>Reference Committee A</td>
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<td>102A.17 Elimination of All Cost-Sharing for Screening Colonoscopies</td>
<td>Reference Committee A</td>
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<tr>
<td>103A.17 Endorsement of the Alliance for Transparent and Affordable Prescriptions (ATAP)</td>
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<td>104A.17 Georgia Medicaid Program</td>
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<td>105A.17 Payment for Dementia Treatment in Psychiatric Facilities</td>
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<td>106A.17 Promotion of Truth In RX</td>
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<td>107A.17 Unconscionable Generic Drug Pricing</td>
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<td>108A.17 Preserving Quality Medical Education</td>
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<td>109A.17 Skin Cancer Prevention and Education</td>
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<td>110A.17 Applied Behavior Analysis for Children with Autism Spectrum</td>
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<td>111A.17 Patient’s Right to Know</td>
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<td>301C.17 Amendment to Current Maintenance of Certification (MOC) Law</td>
<td>Reference Committee C</td>
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## Reference Committee Referrals

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ORDER OF BUSINESS
CALL TO ORDER
Edmund R. Donoghue Jr., M.D.
Speaker, House of Delegates

INVOCATION
Father Michael Kavanaugh

PRESENTATION OF COLORS
Chatham County Sheriff’s Department

INTRODUCTION OF OFFICERS AND GUESTS
Edmund R. Donoghue Jr., M.D.
Speaker, House of Delegates

NEW RESOLUTIONS

CREDENTIALS REPORT
John Johnson, M.D.
Chair, Credentials Committee

STATE OF THE ASSOCIATION ADDRESS
Steven M. Walsh, M.D.
President

EXECUTIVE DIRECTOR’S REPORT
Donald J. Palmisano Jr.
Executive Director/CEO

NOMINATIONS OF CANDIDATES FOR OFFICERS
AND AMA DElegates/ALTERNATE DElegates
Edmund R. Donoghue Jr., M.D.
Speaker, House of Delegates

ANNUAL SESSIONS CONSENT CALENDAR
Edmund R. Donoghue Jr., M.D.
Speaker, House of Delegates

INTRODUCTION OF NEW BUSINESS
Edmund R. Donoghue Jr., M.D.
Speaker, House of Delegates

ANNOUNCEMENTS
Edmund R. Donoghue Jr., M.D.
Speaker, House of Delegates

RECESS FOR REFERENCE COMMITTEE MEETINGS
Edmund R. Donoghue Jr., M.D.
Speaker, House of Delegates
WELCOME  
Edmund R. Donoghue Jr., M.D.  
Speaker, House of Delegates

CALL TO ORDER  
Edmund R. Donoghue Jr., M.D.  
Speaker, House of Delegates  
James Barber, M.D.  
Vice Speaker, House of Delegates

PRESIDENT’S FAREWELL ADDRESS  
Steven M. Walsh, M.D.

INSTALLATION OF NEW PRESIDENT  
E. Frank McDonald Jr., M.D.

PRESIDENT’S ADDRESS  
E. Frank McDonald Jr., M.D.

RECEPTION  
7:00 p.m. - 7:30 p.m.

AWARDS DINNER  
7:30 p.m. - 9:00 p.m.

PRESENTATION OF AWARDS  
Edmund R. Donoghue Jr., M.D.  
Speaker, House of Delegates  
Steven M. Walsh, M.D.  
Immediate Past President

ADJOURNMENT  
Edmund R. Donoghue Jr., M.D.  
Speaker, House of Delegates
MEDICAL ASSOCIATION OF GEORGIA
163RD ANNUAL SESSION - HOUSE OF DELEGATES
ORDER OF BUSINESS
8:30 A.M., SUNDAY, OCTOBER 22, 2017
HYATT REGENCY SAVANNAH
FINAL SESSION

CALL TO ORDER
Edmund R. Donoghue Jr., M.D.
Speaker, House of Delegates
James Barber, M.D.
Vice Speaker, House of Delegates

CREDENTIALS REPORT
John Johnson, M.D.
Chair, Credentials Committee

REFERENCE COMMITTEE REPORTS
(beat determined and announced by the Speaker)
Edmund R. Donoghue Jr., M.D.
Speaker, House of Delegates

CONTESTED ELECTIONS
James Barber, M.D.
Vice Speaker, House of Delegates

AMPAC REPORT
Stephen Imbeau, M.D.
Board Member, AMPAC

GAMPAC REPORT
Michelle Zeanah, M.D.
Chair, GAMPAC

MAG FOUNDATION REPORT
Jack M. Chapman Jr., M.D.
President, MAG Foundation

MAG ALLIANCE REPORT
Dave Street
President, MAG Alliance

NEW BUSINESS
E. Frank McDonald Jr., M.D.
Speaker, House of Delegates
(for information, emergency
or unanimous consent of House)

ADJOURNMENT
E. Frank McDonald Jr., M.D.
Speaker, House of Delegates
### County Medical Society Members of the House of Delegates

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<thead>
<tr>
<th>County Medical Society</th>
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| Bibb County Medical Society             | Maria H. Bartlett, M.D.  
William P. Brooks, M.D.  
Allen Garrison, M.D.  
Michael E. Greene, M.D.  
J. Craig Hall, M.D.  
Billie L. Jackson, M.D.  
Robert C. Jones, M.D.  
Zach Lopater, M.D.  
Teresa M. Luhrs, M.D.  
Malcolm S. Moore, M.D.  
Rana K. Munna, M.D.  
Darl W. Rantz, M.D.  
J. Eric Roddenberry, M.D.  
John J. Rogers, M.D.  
I.J. Shaker, M.D. |                     |
<p>| Entitlement: 17                         |                                                                           |                     |
| Blue Ridge Medical Society              |                                                                           |                     |
| Entitlement: 1                          |                                                                           |                     |
| Carroll County Medical Society          |                                                                           |                     |
| Entitlement: 2                          |                                                                           |                     |
| Cherokee-Pickens Medical Society        | William P. Marks, Jr. M.D.                                                 |                     |</p>
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Of the House of Delegates

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<td>Entitlement: 1</td>
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<td>Georgia Radiological Society</td>
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<td>Entitlement: 2</td>
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</table>
### ELECTIONS - CANDIDATES FOR MAG POSITIONS
#### 2017 MAG HOUSE OF DELEGATES

<table>
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<tr>
<th>OFFICE</th>
<th>CANDIDATE</th>
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<tbody>
<tr>
<td>President-Elect</td>
<td>Rutledge Forney, Atlanta</td>
</tr>
<tr>
<td>First Vice President</td>
<td>Lisa Perry-Gilkes, Atlanta</td>
</tr>
<tr>
<td></td>
<td>(Automatic Succession)</td>
</tr>
<tr>
<td>Second Vice President</td>
<td>Despina D. Dalton, Austell</td>
</tr>
<tr>
<td>Secretary</td>
<td>Andrew B. Reisman, Oakwood</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Thomas E. Emerson, Marietta</td>
</tr>
<tr>
<td>AMA Delegate (terms to end 2019)</td>
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<tr>
<td>Seat currently held by</td>
<td>William Clark, Waycross</td>
</tr>
<tr>
<td></td>
<td>(William Clark, Waycross)</td>
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<tr>
<td>Seat currently held by</td>
<td>Michael Greene, Macon</td>
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<td>(Michael Greene, Macon)</td>
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<tr>
<td>Seat currently held by</td>
<td>Sandra B. Reed, Atlanta</td>
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<td>(Sandra B. Reed, Atlanta)</td>
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<tr>
<td>Seat formerly held by</td>
<td>Thomas Price, Billie Luke Jackson, Macon</td>
</tr>
</tbody>
</table>
Alternate Delegates (term to end 2019)

Seat currently held by C. Gary Richter

C. Gary Richter, Atlanta

Seat currently held by John A. Goldman

John A. Goldman, Atlanta

Seat formerly held by Billie Luke Jackson

Ali Rahimi, Atlanta
Manoj H. Shah, Warner Robins
Sixth District Medical Society
   Rod Michael Duraski, M.D., LaGrange, Alternate Director 2018 (to fill an unexpired term)

Seventh District Medical Society
   John S. Antalis, M.D., Dalton, Director 2020
   David C. Bosshardt, M.D., Ringgold, Alternate Director 2020

Eighth District Medical Society
   Sudhakar Jonnalagadda, M.D., Douglas, Director 2020
   Keith R. Johnson, M.D., Waycross, Alternate Director 2020

Ninth District Medical Society
   Richard A. Wherry, M.D., Dahlonega, Director 2020
   Stephen Jarrard, M.D., Clayton, Alternate Director 2020

Bibb County Medical Society
   Robert C. Jones, M.D., Macon, Director 2020
   Malcolm S. Moore, M.D., Macon, Alternate Director 2020
   Allen Garrison, M.D., Macon, Alternate Director 2019 (to fill an unexpired term)

Clayton-Fayette-Henry Medical Society

Cobb County Medical Society
   Mark Huffman, M.D., Marietta, Director 2020
   Despina D. Dalton, M.D., Austell, Alternate Director 2020

Crawford W. Long Medical Society
   Andrew H. Herrin, M.D., Athens, Director 2020
   Ryan M. Katz, M.D., Athens, Alternate Director 2020

Dougherty County Medical Society
   Karen E. Lovett, M.D., Albany, Director 2018 (to fill an unexpired term)

Hall County Medical Society
   Karl D. Schultz, Jr., M.D., Gainesville, Director 2020
   Abhishek Gaur, M.D., Gainesville, Alternate Director 2020

Medical Association of Atlanta
   Quentin R. Pirkle, Jr., M.D., Atlanta, Director 2020
   Charles I. Wilmer, M.D., Atlanta, Director 2020
   Thomas E. Bat, M.D., Alpharetta, Alternate Director 2020
   Deborah Ann Martin, M.D., Cumming, Alternate Director 2020
   Albert F. Johary, M.D., Dunwoody, Alternate Director 2020
Rome Area Medical Society
   John A. Cowan, M.D., Rome, Director 2020
   William B. Gilbert, M.D., Rome, Alternate Director 2020

Young Physician Section
   Elections held during the HOD

Medical Student Section
   Elections held during the HOD
2017 MAG HOD REFERENCE COMMITTEES

REFERENCE COMMITTEE A – HEALTH CARE POLICY

Chair     Nikki Hughes, M.D.        MAA
Vice Chair Masoumeh Ghaffari, M.D.   Cobb CMS
Robert C. Jones, M.D.                Bibb CMS
Gary Robert Botstein, M.D.          DeKalb MS
Neha Sharma, M.D.                   MAA

Staff: Kimberly Ramseur/Liz Bullock

REFERENCE COMMITTEE C - LEGISLATION

Chair     Karl Daniel Schultz Jr., M.D.   Hall CMS
Vice Chair Charles Inman Wilmer, M.D.   MAA
Fonda Ann Mitchell, M.D.             MAA
Fred Lester Daniel, M.D.             Georgia MS
Michael H. Callahan, M.D.            Hall CMS
Darl Wayne Rantz, M.D.               Bibb CMS

Staff: Derek Norton/Bethany Sherrer

REFERENCE COMMITTEE F – FINANCE AND ADMINISTRATION

Chair     William P. Brooks, M.D.       Bibb CMS
Vice Chair Patrick Leroy Blohm, M.D.  Georgia MS
Donald Carl Siegel, M.D.             DeKalb MS
Daniel Ashley Mullis, M.D.           Hall CMS
Jonathan Gibson, M.D.                MAA
Jeffrey L. Tharp, M.D.               Cobb CMS

Staff: Sally Jacobs
REFERENCE COMMITTEE S – PRESCRIPTION DRUG ABUSE & MEDICAL MARIJUANA

Chair          David Steven Oliver, M.D.            Georgia MS
Vice Chair     Garland Ashley Register Jr., M.D.  Thomas Area MS

Vernon Thomas Bryant, M.D.          Georgia MS
Brian Allen Levitt, M.D.            DeKalb MS
Jeffrey Craig Stone, M.D.           Cobb CMS
Randy Frank Rizor, M.D.             MAA
Al Scott Jr., M.D.                  DeKalb MS

Staff: Trey Reese/Mark Reitman

PARLIAMENTARIAN

Joy A. Maxey, M.D.                DeKalb MS

CREDSNTIALS COMMITTEE

Chair          John Alexander Johnson, M.D.        MAA

Lisa Perry-Gilkes, M.D.            MAA
Martha Mary Wilber, M.D.            MAA

TELLERS

Chair          S. William Clark, M.D.              Okefenokee CMS

Deborah Ann Martin, M.D.            MAA
Luke L. Curtsinger, M.D.            Georgia MS


RECOGNITION
Medical Association of Georgia
2017 House of Delegates

Certificates of Appreciation

Steven M. Walsh, M.D.
President
(2016-2017)

E. Frank McDonald, M.D.
President-elect
(2016-2017)

John S. Harvey, M.D.
Immediate Past President
(2016-2017)

Steven M. Huffman, M.D.
First Vice President
(2016-2017)

Lisa Perry-Gilkes, M.D.
Second Vice President
(2016-2017)

Rutledge Forney, M.D.
Chairman of the Board of Directors

Frederick C. Flandry, M.D.
Vice Chairman of the Board of Directors

Evan S. Monson
Director, Board of Directors
(2015-2016)

Luv D. Makadia
Alternate Director, Board of Directors
(2015-2016)

Michael E. Greene, M.D.
Chairman, Council on Legislation
(2005-2017)

Thomas E. Price, M.D.
AMC Delegate
(2005-2017)

Barry N. Straus, M.D.
Judicial Council

Michael Sharkey, M.D.
GAMPAC Board of Directors

John A. Goldman, M.D
Chairman, Third Party Payer Committee
2017

Mohammed Abubaker, M.D.
Member, Third Party Payer Committee
2017

Joel L. Fine, M.D.
Member, Third Party Payer Committee
2017

Magdi Hanafi, M.D.
Member, Third Party Payer Committee
2017

Albert F. Johary, M.D.
Member, Third Party Payer Committee
2017

J. Leonard Lichtenfeld, M.D.
Member, Third Party Payer Committee
2017

Daniel T. McDevitt, M.D.
Member, Third Party Payer Committee
2017
Steven A. Muller, M.D.
Member, Third Party Payer Committee
2017

Alvin Sermons, M.D.
Member, Third Party Payer Committee
2017

Richard Wherry, M.D.
Member, Third Party Payer Committee
2017

Patten Smith, M.D.
Chairman
Correctional Medicine Committee
(2011-2016)

James Barber, M.D.
Task Force on Workers Compensation
2017

Snehal Dalah, M.D.
Task Force on Workers Compensation
2017

Carlos Giron M.D.
Task Force on Workers Compensation
2017

Robert Howell, M.D.
Task Force on Workers Compensation
2017

Lee A. Kelley, M.D.
Task Force on Workers Compensation
2017

Sen. Kay Kirkpatrick, M.D.
Task Force on Workers Compensation
2017

Stephen McCollam, M.D.
Task Force on Workers Compensation
2017

Randy Rizor, M.D.
Task Force on Workers Compensation
2017

Barry Straus, M.D.
Task Force on Workers Compensation
2017

Sudhir Athni, M.D.
Task Force on Prescription Drug Abuse
2017

Anne Cowan, M.D.
Task Force on Prescription Drug Abuse
2017

Ammar Divan, M.D.
Task Force on Prescription Drug Abuse
2017

Richard Elliott, M.D.
Task Force on Prescription Drug Abuse
2017

Sandra Fryhofer, M.D.
Task Force on Prescription Drug Abuse
2017

Ray Gaskin M.D.
Task Force on Prescription Drug Abuse
2017

Carlos Giron, M.D.
Task Force on Prescription Drug Abuse
2017

Brady Rumph, M.D.
Task Force on Prescription Drug Abuse
2017

Margaret D. Schaufler, M.D.
Task Force on Prescription Drug Abuse
2017

C. Alan Scott, M.D.
Task Force on Prescription Drug Abuse
2017
Stacy Seikel, M.D.  
Task Force on Prescription Drug Abuse  
2017

Tennent Slack, M.D.  
Task Force on Prescription Drug Abuse  
2017

Winfred Soufi, M.D.  
Task Force on Prescription Drug Abuse  
2017

Richard Stappenbeck, M.D.  
Task Force on Prescription Drug Abuse  
2017

Pamela Vick-Bope, M.D.  
Task Force on Prescription Drug Abuse  
2017

Steven M. Walsh, M.D.  
Task Force on Prescription Drug Abuse  
2017

Marc Wall, M.D.  
Task Force on Prescription Drug Abuse  
2017

Larry Bartel, M.D.  
Task Force on Health Insurance/Third Party Payer  
2017

Kimberly Bates, M.D.  
Task Force on Health Insurance/Third Party Payer  
2017

Adam Berman, M.D.  
Task Force on Health Insurance/Third Party Payer  
2017

James A. Daly III, M.D.  
Task Force on Health Insurance/Third Party Payer  
2017

Joel D. Fine, M.D.  
Task Force on Health Insurance/Third Party Payer  
2017

Jeff Gallups, M.D.  
Task Force on Health Insurance/Third Party Payer  
2017

John A. Goldman, M.D.  
Task Force on Health Insurance/Third Party Payer  
2017

Jeff Harris, M.D.  
Task Force on Health Insurance/Third Party Payer  
2017

Dirk Huttenbach, M.D.  
Task Force on Health Insurance/Third Party Payer  
2017

Albert Johary, M.D.  
Task Force on Health Insurance/Third Party Payer  
2017

Brian Kornblatt, M.D.  
Task Force on Health Insurance/Third Party Payer  
2017

Florence LeCraw, M.D.  
Task Force on Health Insurance/Third Party Payer  
2017

David Mason, M.D.  
Task Force on Health Insurance/Third Party Payer  
2017
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<tr>
<th>Name</th>
<th>Title</th>
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<td>Daniel McDevitt, M.D.</td>
<td>Task Force on Health Insurance/Third Party Payer</td>
<td>2017</td>
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<td>Mitchell Nudelman, M.D.</td>
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<td>Diamondis Papadopoulos, M.D.</td>
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<td>Anurag Sahu, M.D.</td>
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<td>Manan Shah, M.D.</td>
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<td>John Shih, M.D.</td>
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<td>Kimberly Bates, M.D.</td>
<td>Task Force on Health Outcomes</td>
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<td>James A. Daly, M.D.</td>
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<td>Kelly DeGraffenreid, M.D.</td>
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<td>Daniel Lee Miller, M.D.</td>
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<td>Adrienne Mims, M.D.</td>
<td>Task Force on Health Outcomes</td>
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Stephen Sudler, M.D.
Task Force on Health Outcomes
2017

John Neeld, M.D.
Task Force on Scope of Practice
2017

Sudhir Athni, M.D.
Task Force on Scope of Practice
2017

Diamondis Papadopoulos, M.D.
Task Force on Scope of Practice
2017

Adam Berman, M.D.
Task Force on Scope of Practice
2017

Lillian Schapiro, M.D.
Task Force on Scope of Practice
2017

David Bosshardt, M.D.
Task Force on Scope of Practice
2017

Manan Shah, M.D.
Task Force on Scope of Practice
2017

Amanda Brown, M.D
Task Force on Scope of Practice
2017

Amin Yehya, M.D.
Task Force on Scope of Practice
2017

Donald Cote, M.D.
Task Force on Scope of Practice
2017

Robert Bashuk, M.D.
Task Force on Public Health
2017

Aaron Davidson, M.D.
Task Force on Scope of Practice
2017

Adam Berman, M.D.
Task Force on Public Health
2017

Jeff Harris, M.D.
Task Force on Scope of Practice
2017

Aaron Davidson, M.D.
Task Force on Public Health
2017

Lionel Meadows, M.D.
Task Force on Scope of Practice
2017

Sandra Fryhofer, M.D.
Task Force on Public Health
2017

Mitchell Nudelman, M.D.
Task Force on Scope of Practice
2017

Joash Lazarus, M.D.
Task Force on Public Health
2017

Carolyn Meltzer, M.D.
Task Force on Scope of Practice
2017

Quyen Luu, M.D.
Task Force on Public Health
2017

Sid Moore, M.D.
Task Force on Scope of Practice
2017

Amin Yehya, M.D.
Task Force on Public Health
2017
Walker L. Ray, M.D.  
Physicians Institute for Excellence in Medicine  
(2004-2016)

Alan L. Plummer, M.D.  
Physicians Institute for Excellence in Medicine  
(2004-2016)

Jack M. Chapman Jr., M.D.  
Physicians Institute for Excellence in Medicine  
(2004-2016)

John S. Antalis, M.D.  
Physicians Institute for Excellence in Medicine  
(2004-2016)

William Bornstein, M.D.  
Physicians Institute for Excellence in Medicine  
(2004-2016)

Madalyn Davidoff, M.D.  
Physicians Institute for Excellence in Medicine  
(2013-2016)

Howard Mazier, M.D.  
Physicians Institute for Excellence in Medicine  
(2009-2016)

Aaron Davidson, M.D.  
Physicians Institute for Excellence in Medicine  
2016

John Rogers, M.D.  
Physicians Institute for Excellence in Medicine  
(2013-2015)

Richard Simmons, M.D.  
Physicians Institute for Excellence in Medicine  
(2008-2016)

Dallas Gay  
MAG Foundation’s ‘Project DAN’  
(Deaths Avoided by Naloxone)  
(2011-2017)

Jeffery Reuben Black, M.D.  
MAG Foundation’s ‘Project DAN’  
(Deaths Avoided by Naloxone)  
(2005-2017)

Rafael Pasqual, M.D.  
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Ricky Rich  
MAG Foundation’s ‘Project DAN’  
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James Barber, M.D.  
MAG Medical Reserve Corps – Deployed,  
Hurricane Irma Shelter Response

David Barnes, DO  
MAG Medical Reserve Corps – Deployed,  
Hurricane Irma Shelter Response

Timothy Beals, DO  
MAG Medical Reserve Corps – Deployed,  
Hurricane Irma Shelter Response

Raymond Bedgood, M.D.  
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Hurricane Irma Shelter Response

Michael Canaan, DO  
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Hurricane Irma Shelter Response

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Hurricane Irma Shelter Response

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Hurricane Irma Shelter Response

Patrick Fernicola, M.D.  
MAG Medical Reserve Corps – Deployed,  
Hurricane Irma Shelter Response
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<tr>
<th>Name</th>
<th>Role and Action</th>
<th>MAG Medical Reserve Corps – Deployed, Hurricane Irma Shelter Response</th>
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<tbody>
<tr>
<td>Justin Harrell, M.D.</td>
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<tr>
<td>MAG Medical Reserve Corps – Deployed, Hurricane Irma Shelter Response</td>
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<tr>
<td>Jason Hatcher, DO</td>
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<td>MAG Medical Reserve Corps – Deployed, Hurricane Irma Shelter Response</td>
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<tr>
<td>Gregory Hopkins, M.D.</td>
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<td>Billie Luke Jackson, M.D.</td>
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<td>Craig Kubik, M.D.</td>
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<td>Ryan Mahoney, DO</td>
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<td>Fayette McElhannon, M.D.</td>
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<td>Linda Jill Moore, M.D.</td>
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<td>Samuel Pitts, DO</td>
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<td>Mohammad Shamim, PA</td>
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<td>Samuel Thomas, DO</td>
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<td>Stella Tsai, M.D.</td>
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<td>Paul Turk, M.D.</td>
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<td>Ahmed Zulfiqar, M.D.</td>
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<tr>
<td>Pritika Bhatia, M.D.</td>
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<td>MAG Medical Reserve Corps – Volunteered, Hurricane Irma Shelter Response</td>
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<td>Margaret Boltja, M.D.</td>
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<td>Kenneth Braunstein, M.D.</td>
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<tr>
<td>O.T. (Tom) Cassity Jr., M.D., FACEP</td>
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<td>MAG Medical Reserve Corps – Volunteered, Hurricane Irma Shelter Response</td>
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<td>Gwendolyn Delaney, M.D.</td>
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<td>Yomiyu Gammada, M.D.</td>
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Adel Haque, M.D.
MAG Medical Reserve Corps – Volunteered,
Hurricane Irma Shelter Response

Luz Heaton
MAG Medical Reserve Corps – Volunteered,
Hurricane Irma Shelter Response

Kay Kirkpatrick, M.D.
MAG Medical Reserve Corps – Volunteered,
Hurricane Irma Shelter Response

Mark Manocha, M.D.
MAG Medical Reserve Corps – Volunteered,
Hurricane Irma Shelter Response

Katarina Nalovic, M.D.
MAG Medical Reserve Corps – Volunteered,
Hurricane Irma Shelter Response

Coti Phillips, M.D.
MAG Medical Reserve Corps – Volunteered,
Hurricane Irma Shelter Response

Issam Shaker, M.D.
MAG Medical Reserve Corps – Volunteered,
Hurricane Irma Shelter Response

Nancy Stead, M.D.
MAG Medical Reserve Corps – Volunteered,
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Barbara Schuster, M.D.
MAG Medical Reserve Corps – Volunteered,
Hurricane Irma Shelter Response

Nazario Villasenor, M.D.
MAG Medical Reserve Corps – Volunteered,
Hurricane Irma Shelter Response

W. Hayes Wilson, M.D.
MAG Medical Reserve Corps – Volunteered,
Hurricane Irma Shelter Response

Justin Yoon, M.D.
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Hurricane Irma Shelter Response

Arianna Afshari
MAG Medical Reserve Corps – Coordinator,
Hurricane Irma Shelter Response.

Michael Green, M.D.
MAG Medical Reserve Corps – State Defense
Force Liaison, Hurricane Irma Shelter
Response

Paul Hildreth
MAG Medical Reserve Corps –
Communications, Hurricane Irma Shelter
Response

John Harvey, M.D.
MAG Medical Reserve Corps – Director,
Hurricane Irma Shelter Response

Susan Moore
MAG Medical Reserve Corps – MAG Staff,
Hurricane Irma Shelter Response

Donald J. Palmisano Jr.
MAG Medical Reserve Corps – MAG Staff,
Hurricane Irma Shelter Response

Richard L. Elliott, M.D., Ph.D.
Journal of the Medical Association of Georgia
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Samuel A. Brewton, M.D.
Milton I. Johnson, M.D.
Orlan V. Masters, M.D.
Anthony E. Musarra, M.D.
Joe L. Nettles, M.D.
Robert A. Wynn, M.D.
In Memory of

Joe L. Nettles, M.D.
President
1989-90

Died
April 6, 2017
In Memory of

Milton J. Johnson, M.D.
President
1977-78

Died
July 28, 2017
REPORTS OF OFFICERS AND DIRECTORS
The Executive Committee is charged with developing and implementing the strategic direction of the association on an annual basis and submitting an annual report to the House of Delegates. I am pleased to provide this report on the implementation of the strategic plan of work.

Since 2007, the House of Delegates assigned the association’s strategic planning functions to the Executive Committee. This was done in recognition of the fact that successful organizations engage in an ongoing process of thinking strategically, which requires constant review of strategic goals and strategies. As a result, the Executive Committee and Board of Directors provide, on a continuous basis, a clear direction for the association, guide the allocation of resources and continuously focus and align our activities in light of a rapidly changing environment. In addition, it has been our practice to conduct a comprehensive review of core components of our strategic plan every five years since 2005. Last year, the Executive Committee presented to the House of Delegates the Strategic Plan 2020. This year completes the first year of our Strategic Plan 2020.

The Executive Committee provides the strategic direction of the association and the executive director is responsible for implementation. Prior to the beginning of the calendar year, the Executive Committee reviews the actions of the House of Delegates, surveys the health care environment on pressing issues and seeks the input of the senior staff. The Executive Committee then votes on that year’s strategic priorities and presents the plan to the Board of Directors.

The executive director provides frequent updates as to the status of the implementation of the strategic plan. To review any of the updates, please go to www.mag.org/executivedirector.

We would like to draw your attention to the following key parts of the strategic plan that can be found at www.mag.org/georgia/UploadedFiles/2020-strategic-plan.pdf:

**Overarching Goals.** We have four strategic goals related to: Advocacy, MAG’s Value Proposition/Communication, Membership and Finances. They are as follows:

**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. (Advocacy)

**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. (Value Proposition/Communication)
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. (Membership)

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

Strategies: As part of the planning process, we developed strategies for achieving our four goals. We will continuously review these strategies as part of our ongoing process of thinking strategically. These strategies will change over time as we complete tasks and as circumstances change. The strategies are set forth under the goals to which they relate.

Executive Director Report: I have attached the report from our executive director as to the implementation of the Strategic Plan 2020.

Thank You: I want to thank you for your review of the strategic plan and for your continued feedback. Keeping the association on course at a time of such rapid and fundamental change requires ongoing assessment, review and adjustment. Your input is a vital component to this process and to our future success.

# # #
2017 Strategic Plan of Work Summary

Please find the update on the 2017 Strategic Plan. For more on MAG’s activities, please go to http://www.mag.org/resources/executive-directors-message.

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.

- Resolving public and private payer issues (commercial, Medicare, Medicaid, workers’ compensation) to ensure patients receive the care that they need
  - Step Therapy Protocols with First Fail Protocols (309C)
    - MAG supported HB 519 that addressed Step Therapy Protocols. However, the bill failed to pass prior to Cross Over Day. The bill will be available for the 2018 General Assembly. The Council on Legislation is also considering this bill as a legislative priority for 2018.
  - Physician Control of Admissions to Hospitals (311C)
    - MAG is working closely with the Medical Association of Atlanta to address this resolution. This resolution calls for MAG to be proactive as the specific concern has not surfaced as a problem. We have had discussions with the Commissioner of Insurance and made him apprised of this issue.

- Ensuring that physicians receive fair and adequate payment for the services they provide
  - Medicaid Parity Payment Program for all areas of primary care.
    - MAG has as a legislative priority payment parity for all areas of primary care.
    - MAG has addressed with the Department of Community Health the lack of funds expended due to the interpretation of General Assembly budget. Money was put into the budget to address the issue. We continue to work with primary care to ensure DCH correctly interprets the rules.
  - Network Transparency and Network Management to Benefit Patients (302C)
    - MAG has addressed many bills at the General Assembly – HB 71 and SB 8. The bills failed to pass in the House of Representatives. MAG is using this policy to influence its positions. For a greater summary of the bills and the MAG led coalition, please see the summary below in Goal B.
  - Non-payment for Unspecified Codes by Third Party Payers (111A)
    - MAG submitted a resolution at the AMA interim meeting. AMA policy was reaffirmed.
• Electronic Medical Records Recovery Fees (112A)
  o MAG submitted a resolution at the AMA interim meeting. AMA policy was reaffirmed.

- Limiting and reducing government regulations that undermine the patient-physician relationship
- Maintenance of Certification (303C)
  o HB 165 sponsored by Representative Betty Price addresses MOC. This bill was signed by the Governor. Additionally, MAG President, Steve Walsh, will be presented at the AMA annual meeting on MAG’s experience at the General Assembly on this issue. Additionally, as the Chair of the State Medical Societies, MAG has taken a leadership role in convening a meeting with the American Board of Medical Specialties, the boards, and the national specialty societies to further address this issue set for December.

• Opioid epidemic and proposals to limit physicians' ability to prescribe (605S)
  o MAG vigorously opposed SB 81 sponsored by Senator Renee Unterman that limited a physician’s ability to prescribe, required mandatory checks on the PDMP while threatening criminal penalties on physicians. While this bill passed over to the House chamber, MAG was stopped this bill from advancing. Additionally, MAG has been very active in workers’ compensation in their attempts to address the opioid epidemic.
  
  o MAG worked with the Representative Kevin Tanner on HB 249. While not a perfect bill, Representative Tanner reduced the physician mandate requirements on the bill. This bill was signed by the Governor. This bill did not contain any language limiting the physician’s ability to prescribe.

• Protection for Visiting Athletes and Team Physicians (305C)
  o MAG supported SB 47 sponsored by Representative Chuck Hufstetler. This bill was signed by the Governor.

• Actively advocate the importance of the physician-patient relationship through appropriate channels with any healthcare changes that result from a new President of the United States and a Republican Congress.
  o MAG submitted a letter to the Governor outlining House of Delegate policies on health care reform.
  
  o MAG timely analyzed the American Health Care Act that failed to pass the House of Representative Republicans in Congress.
  
  o AMA hosted an event at MAG offices to study the next steps in healthcare reform by speaking to physicians and patient groups.
  
  o MAG submitted a letter to our United State Senators on our concerns with the Senate version of the healthcare bill based upon membership surveys and MAG policy.

- Promoting physicians as the primary resource in guidance in local and statewide quality, patient safety, performance improvement initiatives and population health
- Controlled Drug Disposal for Pharmacies (601S)
  - MAG has had meetings with the Georgia Pharmacy Association regarding drug collection boxes in pharmacies. While our discussion was progressing, the executive director took another position in another state. Thus, we have had to wait on a new person to fill the position.

- Substance Abuse and Curriculum and CME Activities (602S)
  - MAG provides a web page online course option for pain, opioid prescribing and substances abuse curriculum, and the web page is monitored throughout the year so that updated information is added. These courses are promoted in MAG’s publications.

- Prescription Drug Abuse Education in Medical Schools (604S)
  - The MAG Foundation convened stakeholders from around the state, which included the Medical College of Georgia. MCG is incorporating prescription drug abuse prevention in its education curriculum. The MAG Foundation has another stakeholder meeting planned for October. MAG and MAA have a meeting planned with the Fulton County Commission in September.

- Mandatory Opioid Prescribing (606S)
  - The Georgia Composite Medical Board passed a rule requiring physicians to take a mandatory CME on opioid prescribing. MAG submitted comments in opposition to the rule, and MAG advocated for voluntary CME rather than mandatory. MAG also submitted other potential solutions which were not accepted.

- Over the Counter Naloxone (607S)
  - MAG worked with the Governor’s office on the executive order to make naloxone more readily accessible under a statewide protocol with the Department of Public Health. MAG has supported bills in the General Assembly that would codify the executive order into existing law. HB 249, signed by the Governor, included this provision.

- Hepatitis C Reduction (608S)
  - MAG supported HB 161 by Representative Betty Price. The bill failed to get out of the House of Representatives by Cross Over Day.

- Work closely with MagMutual on its Patient Safety Institute
  - MAG began working closely with the PSI. MAG has multiple monthly calls with the PSI to move it forward. MAG also has legislative calls with the PSI to update them on patient safety issues. MAG/MAG Institute for Excellence in Medicine has made patient safety a priority for supporting such bills as SB 102 – cardiac treatment centers. MAG was appointed to the Department of Public Health’s “Kitchen Cabinet” to implement SB 102. MagMutual’s PSI is also supporting the MAG Foundation’s Distracted Driver Campaign.

- Access to Cosmetic Product Ingredients (108A)
  - MAG submitted the resolution to the June AMA meeting in Chicago.
- Improving Communication among Health Care Clinicians (102A)
  - MAG submitted the resolution to the AMA House of Delegates. AMA is developing model guidelines as per the MAG resolution.

- Supporting the adoption of physician-led and MAG-approved information technology, e-health and health information exchanges
  - Promote HealtheParadigm adoption by physicians and other healthcare providers
    - MAG has held multiple meetings with specialty and county medical societies across the state promoting HealtheParadigm. While attendance has been great, we are proud to report our first commitments – Dr. Tom Bat and Dr. Ashley Register. In addition, we have received interest from the Albany area.

- 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
    - MAG and the organized medicine defeated multiple scope of practice bills this session from optometry to nursing. Optometry had various bills (HB 36, HB 416, and SB 221).
      - MAG opposed SB 153 that addressed a hearing aid bill. However, the bill was replaced with the optometric bill that passed both chambers. The Governor signed this bill into law.
      - MAG also opposed SB 242 that would expand the number of APRN’s a physician can oversee in a minute clinic from four to eight. GAFP supported the bill resulting in MAG dropping its opposition. The bill was signed by the Governor.
      - MAG is also monitoring a new study committee by Senator Renee Unterman exploring barriers to access to care. Unfortunately, Senator Unterman’s committee is comprised mostly of nurses.

- Ensuring that there is an adequate physician workforce, including in rural and other underserved areas
  - Physician Shortage (104A)
    - MAG is working with the Georgia Physician Workforce Board (“GPWB”). GPWB is exploring options that include a medical fair to attract physicians to rural areas. MAG is working with GPWB to further explore and support this concept.

  - Georgia Medical License for International Medical School Graduates (101A)
    - MAG secured a meeting with the Georgia Composite Medical Board. MAG and GAFP Presidents discussed the issue with GCMB. All parties agreed the best approach to the resolution was to send a letter to all the foreign medical schools not recognized by the GCMB and encourage them to move forward with recognition in GA. The letters have been sent.

  - Closing the Coverage Gap in Georgia (312C)
    - MAG, GHA and the GA Chamber of Commerce worked on a plan to address the issue of Medicaid Expansion. With the Republicans now controlling the
Officer: 01.17
Attachment – Strategic Plan 2020

legislative and executive branches of government, Medicaid Expansion is now on hold for the state of Georgia. However, there is discussion that a waiver may be sought in the 2018 General Assembly.

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.

- Enhance MAG/physicians’ brand and reputation with patients and other stakeholders
  - Distracted Driver Reductions (106A)
    - Representative Betty Price sponsored House Bill 163 to address resolution 106A. However, the bill did not get out of committee. Representative John Carson sponsored HR 282 that forms a study committee on distracted driving that passed. MAG played a prominent role in getting the study committee passed. MAG is also working with MAA/MAG Alliance on a public relations campaign. The MAG Foundation has made distracted driving a priority for the 2017/2018 year.
  - Utilize the Top Docs talk-radio format to promote issues of importance to the organization, physicians, patients and others
    - MAG secured a grant to continue the Top Docs talk radio format. Issues being discussed include medical marijuana, Angel Flight, Distracted Driving, Georgia General Assembly, Patient Safety and MACRA.
  - Ensuring the Think About It and DAN campaigns prominently reflect the MAG brand
    - The MAG Foundation secured a grant from the Department of Behavioral Health and Development in the amount of $30,000 to study prescription drug abuse. The MAG Foundation also had a stakeholder meeting to put forth a strategic plan for TAI.
  - Continuing the work of the Medical Reserve Corps to promote MAG member participation in statewide emergency preparation and response activity
    - The MRC secured another grant from the Georgia Trauma Commission to further prepare for a natural disaster. In addition, the training program continues with the physicians flying a Black Hawk helicopter to simulate preparations in the event of a natural disaster. The MRC sponsored the MAG Legislative Education Seminar in June.
  - Promote Education Accreditation and Correctional Medicine programs
    - MAG is working closely with ACCME on ways to provide further value to those that accredit with MAG and ACCME. Additionally, our Correctional Medicine program continues to explore new jails to accredit.

- Be a trusted resource for practice information (e.g., EHR, ICD-10, Affordable Care Act)
  - Promoting appropriate MACRA resources developed by AMA and other organizations (105A)
MAG continues to promote the AMA MACRA resources and had a town hall with the AMA in Atlanta.

MAG promotes HealtheParadigm as a MACRA resource to assist physicians in their population and APM needs.

MAG worked with the Physicians Advocacy Institute in releasing further MACRA resources.

- Enhance the working relationship between MAG and the American Medical Association, specialty medical societies and county medical societies on issues affecting all physicians
  - Cost Control of Brand and Generic Medications (107A)
    - MAG submitted a resolution to the AMA at the interim meeting.
  - Continue the work group to address out-of-network billing and its impact on patients
    - MAG has led the opposition to various proposals at the General Assembly.
    - MAG’s coalition includes the Georgia Society of Anesthesiologists, Georgia Orthopaedic Society, Georgia Ophthalmology Society, Georgia Psychiatric Physicians Association, Georgia Radiology Society, Georgia Society of the American College of Surgeons and various others.
    - The coalition defeated HB 71, a bill requiring physicians, as a condition of medical staff privileges, to accept all insurance plans of the hospital. HB 71 was the biggest threat to the profession in 10 years.
    - MAG has worked on SB 8 sponsored by Senator Renee Unterman that did not pass the House of Representatives.
  - Continue MAG opposition to health insurance mergers
    - MAG worked closely with the AMA and various state medical societies in opposing the health insurance mergers. As of February, Aetna/Humana have decided not to appeal the district court’s ruling in opposition to the mergers. Aetna/CIGNA are proceeding in appealing the district court’s ruling. MAG has supported AMA’s efforts in filing an amicus brief to the Court of Appeals. The Court of Appeals upheld the trial court’s ruling to deny the mergers.
  - MAG and the specialty societies have jointly sponsored the Physicians Day at the Capitol and the Summer Legislative Seminar.

**Goal D**

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

- Achieve at least a $200,000 surplus per year to protect the MAG brand
  - Please see the Treasurer’s report. We are on track to achieve that goal.
- Secure grant from Georgia Trauma Commission to support the MAG MRC
- MAG secured a grant from the Georgia Trauma Commission in the amount of $150,000 from June 2016/2017.

- MAG secured a federal grant in the amount of $15,000.

- MAG received a grant from the Georgia Trauma Commission in the amount of $150,000 from June 2017/2018.

- Pursue opportunities to acquire supplemental funds in support of programs such as Top Docs, Think About It and other priorities as they arise.
  - MAG has submitted various grants to MagMutual, Kaiser Permanente and others in support of Distracted Driving, Think About It and the Medical Reserve Corps.
FIRST DISTRICT MEDICAL SOCIETY

SUBJECT: Annual Report

SUBMITTED BY: Aaron H. Davidson, M.D., Director
   Michelle R. Zeanah, M.D., Alternate Director

REFERRED TO: Not Referred

The First District Medical Society met at the May 2017 meeting of the Ogeechee River Medical Society.

Officers were elected for a two-year term – Dr. Aaron H. Davidson, Director and Secretary; Dr. Michelle R. Zeanah, Alternate Director, and Dr. W. Scott Bohlke, President.

The Ogeechee River Medical Society had regular meetings during the year – monthly except during the summer.

We had four delegates attend the 2016 House of Delegates.

Dr. Zeanah is the Chairman of the GAMPAC board and serves on the Council on Legislation.
We plan to have a dinner for our local legislators in August. We sent a delegation to the Gold Dome in February and had representatives attend the legislative seminar at Brasstown Valley Resort in June. Drs. Davidson, Zeanah and Bohlke attended the legislative breakfast in April.

# # #
SUBJECT: Annual Report

SUBMITTED BY: G. Ashley Register Jr., M.D., Director
Barbara H. McCollum, M.D., Alternate Director

REFERRED TO: Not Referred

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# # #
THIRD DISTRICT MEDICAL SOCIETY

Director: 03.17

SUBJECT: Annual Report

SUBMITTED BY: Santanu Das, M.D., Director
W. Steven Wilson, M.D., Alternate Director

REFERRED TO: Not Referred

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# # #
SUBJECT: Annual Report

SUBMITTED BY: Stanley W. Sherman, M.D., Director
Andrea P. Juliao, M.D., Director
Brian A. Levitt, M.D., Alternate Director
Kathryn C. Elmore, M.D., Alternate Director

REFERRED TO: Not Referred

(See DeKalb Medical Society – Director 15.17)

# # #
FIFTH DISTRICT MEDICAL SOCIETY

SUBJECT: Annual Report

SUBMITTED BY: Rutledge Forney, M.D., Director
              Michael C. Hilton, M.D., Director
              Quentin R. Pirkle Jr., M.D., Director
              Fonda A. Mitchell, M.D., Director
              Thomas E. Bat, M.D., Alternate Director
              Brian E. Hill, M.D., Alternate Director
              Charles I. Wilmer, M.D., Alternate Director
              Randy F. Rizor, M.D., Alternate Director

REFERRED TO: Not Referred

FIFTH DISTRICT MEDICAL SOCIETY

(See Medical Association of Atlanta – Director 20.17)

# # #
SIXTH DISTRICT MEDICAL SOCIETY

SUBJECT: Annual Report

SUBMITTED BY: Leiv M. Takle Jr., M.D., Director
(Vacant) Alternate Director

REFERRED TO: Not Referred

SIXTH DISTRICT MEDICAL SOCIETY

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# # #
SEVENTH DISTRICT MEDICAL SOCIETY

SUBJECT: Annual Report

SUBMITTED BY: John S. Antalis, M.D., Director
David C. Bosshardt, M.D., Alternate Director

REFERRED TO: Not Referred

SEVENTH DISTRICT MEDICAL SOCIETY

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The Seventh District Medical Society had another consistent year in this era of new payment reforms and attempts to consolidate health care in many areas of the district. I sincerely would like to thank district members for re-electing me, the District Director as well as David Bosshardt, M.D., Alternate Director.

The district news included a continued redevelopment of the Rome Area Medical Society under the very capable leadership of John Cowan, M.D., with several informative meetings this year.

The Walker-Catoosa-Dade Medical Society under the leadership of David Bosshardt, M.D., continued their monthly meetings which included updates with opioid use, MACRA, scope of practice, and the new Cornerstone Hospital. I would like to especially thank Ms. Joanne Thurston and the Cobb County Medical Society for opening of their society meetings to physicians in the southern part of the Seventh District.
This year, I had the opportunity as 2017 Chairman of Georgia Composite Medical Board to attend and speak at multiple medical societies. I would personally thank the following societies: Medical Association of Atlanta, Cobb County Medical Society, Rome Area Medical Society, North Georgia Mountains Medical Society, Walker-Catoosa-Dade Medical Society, as well as speaking in Dalton.

My hope in 2018 is to continue to convince physicians that being a part of the Medical Association of Georgia is good for them and for the patients they take care of.

# # #
SUBJECT: Annual Report

SUBMITTED BY: Keith R. Johnson, M.D., Director
Sudhakar Jonnalagadda, M.D., Alternate Director

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NINTH DISTRICT MEDICAL SOCIETY

SUBJECT: Annual Report

SUBMITTED BY: Richard A. Wherry, M.D., Director
Stephen Jarrard, M.D., Alternate Director

REFERRED TO: Not Referred

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# # #
TENTH DISTRICT MEDICAL SOCIETY

SUBJECT: Annual Report

SUBMITTED BY: Arthur J. Torsiglieri, M.D., Director
John O. Bowden, M.D., Alternate Director

REFERRED TO: Not Referred

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<tr>
<td>Baldwin</td>
<td>17</td>
<td>16</td>
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<tr>
<td>George Martinez, M.D.</td>
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<td>Milledgeville</td>
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<td>William H. Rhodes Jr., M.D.</td>
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<tr>
<td>Total</td>
<td>88</td>
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# # #
From September 2016 through August 2017, Bibb County Medical Society (BCMS), Inc., held five official meetings for the membership as well as other activities.

In September, we hosted our Annual Membership Picnic, inviting our local, state, and federal legislators and candidates and welcoming new physicians and their families. Our event was a Sunday afternoon family picnic at the lakeside area of Dr. Charles and Susan Ogburn, with a water slide and a combo climber for the children.

In October at House of Delegates, BCMS had a total of 11 delegates in attendance. BCMS President Dr. W. Robert Lane chaired the Bibb Delegation. Other Delegates were Drs. Maria H. Bartlett, William P. Brooks, W. Wilson Gray, Michael E. Greene, Billie L. Jackson, Zachary Lopater, Malcolm S. Moore, Jr., Rana K. Munna, Darl Rantz, and J. Eric Roddenberry. Additionally, Dr. Lane served as a member of Reference Committee S, Prescription Drug Abuse.

For our November 2016 Middle Georgia Educational Foundation lecture, Dr. I. J. Shaker gave an excellent and very interesting presentation entitled “Health History of Former Presidents: POTUS Maladies.” The Lecture was held the day after the presidential election so the topic was particularly timely.

Our December event was the annual President’s Party, with the installation of officers and presentation of awards. Dr. J. Eric Roddenberry was installed as the 2017 President. Dr. Stephen A. Noller, retired cardiologist and Past President of Bibb County Medical Society was recognized with the Distinguished Service Award, and his wife, Mrs. Beverly Noller was named Citizen of the Year for her legislative efforts and her leadership activities with the local and state Alliance. Dr. Macram M. Ayoub, general surgeon, was named 2016 Physician of the Year. Dr. Ayoub has been a member of the faculty of the Department of Surgery at The Medical Center, Navicent Health for the past 36 years and is a Professor of Surgery at the Mercer University School of Medicine.
In January 2017, BCMS members participated in Physicians Day at the Capitol. Our members met with area legislators and discussed various issues with them. Additionally, on January 31, BCMS physicians were invited to participate in the first MACRA & QPP program held by MAG in Macon.

In February William Kanich, M.D., J.D., from MagMutual spoke on 2016 Liability Trends and Closed Cases. And on March 16, Dr. Michael Greene conducted a safety program for physicians and office staff. The two topics were ‘Active Shooter’ and ‘Stop the Bleed.’ Representatives from the Medical Center, Navicent Health and from Mercer University led the ‘Stop the Bleed’ segment.

On April 20, BCMS members and spouses enjoyed “A Tasting of Spanish Wines” at the home of Dr. Paul and Karen Dale. The lakeside area provided a wonderful setting for the wines and coordinated appetizers.

BCMS members held a number of key roles including AMA Delegate (Dr. Michael E. Greene) and AMA Alternate Delegate (Dr. Billie L. Jackson). Additionally, Dr. Greene concluded his tenure as Chair of MAG’s Council on Legislation. He held that position for 10 years and represented physicians extremely well at the Capitol and other settings.

###
CLAYTON-HENRY-FAYETTE MEDICAL SOCIETY

Director: 12.17

SUBJECT: Annual Report

SUBMITTED BY: (Vacant) Director
(Vacant) Alternate Director

REFERRED TO: Not Referred

CLAYTON-HENRY-FAYETTE MEDICAL SOCIETY

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<tr>
<th>Secretary</th>
<th>2015 MAG Members</th>
<th>2016 MAG Members</th>
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</thead>
<tbody>
<tr>
<td>Daniel T. McDevitt, M.D. Stockbridge</td>
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<td>141</td>
</tr>
<tr>
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<td>120</td>
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# # #
Cobb County Medical Society (CCMS) had a very successful and exciting year. President Jeffrey Stone, MD (2017) led the Society in achieving their goals.

This year started on January 20, 2017 by attending the Swearing in of President Donald Trump in Washington, D.C. CCMS had six physicians and their spouses attend the events leading up to the Inauguration and the Inauguration itself.

Drs. Masoumeth Ghaffari and Brandy Cross are the CCMS participants to Georgia Physician Leadership Academy this year. Drs. Jeff Stone and Mark Huffman are CCMS graduates from GA Physician Leadership Academy.

The Tony Musarra Award was initiated this year to honor a member physician for distinguished and meritorious service that reflects credit and honor on the Cobb County Medical Society. Dr. Musarra was presented this award at our January Membership meeting.

Our membership increased 13 percent during 2017. We have increased our membership by adding several specialty practices joining as a group. Scripts (Medical Journal of the Cobb County Medical Society) allowed the different specialties to contribute to the Society as a whole.

CCMS held four meetings during 2017. The first was our Legislative meeting January 25, 2017. Our guests included our Georgia State Legislative Delegation. Each Legislator was given the opportunity to address the group about their committees and their thoughts on the upcoming session. Physicians were allowed to ask questions of the legislators.

Our Spring meeting featured Mr. Nicholas Beamon, One Team Leadership. Mr. Beamon spoke to the physicians about “Burn Out” and how to overcome the problem.
Our fall meeting was a joint meeting with Medical Association of Atlanta. Our speaker was Secretary Tom Price, M.D., U.S. Department of Health and Human Services. This meeting attracted over 300 people to hear Dr. Price. Our last meeting of the year is our Social meeting and election of officers.

Scripts celebrated its sixth anniversary.

Topics have included CCMS History; the Business of Medicine; The Opioid Epidemic; and Rapid recovery.

The Board of Trustee expanded during 2017 with the inclusion of several new physicians. Board Members are:

Dr. Nydia Bladuell          Dr. Edward Lloyd
Dr. Larry Clements          Dr. Jim Malcolm
Dr. Brandy Cross            Dr. Fara Movagharnia
Dr. Debi Dalton             Dr. Tony Musarra
Dr. Royden Daniels          Dr. Gerry Parada
Dr. Mark Diehl              Dr. Mary Pitcher
Dr. Stan Dysart             Dr. Jeffrey Proctor
Dr. David Edwards           Dr. VK Puppala
Dr. Tom Emerson             Dr. Melissa Rhodes
Dr. Marla Franks            Dr. Jeffrey Tharp
Dr. Mehrnoosh Ghaffari      Dr. Art Shearin
Dr. Phil Gingrey            Dr. Dan Stephens
Dr. Noel Holtz              Dr. Jeffrey Stone
Dr. Mark Huffman            Dr. Elizabeth Street
Dr. Charles Hutchinson      Dr. Elizabeth Whitaker
Dr. Dirk Huttenbach         Dr. Robert Underwood

The committees have been working to enhance the physician cohesion and communication of our Board meetings and General Membership meetings. We become a sponsor of “Gobble Jog” to benefit MUST Ministry. We organized a team to run the 5K. Several of our Members were stationed around the course to facilitate any emergencies that might occur. To make sure we meet this goal each November we have a social gathering at the Marietta Garden Center. This meeting allows members to get to know each other.

Advocating Constructive health policies is another goal we have accomplished this year. The Cobb Healthcare Professionals PAC has created direct one-on-one contact with our legislators. On January 25, 2016 our legislative dinner allowed us to meet, greet, and get to know members of the Georgia General Assembly. The Legislators are from Cobb, Bartow, Cherokee, and Fulton counties. Several of our physicians attended MAG Legislative meeting in June 2017.

# # #
SUBJECT: Annual Report

SUBMITTED BY: Andrew H. Herrin, M.D., Director
Ryan M. Katz, M.D., Alternate Director

REFERRED TO: Not Referred

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<th>Secretary</th>
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<td>Gary Walton, M.D.</td>
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<td>163</td>
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<td>163</td>
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# # #
SUBJECT: Annual Report

SUBMITTED BY: Stanley W. Sherman, M.D., Director
               Andrea P. Juliao, M.D., Director
               Brian A. Levitt, M.D., Alternate Director
               Kathryn C. Elmore, M.D., Alternate Director

REFERRED TO: Not Referred

DEKALB MEDICAL SOCIETY

Volunteer Leadership

The following were elected to serve in 2017:

President ......................................... ................................................ Don Siegel, M.D.
President-elect ................................... ............................................. Eric Erickson, M.D.
Vice President ........................................... ........................................ Albert Scott, M.D.
Past President ............................................................... Kathryn Elmore, M.D.
MAG Director (1st, 2017) ........................................... .......................... Stanley W. Sherman, M.D.
MAG Director (2nd, 2017) ........................................................... Andrea P. Juliao, M.D.
MAG Alternate Director (1st, 2017) ........................................... Kathryn Elmore, M.D.
MAG Alternate Director (2nd, 2017) ........................................... Brian A. Levitt, M.D.
Director-at-Large ............................................................. Gulshan Harjee, M.D.
Director-at-Large ............................................................. Robin Dretler, M.D.
Chair of the Commission on Advocacy ...................................... Roy W. Vandiver, M.D.
Chair of the Commission on Community Service ............................ Gary R. Boststein, M.D.
Chair of the Commission on Legislative Activities ........................... Joseph Weissman, M.D.
Chair of the Commission on Membership Services ........................ William R. Hardcastle, M.D.

Community Service

The Society continues to operate the highly successful Physicians’ Care Clinic (PCC), a community outreach program for the medically indigent in our county. The PCC is celebrating its 25th Anniversary at
an event on February 10, 2018 at the Druid Hills Golf Club. This clinic is supported by paid staff and a large cadre of healthcare professionals, including numerous DMS members who donate their time. We have an annuity through the DeKalb Medical Hospital Foundation that supports the annual operating expenses of the clinic. We continue to raise significant support through the physician community and other private foundations. PCC operates as a charitable foundation by the society.

**Legislative Activities**

We attempt to maintain a close relationship with our legislators through our annual Legislative Reception as well as support of MAG’s legislative team.

**Communications**

We attempt to maintain a close relationship with our legislators through our annual Legislative Reception as well as support of MAG’s legislative team.

**Programs**

DeKalb Medical Society kicked off the New Year with the Annual Meeting and Casino Night, celebrating community leaders Judy and Bob McMahan and the Physicians’ Care Clinic (PCC), held on Jan. 23rd at the Ansley Golf Club. The Society’s community service award was renamed the Judy and Bob McMahan Citizenship Award and they were the first recipients. In addition to honoring the McMahans, the PCC named Dr. Michael Baron Volunteer of the Year.

Our fall calendar includes our Sept 26th, “All Politics Are Local”, a gathering of legislative leaders in the county.

**Membership and Finances**

Our MAG membership increased this year but membership in DMS continues to be our biggest challenge. This also impacts our finances which prevents us from expanding our program of work and services to our members.

It has been our pleasure to serve DMS as its Directors and Alternate Directors. We believe our county medical society remains a critical entity in the federation of medicine that allows us to maintain a grassroots presence and cultivate leaders for our state and national organizations.

# # #
DOUGHERTY COUNTY MEDICAL SOCIETY

Director: 16.17

SUBJECT: Annual Report

SUBMITTED BY: Timothy S. Trulock, M.D., Director
               Michael D. Daugherty, M.D., Alternate Director

REFERRED TO: Not Referred

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DOUGHERTY COUNTY MEDICAL SOCIETY

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<tr>
<th>Secretary</th>
<th>2015 MAG Members</th>
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<td>Henry Harris Barnard, M.D.</td>
<td>125</td>
<td>128</td>
</tr>
<tr>
<td>Albany</td>
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<td>125</td>
<td>128</td>
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# # #
The Georgia Medical Society (GMS) meets the second Tuesday in January, April, October and November at 6 p.m. for a social time, while dinner is served at 6:30 p.m. Following dinner, the meeting begins at 7 p.m. The meetings are held at Carey Hilliard’s Restaurant. Spouses are invited to join us for the evening.

On November 1, 2016, GMS recognized individuals in the community who were nominated for their many health care activities. These individuals were nominated by organizations/individuals who felt they had involved themselves in making health care better in this community.

Nominations were accepted for the following categories:

Health Care Innovation – An individual or an organization that has designated and implemented a new program that has improved the quality of life for a segment of our community.

Health Care Education – An individual or an organization that has conducted or sponsored educational activities that have improved the quality of life for a segment of our community.

Community Outreach – Organizations that have taken Health Care initiatives outside the confines of their own institutions and into the community at large with demonstrable improvements in the quality of life.

Institution/Organization – Member of governance, management, or employees who improve the quality of life in the organization, institution or the community, by the initiatives developed by the institution.

Allied Health Professionals – Health Care professionals, who are not physicians who have made significant contributions to health care in the community, above and beyond the expectations of their jobs.

Physicians-Lifetime Achievement – A physician who is retired and whose contributions to the welfare of the community significantly exceed his activities as a practicing physician.
The winners in each category are listed below:

Health Care Innovation:
- Primary Care Accelerated Track Program, Mercer University and Memorial Health Family Practice Residency Program
- The Steward Center for Palliative Care Hospice Savannah and Nancy N. and J. C. Lewis Cancer and Research Pavilion at Candler Hospital
- Advanced Tobacco Cessation Program St. Joseph’s/Candler

Health Care Education:
- St. Joseph’s/Candler Cervical Cancer Prevention Program / HPV Initiative
- Teen Drivers Program to reduce Motor Vehicle Accidents Memorial Health
- St. Joseph’s/Candler –Georgia Health Sciences University/Medical College of Georgia Volunteer Physicians Program

Community Outreach:
- Jimmy Gordon, Safety Officer and Region Hospitals Emergency Coordinator at Memorial University Medical Center
- St. Joseph’s/Candler ROCK’N ROLL Marathon Medical and Non-Medical Volunteers
- Dwaine and Cynthia Willett, Memorial Health

Institutions/Organizations:
- Howard Hand in Hand Support Program for Children, Lewis Cancer & Research Pavilion, Howard Family Dentistry
- St. Joseph’s/Candler Hurricane Matthew Response Teams
- Memorial University Medical Center Infectious Disease Response Team

Allied Health Professionals:
- Jacob G. Smith Elementary School Nurse – Christina Chancey
- Hesse K-B School Nurse – Holli Rhodes
- Charles Brown – St. Joseph’s/Candler

Physicians Lifetime Achievement:
- Carl Boyd, M.D.
- Linda Sacks, M.D.
- Diane Z. Weems, M.D.

The local legislators were invited to speak on “Legislative Issues” at the November 15, 2016 meeting. The Speaker at the January 10, 2017 meeting was Zachary McGailliard, Second Year Student, Mercer University School of Medicine, Savannah Campus. He spoke on “Human Trafficking.”

The Officers for 2017 were installed as follows: President Joshua T. McKenzie, M.D. President-Elect Luke J. Curtsinger, M.D.; Secretary William A. Darden, M.D.; Treasurer, Fred L. Daniel, M.D.; Member-at-Large to the Board of Trustees Michael Zoller, M.D.; Delegates to the Medical Association of Georgia E. Daniel DeLoach, M.D., Michael J. Wilkowski, M.D., Luke J. Curtsinger, M.D.; Alternate Director to the Medical Association of Georgia E. Daniel DeLoach, M.D., Parliamentarian Roland S. Summers, M.D., and Historian Leslie L. Wilkes, M.D.

GMS hosted local legislators at its November meeting. They were invited to speak on “Legislative Issues”. The Speaker at the January 10, 2017 meeting was Zachary McGailliard, Second Year Student,
Mercer University School of Medicine, Savannah Campus. He spoke on “Human Trafficking”. The
Officers for 2017 were installed as follows: President Joshua T. McKenzie, M.D., President-Elect Luke J.
Curtisinger, M.D., Secretary William A. Darden, M.D., Treasurer Fred L. Daniel, M.D., Member-at-Large
to the Board of Trustees Michael Zoller, M.D., Delegates to the Medical Association of Georgia E. Daniel
DeLoach, M.D., Michael J. Wilkowski., M.D., Luke J. Curtisinger, M.D., Alternate Director to the
Medical Association of Georgia E. Daniel DeLoach, M.D., Parliamentarian Roland S. Summers, M.D.,
and Historian Leslie L. Wilkes, M.D.

GMS met on Tuesday April 4, 2017. The Program for the evening was “THE STATE OF THE CITY OF
SAVANNAH”. Alderman Julian Miller was the speaker. He serves as the Chairman of the City Council
and is district four alderman.

The Society awarded the John B. Rabun Community Service Award. This award is presented annually to
a member nominated from our membership. The winner this year was Dr. Fremont P. Wirth, Neurologist.
Dr. Wirth began his practice in Savannah in August 1974 and retired on June 16, 2016. This award is
given to a physician for his/her contributions to community life outside the practice of medicine. Dr.
Wirth was presented a plaque of appreciation.

The Society was saddened in the past several weeks by the death of our Past Presidents, Dr. Joe Nettles
and Dr. Robert Wynn. Dr. Nettles also served as President of the Medical Association of Georgia.

The Retired and Life Members of the Georgia Medical Society met for their quarterly fun time luncheon
Wednesday February 22, 2017 and on July 19, 2017. Both luncheons were well attended and the
members enjoyed sharing their experiences in medicine over the many years they had practiced.

On May 9, 2017, the Society sponsored the annual High School Preceptorship Program. This is a
Collaborative Internship Program between the Savannah Chatham County Public School System and
GMS. Eleven high school seniors are selected by the Board of Education to participate in this program.
These students had indicated an interest in studying medicine. The students are assigned to physicians for
the day and follow them in their practice of the day. The day started at 6:30 a.m. with an orientation
breakfast and ended at 5 p.m. for a banquet at which time each student was asked to share their
experiences of the day. Twenty-three members of the Society participated in the program and it was a
very successful program.

Dr. Joshua McKenzie, president, attended a welcoming dinner meeting for the new students from the
Medical College of Georgia on July 13, 2017. He welcomed the students and spoke about the history of
the medical society in this community, and the importance of membership in the Society. He told the
students that this was a FREE membership and they will be active members of the Society. He addressed
the Mercer University School of Medicine Savannah Campus Students on August 16, 2017 and they were
invited to join at that meeting.

# # #
**GWINNETT-FORSYTH MEDICAL SOCIETY**

SUBJECT: Annual Report

SUBMITTED BY: John Y. Shih, D.O., Director  
James L. Smith, M.D., Alternate Director

REFERRED TO: Not Referred

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**GWINNETT-FORSYTH MEDICAL SOCIETY**

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<th>Secretary</th>
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<tr>
<td>Julius Ajayi, M.D.</td>
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<td>262</td>
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<td>Lawrenceville</td>
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<td><strong>235</strong></td>
<td><strong>262</strong></td>
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# # #
The following is a brief summary of our 2017 program year:

Volunteer leadership

The following physicians are serving the Hall County Medical Society (HCMS):

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<tr>
<th>Position</th>
<th>Name</th>
</tr>
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<tbody>
<tr>
<td>President</td>
<td>Karl Schultz, M.D.</td>
</tr>
<tr>
<td>Vice President</td>
<td>Abhishek Gaur, M.D.</td>
</tr>
<tr>
<td>Secretary/Treasurer</td>
<td>Brett Krummert, M.D.</td>
</tr>
<tr>
<td>Past President</td>
<td>Michael Callahan, M.D.</td>
</tr>
<tr>
<td>Past President</td>
<td>Dan Mullis, M.D.</td>
</tr>
<tr>
<td>Past President</td>
<td>Andrew Reisman, M.D.</td>
</tr>
<tr>
<td>MAG Director</td>
<td>Karl Schultz, M.D.</td>
</tr>
<tr>
<td>MAG Alternate Director</td>
<td>Abhishek Gaur, M.D.</td>
</tr>
</tbody>
</table>

Community service

The Society continues its involvement in the “Good News at Noon” medical clinic that serves the indigent of our community as well as the Health Access Initiative. We also continued to provide physicals to the area high schools.

Legislative activities

We attempt to maintain a close relationship with our legislators and Congressman through individual contacts as well as support of MAG’s legislative team. We invite them to all our meetings.
Communications

We use an email/fax distribution system and frequent mailings in an effort to communicate with our members quickly and inexpensively. We also maintain a close contact with the practice administrators, particularly those in the larger groups.

Programs

The society presents several programs to the membership each year focusing primarily on issues related to office management, legislation and politics.

Our Spring program presented Dr. Laura McCrary, VP of KaMMCO Health Solutions on "Equipping Physicians for the Shift to Quality Payment Programs".

Our Fall meeting featured a panel discussion entitled “ACOs, CINs, HP2: How do these Letters Impact your Practice?” Panel participants included Mimi Collins, CEO of Longstreet Clinic, Louis Smith and Steve McNeilly with NE GA Health System, Bill Byer, CEO of North GA Diagnostic Clinic and Dr. Antonio Rios.

As we prepare for the MAG House of Delegates meeting, we are honored that Dr. Frank McDonald will be installed as MAG President. Also, Dr. Andrew Reisman is serving his third year as MAG Secretary.

Membership and Finances

Membership recruitment and retention continue to be pressing issues for our society. We added another large group practice this year which helped to stabilize our membership. We are striving to add value to our organization through improved programming and involved leadership.

It has been a pleasure to serve as HCMS president this year.

# # #
The Medical Association of Atlanta (MAA) started the year with its July 14, 2016 board meeting followed by an offsite planning meeting August 19th-21st, 2016 at Brasstown Valley Resort. Other board meetings were held on the following dates in the 2016 – 2017 year: December 7, 2016, March 6, 2017.

The MAA began the year with a joint meeting with the Cobb Medical Society on September 22, 2016 with Salvatore Mangione, M.D. speaking on “Group Thinking, Nazi Medicine and the Roots of Collective Evil”

March 23, 2017, we held a membership meeting with Sandeep “Bobby” Reddy, M.D. speaking on “GPS Cancer and Advances in Precision Medicine - The Evolving Role of Genomics and Proteomics in Cancer Treatment”

On April 15, 2017, the MAA hosted a social event and dinner at the Bobby Cox Suite for the last season at Turner Field with the Atlanta Braves.

The following MAA members attended the May 2017 GAMPAC Fly-In in Washington, D.C.: Fonda Mitchell, M.D., John Porter, M.D., Betty Price, M.D. and Steve Walsh, M.D.

The year ended with over 240 people attending our annual meeting “An Evening of Jazz” on June 17, 2017 at the Historic Wimbish House.

The following officers were installed to serve for the 2017 – 2018 year:
MAA Officers: President, Charles Wilmer, M.D.; President-elect, Martha Wilmer, M.D.; Treasurer, Deborah Martin, M.D.; Secretary, Randy Rizor, M.D.; Chairman of the Board, Thomas Bat, M.D.

The following members were installed to serve on the board of the MAA:

MAA Board Members: Larry Bartel, M.D., Dimitri Cassimatis, M.D., Patrick Coleman, M.D., Lawrence Cooper, M.D., Rutledge Forney, M.D., Sandra Fryhofer, M.D., Jonathan Gibson, M.D., Patrick Gleason, M.D., John A. Goldman, M.D., Matthews Gwynn, M.D., Magdi Hanafi, M.D., Brad Harper, M.D., John S. Harvey, M.D., Al Head, M.D., Brian Hill, M.D., Michael C. Hilton, M.D., Ira Horowitz, M.D., Albert F. Johary, M.D., John A. Johnson, M.D., Faria Khan, M.D., Emilio Lacayo, M.D., Welborn Cody McClatchey, M.D., Fonda Mitchell, M.D., Dorothy Mitchell-Leef, M.D., Terence Moraczewski, M.D., Elizabeth Morgan, M.D., Lisa Perry-Gilkes, M.D., Quentin Pirkle, M.D., Ali R. Rahimi, M.D., Alan R. Redding, M.D., William E. Silver, M.D., Earl Thurmond, M.D., Steven M. Walsh, M.D., W. Hayes Wilson, M.D., Amin Yehya, M.D.

# # #
The following officers were elected to serve the Muscogee County Medical Society (MCMS):

- President: W. Frank Willett III, M.D.
- President-elect: Timothy Villegas, M.D.
- Secretary/Treasurer: Bret Crumpton, D.O.

On January 16, 2017, more than 85 members and spouses attended Muscogee County Medical Society’s wine tasting at Epic Restaurant. It was a unique and wonderful opportunity to network with colleagues and meet new members. Chef Jamie Keating provided wonderful food pairings. The event was sponsored by SunTrust and MagMutual Insurance Company.

On March 10, 2017, we hosted MCMS’ night at the Columbus Cottonmouth’s hockey game as they faced off against the Knoxville Ice Bears. More than 30 physicians, spouses and their children enjoyed a catered meal from Moe’s Southwest Grill in a private suite at the game.

On May 16, 2017 MCMS held a continuing medical education seminar with speaker Dr. Ben Cheek who presented a closed claim review sponsored by MagMutual Insurance Company. Thirty-three members and fifteen guests attended the event.

On September 28, 2017, we enjoyed a special beer tasting event at the RiverMill Event Centre. It was a great opportunity to spend time with colleagues and members. The event was hosted by Columbus Bank and Trust, Columbus Diagnostic Center and Columbus Hospice.

MCMS will have a full delegation of eight members at this year’s MAG’s House of Delegates meeting.

# # #
**PEACHBELT COUNTY MEDICAL SOCIETY**

Director: 22.17

**SUBJECT:** Annual Report

**SUBMITTED BY:** Karunakar Sripathi, M.D., Director  
T. G. Sekhar, M.D., Alternate Director

**REFERRED TO:** Not Referred

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**PEACHBELT COUNTY MEDICAL SOCIETY**

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<tr>
<th>Secretary</th>
<th>2015 MAG Members</th>
<th>2016 MAG Members</th>
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<tr>
<td>Joseph Woods, M.D.</td>
<td>138</td>
<td>129</td>
</tr>
<tr>
<td>Warner Robins</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>138</strong></td>
<td><strong>129</strong></td>
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The Richmond County Medical Society (RCMS) continues to hold monthly meetings from September through May and a summer meeting in July. We receive continuing medical education (CME) credit for most meetings and we often have poster sessions featuring medical student research projects. Our attendance has increased by 10 per cent this past year.
Project Access remains active providing care to the indigent and underinsured under the leadership of Dr. Terry Cook. The Harrisburg Clinic which operates as part of Project Access received a large grant from Women in Philanthropy making up some of the shortfall from a decrease in support by one of our local hospitals.

Our Drug Abuse and Addiction task force under the chairmanship of Dr. Adair Blackwood has installed our first medicine drop box at the Richmond County Health Department clinic on Laney Walker Boulevard and it has been quite a success. We are working to institute a drug awareness program in the Richmond County School System. This effort has been spearheaded by Jose Puentes who is not only a pharmacist but is now in medical school at MCG.

We feel that the Richmond County Medical Society is making a difference and will continue to make a difference in the lives of the citizens of Richmond County and the surrounding area.

I would also add that the RCMS could not accomplish its goals without the dedication and hard work of Stacie McGahee, Nancy Graham and our Executive Director Dan Walton.

**Programs 2016-2017**

- **September 2016**  Closed Case Review – Joseph Griffin, M.D.
- **October 2016**  Obstructive Sleep Apnea – Amy Blanchard, M.D.
- **November 2016**  History of Surgery – Craig Kerins, M.D.
- **December 2016**  Christmas Party
- **January 2017**  Medical Device Security – M. Nowatkowski, PhD
- **February 2017**  MACRA Basics – Jacqueline Fincher, M.D.
- **March 2017**  Skin Cancer – Loretta Davis, M.D.
- **April 2017**  James R. Lyle Resident Research Award Presentations
- **May 2017**  Opioid Crisis – Bill Kanich, M.D., J.D.
- **July 2017**  High School Drug Awareness Program – Jose Puentes MCG student

# # #
SECTION REPORTS
IMG Section Purpose

International Medical Graduates (IMG) are defined as those physicians who received their undergraduate medical education outside of the United States and Canada. In 1963, IMGs represented slightly more than 10 percent of the physician workforce in the United States. Today, they comprise 25 percent of the U.S. physician population, and more than one-quarter of the resident physician population.

The Medical Association of Georgia (MAG) is one of only eleven states in the country with an established IMG section. MAG formed the section to encourage the support and participation of IMGs in MAG and county medical societies. The section provides a forum for IMGs in organized medicine that promotes the purpose, objectives and goals of MAG and promotes the involvement of international medical graduates in shaping the future of organized medicine.

Activities of the IMG Section

The IMG section met on Saturday, March 4, 2017 to host a social and cultural event in partnership with the Georgia Association of Physicians of Indian Heritage (GAPI) at the Cary W. Martin Conference Center in Warner Robins. The event was well received by IMG and GAPI members and their guests. We hope to continue fostering our partnership with GAPI.

IMG Membership

Nationally, one in four practicing physicians are IMGs. Georgia ranks 13th in the top 20 U.S. states in which IMGs are practicing with approximately 4,438 or 19 percent of the entire physician workforce. At this point in the 2017 dues year there are 351 IMG members in the Medical Association of Georgia. IMGs currently represent approximately five percent of active MAG membership. IMG officers and section members will continue to make a concerted effort to recruit new MAG IMG members through various forms of peer-to-peer contact. Communication is key, and the IMG section will collect and disseminate information regarding important issues they face.

The IMG section would particularly like to thank MAG President Steven Walsh, M.D., for his continued outreach to the IMGs during his presidency.

I would also like to thank the following officers for their service to the IMG section this year:

Deepti Bhasin, M.D., Chairman
Dilip Patel, M.D., MAG HOD Delegate
Arvind Gupta, M.D., MAG HOD Alternate Delegate
Rani Reddy, M.D., Member at Large
1 Leiv Takle, Jr., M.D., Member at Large
2 Ayman Rihavi, M.D., Secretary
3 Kailash Sharma, M.D., Treasurer

# # #
The Young Physician Section (YPS) continues its efforts to involve all eligible members in social events, opportunities for networking, and shaping health policy in the upcoming year. Additionally, we are enthusiastic about holding joint events with both the Medical Student Section (MSS) and Resident Physician Section (RFS) to improve relationships between sections in an effort to retain and grow MAG membership.

This year, Zach Lopater, YPS Chair and Shamie Das, YPS Active Member served as Georgia delegates to the AMA YPS Annual Assembly held Jun 8th-12th in Chicago. Young physicians from across the country discussed priority issues and worked on shaping AMA policy. The Georgia YPS delegation authored an emergency resolution titled: Protecting Patients' Access to Emergency Services. The resolution was adopted by the YPS assembly. Additional resolutions discussed at the meeting included supporting International Medical Graduates and medical students by asking the AMA to oppose laws and regulations that would broadly deny entry or re-entry to the U.S. by persons based on their country of origin and/or religion who currently have legal visas, including permanent resident status and student visas.

The YPS encourages eligible members who are under the age of 40 or are within their first eight years of practice to attend the HOD meeting, as elections for the governing council will be taking place October 21st. Current 2016-2017 governing council:

Chair: Zachary Lopater
Vice-Chair and Delegate to MAG HOD: Manuel Rodriguez
Director to MAG BOD: Vinaya Puppala
Secretary and Alternate Director to MAG BOD: Ed Marchan

The YPS has proposed updates to the section bylaws, which were last updated in 2005. The proposed changes will be submitted to the BOD for approval. Current proposed updates to bylaws:

1. Recommend a "chair-elect" position, instead of a "vice-chair" position, which is similar to the current position at the general HOD level in MAG.

2. Recommend additional responsibilities for chairman or chair-elect would be to “fulfill other duties if members are unable to attend meetings, such as serving as the delegate to the HOD or board of directors for MAG, or delegate to AMA.”

3. Recommend deleting the following rule: “missing two meetings results in that seat becoming vacant”.

4. Recommend the following YPS purpose be added and emphasized: “solicit county medical societies to recruit YPS eligible members to participate in the YPS conference calls/meetings/socials, etc.”
This past year has been a remarkable time of development for the Resident Physician and Fellows Section (RPFS). As you may know, a new governing council was elected during last year’s House of Delegates (HOD) growing from years of inactivity. It is my pleasure to provide the following updates regarding the section’s activities since the 2016 HOD meeting. We are the future of the Medical Association of Georgia (MAG) and believe that our participation and service will help improve the ability of this fantastic organization to serve the physicians and patients of Georgia for years to come. It is apparent that the policies passed by MAG have the potential to impact future physicians for years to come – more so than even practicing physicians thus necessitating our participation.

Section Reorganization

Last year, the Resident Physician Section (RPS) changed its official name to the Resident Physician and Fellows Section (RPFS). In the past the section remained dormant, however, the RPFS was able to restart with the leadership of Dr. Shamie Das (past Chair) last year and the interest by a few key residents in Atlanta, Columbus and Gwinnett and thanks to the mentorship and assistance of Drs. John Harvey, William Clark, Joy Maxey and our invaluable Executive Director and CEO Mr. Donald J. Palmisano, Jr., and MAG staff members, including Kate Boyenga, Dayna Jackson, Renai Lilly, Kimberly Ramseur, and Susan Moore. Without the support and contribution of these members we would not have been able to accomplish the challenging task of growing the section!

It has been the Governing Council’s goal this year to increase the alliance between the various residency programs and specialties in Georgia and creating a network for young physicians to stay connected, both in urban and rural cities.

We have submitted changes and updates to our internal bylaws, thereby providing a transparent and fair means of governance. We look forward to the consideration of these items of business at this year’s HOD. Every incremental improvement in our section will ultimately continue the pipeline of future health care leaders in Georgia.

AMA Participation

In 2017, the AMA held its Interim meeting in Chicago, and the MAG RPFS supported Kunj Patel’s resolution on Regulating Tattoo Ink. The resolution was approved by the MAA board and will be presented at the MAG HOD this year.
In 2015, the AMA held its Interim meeting in Atlanta, and we were fortunate to not only chair the Hospitality Committee but also represent the residents of Georgia in the Assembly of the Resident and Fellows Section. Furthermore, members of the governing council participated and contributed to the MAG AMA Delegation. We are very grateful to Dr. Clark and the Georgia delegation for their mentorship and inclusion in the business of the delegation. We look forward to working closely with the delegation for meetings to share and highlight those issues that directly impact Residents, Fellows and the future physicians of tomorrow. The RPS has had representation in the AMA Resident and Fellows Section for the past two national meetings. We hope to continue this participation as the Residents and Fellows of Georgia should continue to participate and shape the national dialogue on how medicine is practiced today and in the future.

**Resident Dues Resolution**

At the last MAG HOD meeting, the RPS presented a resolution to eliminate MAG dues for Residents, as many state societies have done in recent years. We have met a compromise with the Board to receive a year free for all residents who decide to join. We have sought ways to offset the cost of membership for one of the most vulnerable and under-represented constituent sections of MAG. Currently we still face the same challenges as in recent years; however, we are resolute in our willingness to work with MAG leadership to share the importance of participation and benefits of being affiliated with MAG. It is the hope of the RPFS to offer/obtain perks/benefits that convert to a monetary value, that would off-set the cost incurred from the membership fee. We welcome any suggestions or ideas on how we can reduce the barriers for participation and further empower Residents and Fellows to advocate for the issues related to post-graduate training and also the future practice of medicine in Georgia. It is our vision to create a pipeline of future physician leaders who plan on serving the citizens of Georgia, while influencing health policy on a national level.

**Future Endeavors**

This year the RPFS has been aggressive in endorsing resolutions and promoting resident physician and fellow involvement. Two more resolutions have been prepared, awaiting to be presented at the MAG HOD. The first is Dr. Ravi Patel’s Skin Cancer Prevention Screening resolution and the second is Dr. Haoran Peng’s Colonoscopy Screening Cost Modification resolution. We will wholeheartedly support all three resolutions, and aspire for approval of all three resolutions at the MAG HOD with progression towards American Medical Association (AMA) approval in the upcoming year. We also encourage and support additional resolutions by residents from residency programs across Georgia.

The RPFS, along with the gracious support of the aforementioned MAG staff, will hold its first Resident Physician and Fellow Social at the MAG HOD, with invitations to all MAG members. This will be a first-time event, held by the residents and fellows, and will host new members and MAG’s existing members, to create additional networking bonds between young and more experienced physicians.
The MAG RPFS has also teamed up with the MAG Medical Reserve Corp (MRC) to expand opportunities for residents and fellows to become involved. The MRC is the first medical reserve corp to be sponsored by a state medical society. With increased networking among residents from various cities across Georgia, we will be able to promote engagement in the MRC, and creating a robust supply of physicians in the near future enlisted in Georgia’s MAG Medical Reserve Corp, willing to offer their services in situations of calamity.

A few members of the RPFS attended the MAG legislative conference in Young Harris, GA. Residents Drs. Benjamin Hayes, Haoran Peng, Ian McCullough, Hani Batal, and Shoheb Ali alongside Dr. Harvey’s leadership, presented the “Stop The Bleed” Campaign to legislators and members of MAG, and educated them on appropriate techniques for hemorrhage control and tourniquet use, with the presentation ending with participants becoming certified in hemorrhage control. Also, earlier this year, Dr. Shoheb Ali joined Dr. John Harvey on the TopDoc’s Radio show, and presented the “Stop the Bleed” Campaign on air to increase awareness and support.

As this Governing Council concludes its term, I hope that future Governing Councils continue to build on the work we have accomplished over the past year to continually increase the degree to which Residents and Fellows participate in the advocacy efforts of MAG. Many challenges lay in the road ahead; however, with the continued support of established MAG leaders, there is no doubt that the section will remain an active body within MAG. Without the participation of the future physicians of Georgia, MAG risks both its relevance but also esteemed influence on health policy and ultimately its ability to represent the physicians of Georgia.

We again wish to thank our colleagues for their support and encouragement throughout this tremendous year of growth.

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The Medical Student Section of the Medical Association of Georgia (MAG-MSS) is a separate body created within MAG to foster involvement and a sense of community among Georgia medical students interested in shaping the future of our profession in Georgia and beyond. The governing council of the MAG-MSS can be found below.

Chairman: Ebony Caldwell, Augusta University/UGA – Medical Partnership
Vice Chair: Brian Wright, Mercer University Medical School
Treasurer: Courtney Alvis, Augusta University/UGA – Medical Partnership
Secretary: Sehrish Viqar, Medical College of Georgia at Augusta University
Delegate: Hannah Childs, Augusta University/UGA – Medical Partnership

The MAG-MSS has had a busy year, striving to increase student membership and involvement across the state. At the 2016 House of Delegates (HOD) meeting, the MAG-MSS governing council vowed to continue its efforts to improve the MSS experience at the HOD and increasing membership across the eight medical campuses as our key priorities for the upcoming year.

We built off the momentum created during last year’s HOD to improve the HOD experience for medical students. Working with the Young Physician and Resident sections, the MSS is working to host a meet-and-greet with current and prospective MAG members during this year’s HOD. The experience will allow current medical students, residents, and physicians to learn about the important role of these groups within MAG and MAG’s overall work at the local, state, and national levels. Additionally, we worked to increase the participation in our poster session, opening the event for registration over the summer to allow more students the opportunity to attend with funding from their campuses.

Through speaking with student participants from the poster sessions held over the past two years, we found that we needed to improve our HOD experience for medical students. We decided to provide medical student specific activities during the meeting for the hours when the students were not actively presenting their posters. Coordinating with the resident section, we have put together an agenda including a welcome discussion about what it will be like to practice in Georgia and a resident panel discussion. We hope this will be the beginning of a great future of student-specific activities that will draw more students to the HOD so we can develop more active members of MAG-MSS and have a more active MSS.

We also worked to increase the medical student involvement in the MAG-MSS across the state. MAG held an information session at Morehouse School of Medicine to talk to students at the campus about advocacy and how MAG serves as a voice for Georgia’s physicians and medical community.

Additionally, to create consistency in the MSS from year to year, we have established a physician advisor position that serves as a mentor to the group. This physician in this position provides guidance to the MSS on the working of MAG and AMA so that the section may increase its advocacy efforts on behalf of the medical students of Georgia.
We would like to thank MAG, the chairman, and all delegates and staff for their continued support and encouragement through our training as medical students. We would not be able to go through this journey without your tireless examples of what it is to be involved in organized medicine and be advocates for our profession, our colleagues, and our patients.

Many students became interested in medicine with the mentorship of physicians in their homes across the state. Speaking on behalf of the section, we collectively look forward to the continued growth of our Medical Student Section within the Medical Association of Georgia, the state, and at the national level.

# # #
SPECIAL REPORTS
Your MAG Foundation is pleased to present its Annual Report for 2017. Over the past year, we have continued to strive on your behalf to lead philanthropic efforts to create a healthier Georgia.

‘THINK ABOUT IT’ CAMPAIGN

Last year the MAG Foundation Board of Directors voted to proceed with strategies for 2017-2020 with priorities to include: Partnerships. ‘Think About It’ will advocate for physicians and their patients by collaborating with a broad range of vested stakeholders, including the GDNA (PDMP), federal, state, regional and local agencies; private and not for profit organizations, academic medical training institutions, consumers and others to provide support and education to physicians across Georgia in order to substantively reduce the burden of prescription drug abuse and overdose in Georgia.

PDMP Engagement and Utilization. MAG and TAI will work in tandem with DPH to ensure ease of registration and management of technical issues. We will promote activities to reinforce the use of PDMP data and educate providers on the use and benefits of accessing the state’s database.

Provider Training and Education. MAG will promote opportunities that facilitate appropriate, accessible, guideline based training, such as how to talk about substance disorders with patients, to help with community prevention and overdose response. In July, Dallas Gay stepped down as ‘Think About It’ Community Co-chair. The MAG Foundation will be forever grateful to Dallas and his countless volunteer efforts to put ‘Think About It’ on Georgia’s and the entire nation’s roadmap. In 2011, he saw an opening in the midst of the loss of his grandson, Jeffrey Dallas Gay, who died of an opioid and alcohol overdose. He approached the MAG Foundation about adopting a prescription drug abuse prevention program and since then, thousands of educational materials have been distributed throughout Georgia – and have been translated into Spanish and Chinese; the AMA has used ‘Think About It’ as a template program in multiple scenarios for other medical societies. More information is available in the ‘DAN’ report.

The shift in priorities also includes a shift in leadership. ‘Think About It’ has had the honor of working with Susan Blank, M.D. since the program’s inception. We’re pleased to announce that she has agreed to serve as Clinical Co-chair with P. Tennent Slack, M.D.

‘Project DAN (Deaths Avoided by Naloxone)

Since last year’s House of Delegates report, Project DAN has continued its efforts to combat prescription drug abuse in Georgia. During that time, DAN has provided 72 grants for over $122,000, equipping 1st responders with 3,266 doses of Narcan Nasal Spray and related kits and training materials. In addition, the social media campaign educating the public on the dangers of prescription drug abuse, the 9-1-1 Medical Amnesty Law, and the availability of naloxone continued until August 2017.
It’s anticipated that by the end of September, Project DAN will have fully depleted its funding. At that point, the Project in its entirety will have provided funding for over 5,000 doses of the life-saving Narcan Nasal Spray to nearly 100 1st Responder agencies. In addition, DAN will have expended over $64,000 on media outreach and donated 8 prescription drug drop boxes to law enforcement agencies. As of this writing, there are known to have been at least 55 lives saved using Narcan Nasal Spray acquired through a grant from ‘Project DAN.’

‘Think About It’ Advisory Committee

Bringing together the state’s top stakeholders in healthcare, this unique committee’s goal, is to share information and resources to fully equip providers with the necessary information and resources to properly care and treat patients being prescribed opioids, while ensuring connectivity with the entities that touch this issue. This committee meets quarterly with two in person and two via conference call. The following stakeholder groups are represented: Georgia Dental Assoc., Georgia Pharmacy Assoc., Georgia Nurses Assoc., GSAM, GSIPP, Georgia Alliance for Health Literacy, DPH, CMS, MCG, BlueCross BlueShield, United Healthcare, MAGMutual and Consumer Advocates. Among many efforts through the Richmond County Medical Society, we offer congratulations to Craig Kerins, M.D., Dan Walton and others for securing a prescription drug drop box. They have also approached the Richmond County Board of Education to allow medical students to have a middle and early high school drug prevention lecture.

Department of Behavioral Health and Developmental Disabilities

‘Think About It’ is a recipient of funding from DBHDD for the Georgia Strategic Prevention Framework for Prescription Drugs (SPF Rx) Provider through 2021. MAGF will utilize SAMHSA’s resources, including its Opioid Overdose Prevention Toolkit and will disseminate and promote the use of the CDC Policy Guidelines for Prescribing Opioids for Chronic Pain. MAG and MAGF will monitor the work of key national stakeholders such as the AMA and will promote and distribute additional resources, best practices and other support tools as they are released. We are partnering with the GDA on patient education resources to include a screening tool on the patient’s family history with prescription drugs, illicit drugs and alcohol. DBHDD will be releasing the results of a Needs Assessment detailing Georgia’s high-risk communities for opioid abuse and overdose in September 2017. ‘Think About It’ plans include working through Georgia’s House of Medicine to help providers – namely PCP’s, in these high-risk areas, by equipping them with the necessary resources to treat their patients, while ensuring they (provider) are registered with the PDMP and have taken CME courses as mandated by the Medical Composite Board. It is our goal to have a provider Champion representing each high-risk area to work in tandem with County Medical Societies and Specialty Societies. Please visit the ‘Think About It’ exhibit for an offering of multiple resources for you and your patients.

Atlanta Heroin Working Group

This group continues to play an integral role in bringing together various law enforcement entities and the CDC, Medical Examiners and others in formulating the necessary data and analytics to determine where the drugs are coming from, arrests, busts, new trends. Georgia’s High Intensity Drug Area (HIDA). has developed a real-time data base to track statewide overdose deaths and high-risk areas. The group continues to follow closely the uptick in overdoses caused by Fentanyl. We look forward to partnering with key stakeholders to combat this problem, as seen as a direct correlation with prescription drug abuse. Lori Cassity Murphy represents ‘Think About It’ and Bethany Sherrer represents MAG’s legislative team.
“We’re Not Gonna Take It” High School Video Contest

In the spring of 2018, ‘Think About It’ looks forward to partnering with Georgia Attorney General Chris Carr on this statewide initiative for Georgia’s high school students to raise awareness to reduce prescription drug abuse. Georgia high school students are being challenged to create a 30-second video and audio PSA explaining why they have chosen to live a healthy lifestyle and reject prescription drug abuse. MAG and MAGF sponsored the prizes awarded to the winner, runner-up and people’s choice winner. Contest winners will also have an opportunity to shadow broadcast professionals. Lori Cassity Murphy represents ‘Think About It’ with other stakeholders from the GBI, GDNA and GPhA.

Presentations

Clinical Co-chair P. Tennent Slack, M.D. and Susan Blank, M.D. presented to over 400 pharmacists at the Kroger Pharmacy annual meeting in May at Lake Lanier. Topics included: obtaining Naloxone directly from a pharmacist/DPH’s standing order on Naloxone; talking points w/ your patient/customer about if they should consider a prescription; substance abuse disorder; PDMP.

‘Top Docs’ Radio show hosted American Medical Association (AMA) Opioid Task Force Chair Patrice Harris, M.D. with an interview on ‘Top Docs’ in June regarding the AMA’s Task Force to Reduce Opioid Abuse. More than 90 people in the U.S. die from an opioid or heroin overdose every day. The AMA is committed to stopping the opioid abuse and misuse epidemic and preventing opioid-related deaths. AMA’s Opioid Task Force – which includes 25 national and state-level physicians’ organizations – has developed a number of recommendations to combat opioid abuse and misuse. This includes…

- Encouraging physicians to use state prescription drug monitoring programs
- Promoting effective, evidence-based prescribing and treatment
- Supporting access to comprehensive, affordable and compassionate treatment
- Ending the “stigma” – i.e., patients with chronic conditions deserve good care and compassion and shouldn’t be judged
- Expanding access to naloxone – which reverses the effects of drug overdoses – through co-prescribing
- Encouraging the safe storage and disposal of prescription medication

Thanks to the combined efforts of AMA’s task force and other leading health organizations and state-level advocacy organizations – including MAG and the MAG Foundation – progress is being made. For example, a 2015 AMA report found that, “Between 2012 and 2016, the number of opioid prescriptions [in the U.S.] decreased by more than 43 million – a 16.9 percent decrease. Every state saw a decrease in opioid prescriptions during this time period.” AMA also determined that, “Physicians and other health care professionals used state [prescription drug monitoring programs] more than 136.1 million times in 2016 – a 121 percent increase from 2014.” And the AMA report noted that “nearly all 50 states now have naloxone access laws.”

Resource: AMA’s ‘End the Epidemic’ website is https://www.end-opioid-epidemic.org/}

In June, Fred Jones presented to the National Association of Drug Diversion Investigators (NADDI) for law enforcement on efforts and results of the “Think About It” campaign, ‘Project DAN’ and the TAKE-BACK Initiative.

As part of our grant agreement, ‘Think About It’ partnered with Alliant GMCF and the Georgia Pharmacy Association in September for a physician focused webinar facilitated by ‘Think About It’ Co-chair P. Tennent Slack, M.D. and Appriss Vice President of Business Development, Brad Baur on the PDMP. Dr. Slack provided invaluable information operation of the PDMP, its benefits and where areas of improvement are needed.
The MAG Foundation has sponsored many ‘Think About It’ campaign presentations across the state in 2017. The events address important issues like non-opioid treatment options for chronic pain, screening and monitoring for opioid misuse, diversion and addiction, rules and laws that govern opioid prescribing, and the mechanics of prescribing and prescription monitoring in Georgia. Contact Lori Cassity Murphy at 678.303.9282 or lmurphy@mag.org with questions and for additional information.

GEORGIA PHYSICIANS LEADERSHIP ACADEMY

The Georgia Physicians Leadership Academy (GPLA) continues to be a dynamic and enterprising program of the MAG Foundation. The update on GPLA is found in the report written by GPLA Steering Committee Chair, John S. Sy, D.O. and is attached to this report. 2017 commemorates GPLA’s 10th Anniversary. Please consider a donation to support the next decade of MAG’s physician leaders http://www.mag.org/magfdonate. More than 80 GPLA graduates now serve in leadership roles at the Medical Association of Georgia (MAG) and other state and local medical societies − including MAG’s president, Frank McDonald, M.D.

MAKE GEORGIA HANDS-FREE/END DISTRACTED DRIVING

According to the AAA Foundation for Traffic Safety, distracted driving is responsible for about 16 percent of all fatal crashes in the U.S. – which translates into some 5,000 deaths per year. Meanwhile, a 2014 National Safety Council (NSC) report concluded that mobile phone use caused 26 percent of car accidents in the U.S. It also found that “just five percent of mobile phone-related accidents in the U.S. involved texting,” while stressing that, “The majority of the accidents involve drivers distracted while talking on cell phones.” The ‘End Distracted Driving’ campaign says that, “There is clear evidence that talking on a hands-free device is distracting and reduces the driver’s ability to react. There are some mixed studies that show hands free use of phones, including voice to text, is just as dangerous as holding a device. Also, there are studies that show the laws do not work without strong enforcement and public awareness campaigns.” In 2016, the Medical Association of Georgia’s (MAG) House of Delegates passed a resolution that calls for MAG to promote legislation that would require drivers who make phone calls while operating a motor vehicle to do so on a hands-free basis. In 2017, MAG supported a bill that Rep. Betty Price, M.D., introduced that would have prohibited drivers in the state from using hand-held cell phones while driving – legislation that has passed in 14 states. (It is also worth noting that Georgia is one of 46 states that have enacted bans on texting while driving.) While Dr. Price’s bill did not pass in 2017, lawmakers did pass a measure (H.R. 282) by Rep. John Carson (R-Marietta) that will lead to the formation of a House study committee on distracted driving – and MAG will serve on this study committee.

In addition to MAG’s legislative efforts, the MAG Foundation is working with the Medical Association of Atlanta and the MAG Alliance to raise public awareness on the benefits of hands-free driving. Contact Lori Cassity Murphy at lmurphy@mag.org or 678.303.9282 to support MAG CEO Donald Palmisano in the ‘Javelina Jundred’ trail run, to benefit Make Georgia Hands-Free, October 28, 2017. http://www.mag.org/magfdonate.

W.R. DANCY M.D. STUDENT LOAN FUND

The MAG Foundation has supported and administered the W.R. Dancy, M.D. Student Loan Fund for medical students for 47 years. The Dancy Fund helps Georgia residents realize their dreams of attending medical school by granting them affordable loans. To date, the Foundation has supported 53 medical students in their pursuit of becoming a physician. As of now, the Dancy Fund has one (1) outstanding loan in repayment phase with an outstanding balance of $4,649.32. Total funds available for lending are $241,078.79.
DISTRESSED PHYSICIANS FUND

The Fund was created to assist physicians and their spouses who experience financial hardship caused by natural disasters or other circumstances beyond their control. Current funds available are $39,104.27.

CHARITABLE GIFT ANNUITY PLAN

The Foundation continues to work with PG Calc, an industry leader in administration of charitable gift annuity plans and with investment advisors Capital Group Private Client Services, to maximize earnings, within acceptable risk margins, on the plan’s assets.

FOUNDATION FUNDRAISING

The Georgia physician community has long been the leader in addressing the needs of our patients and our profession. As you can see, your MAG Foundation is working diligently on your behalf with programs to combat the epidemic of prescription drug abuse, train future leaders for our profession, and help aspiring physicians realize their dream. There are multiple opportunities to donate to the Foundation by visiting: http://www.mag.org/magfdonate. In order to maintain the momentum in our programs, MAGF needs your financial support. Many of you will be contacted by a colleague who is donating his or her time, as well as financial resources, to help support the great work that the MAG Foundation does on the behalf of every one of us.

The Board of Trustees would like to especially thank our staff for their dedication and service:
Donald Palmisano Jr., MAG Executive Director/CEO and MAG Foundation Executive Director and CEO
Fred Jones, MAG Foundation Director
Susan Moore, MAG Director of Strategic Planning and Initiatives
Lori Cassity Murphy, MAG Foundation Program Development Director

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# # #
The Medical Association of Georgia Alliance (MAG Alliance) held its 2016 Annual Meeting and Luncheon in September with special guests and keynote speakers Senator Renee Unterman and Representative Andy Welch. They discussed the statewide ballot initiative for sex trafficking deterrence on the November 2016 ballot. Also at the Annual meeting, Alliance membership voted to amend its bylaws to simplify the structure of the Alliance and to create two-year officer terms. The current bylaws are posted on the Alliance webpage at [www.magalliance.org](http://www.magalliance.org).

Georgia Secretary of State, Brian Kemp tapped Alliance member Merrilee Gober to serve on his Advisory Group for the implementation of the new Georgia Lactation Consultant Practice Act. In support of the roll out of this new law, the MAG Alliance Board voted to provide funding for supplies, and a tuition scholarship for one student, to the Georgia Northwestern Technical College for their new Lactation Consultant educational program. Those awards will be made later in the year with a media announcement.

In January, Alliance members participated in MAG’s Physician Day at the Capitol and sent hundreds of e-mails to legislators during the session to help defeat the flawed legislation regarding Insurance Gaps and Surprise Medical Billing.

In February, MAG Alliance was a sponsor of the legislative luncheon hosted by Healthy Mothers, Healthy Babies Coalition of Georgia. At this reception, MAG member, Senator Dean Burke, M.D., received an advocacy award for his work on maternal and child health legislation.

Also in February, several Alliance members attended the AMA Alliance Southern regional conference in Charleston, South Carolina. In June, Alliance President, Merrilee Gober, and President-Elect, Dave Street, attended the national AMA Alliance meeting in Chicago. Also in June, several Alliance members participated in the MAG legislative weekend at Brasstown Valley.

Most recently, the Alliance Board has collaborated with MAG, the MAG Foundation and the Medical Association of Atlanta on the “Make Georgia Hands - Free” initiative providing research, data and $5,000 in funding for the educational marketing materials.

The Alliance will have its next Annual meeting on September 19, 2017 at the Georgian Club. Special guests will be the candidates for the Georgia Commissioner of Insurance: Jay Florence, Cindy Zeldin and Shane Mobley. All spouses of Georgia physicians and spouses of medical students are invited to attend.

The Alliance Board has voted to reinstitute annual dues in the amount of $25.00. Physicians will have an opportunity to cover that expense for their spouses with their annual MAG dues, or spouses will be able to register and pay dues by mail or via the Alliance website.

# # #
MAG’s Communications Department has delivered cost savings in several key areas in 2017, including changing the software it uses for its newsletters and alerts (~$500 per year); changing the system it uses to conduct surveys (~$1,500 per year); and updating its mag.org website (~$2,600 per year). It is also worth noting that MAG had sold a one-year record of more than $15,000 in non-

Journal ads through August.

The aforementioned website update was completed for less than $1,500. The website is now more secure, more mobile friendly, and easier to navigate.

Between January 1 and August 30, MAG’s website was viewed more than 81,500 times – which equals 336 page views per day. The website had about 25,000 unique visitors during the first eight months of 2017, and more than 70 percent of those were considered “new” (i.e., first time) visitors. During the same period, the website’s “Find a Physician” feature was viewed more than 4,400 times by more than 800 unique users. MAG also added a number of new website pages in 2017, including one addressing a new MAG Foundation campaign to reduce distracted driving.

MAG is now being followed by more than 4,000 accounts on Twitter, which includes a number of state and specialty medical societies. MAG has also increased its presence on Facebook – with 860 “likes.” MAG Executive Director Donald J. Palmisano Jr. can be followed on Facebook, LinkedIn or on Twitter using the handle @DPalmisanoMAG.

MAG reconstituted a mobile app that will be available during the 2017 HOD meeting. It features details on meeting times and locations, lodging and logistics, a list of exhibitors and sponsors, reports, and key staff and leader contacts. MAG members can download the app to their handheld device or tablet by going to the Apple or Google Play stores and searching for “MAG HOD 2017.”

MAG’s weekly Georgia Pulse media highlights report has more than 6,000 subscribers.

MAG’s 1Q Journal focused on practice management, including a feature on the Medicare QPP and articles on the MAG Foundation’s 50th anniversary, patient relationships outside the office, the history of the FSMB, and hypertrophic cardiomyopathy.

MAG’s 2Q Journal focused on national health care, including articles on physicians’ views on pending federal legislation, FSMB’s annual meeting, federal tort reform, the 2017 omnibus bill, the solo practice model, and amyloidosis. It also featured op-eds by Georgia Rep. Sharon Cooper and U.S. Rep. Buddy Carter.

MAG’s 3Q Journal focused on technology and education, including articles on the results of a MAG survey on EHR, MAG’s Education Department, Georgia laws and rules, the academic practice model, the MACRA proposed rule, and texting/HIPAA. It also featured a member perspective on health care reform.
MAG’s 4Q Journal will address the 2017 House of Delegates meeting and will include a preview of the 2018 state legislative session.

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

MAG has produced its e-News from MAG newsletter once a month during 2017. It also produced its e-News from the Capitol report on a weekly basis during the legislative session in 2017.

MAG’s ‘Top Docs Radio’ program has aired twice a month in 2017. It has now had more than 22,000 listeners and viewers (live, downloads, Facebook), including people in all 50 states and more than 80 countries. The shows have addressed state legislation, the ‘surprise health insurance coverage gap,’ medical marijuana, Angel Flight Soars, distracted driving, MAG’s 401(k) Plan, bad outcomes, MACRA/MIPS, antibiotics, opioid abuse, CareSource, the ‘Stop the Bleed’ campaign. Other 2017 shows will address a “membership” practice model, Anthem’s retrospective ER policy, the Georgia Board for Physician Workforce, MCG at Augusta University’s new dean (David Hess, M.D.), EHR, physician burnout, and HealtheParadigm. MAG also produced a special edition of the program that featured Georgia Rep. Sharon Cooper to support its advocacy efforts (H.B. 416 and S.B. 221). The ‘Top Docs’ show is supported with a grant from Health Care Research, a subsidiary of Alliant Health Solutions. MAG is also now promoting sponsored special editions of the ‘Top Docs’ show as a new source of non-dues revenue.

MAG has distributed press releases addressing the MAG awards winners for 2017; a MAG MRC award; Georgia Rep. Sharon Cooper’s opposition to eye care bills; MAG’s opposition to a bill (S.B. 8) that would undermine ER care in Georgia; MAG’s calls for Blue Cross Blue Shield to disclose the data it used as basis for its new retrospective ER policy; and a MAG MRC emergency training exercise in Douglas.

MAG has distributed alerts addressing the aforementioned Rep. Cooper ‘Top Docs Radio’ program; membership renewals/reminders; MAG’s annual legislative meeting; a number of webinars and conferences; Physicians’ Day at the Capitol; the Aetna-Humana merger; the ‘End the Surprise Insurance Gap’ campaign; H.B. 71, S.B. 153, and the Georgia PDMP; MAG’s endorsement of Kay Kirkpatrick, M.D., for a Georgia Senate seat; and a MAG Foundation fundraising campaign for its new distracted driving campaign.

MAG distributed surveys on the Medicaid Management Information System; LegalShield; the new Anthem retrospective ER policy; the venue for MAG’s 2018 legislative seminar; and EHR.

Media inquiries have included WABE (AHCA, Medicaid, PDMP, EHR, S.B. 125, Anthem’s retrospective ER policy, GCMB opioid prescribing CME mandate, guns in homes ruling), NPR (executive order on immigration), CBS 46 (expired meds/blood clots), Washington Post (Dr. Price/HHS), OZY (Dr. Price/HHS), CNN Digital (S.B. 81), Georgia Health News (AHCA, S.B. 8, PDMP, MAG’s CON policy), Associated Press (PDMP), Bloomberg BNA (S.B. 8, S.B. 153, S.B. 81, Anthem ER policy, GCMB opioid prescribing CME mandate), Medical Economics (MOC), Medscape (MOC), MedPage Today (interstate compact), The Intercept (Anthem ER policy), the AJC (U.S. Senate health care reform bill, GCMB opioid prescribing CME mandate, travel ban’s impact on physicians), POLITICO PRO (Dr. Price/HHS), the Wall Street Journal (Dr. Price/HHS), The Atlantic (transgender care) AMA Wire (Anthem ER policy), PracticeLink (physician job searches), the KSU Sentinel (meningitis B vaccine), Modern Healthcare (suspension of Medicaid providers who hadn’t revalidated), Macon Telegraph (S.B. 81 and S.B. 88), Inside Health Policy (Medicaid), USA Today (health care issues), and Rewire (Dr. Price/HHS).
The Department of Membership and Marketing is responsible for providing direct support and services to Medical Association of Georgia members, and developing recruitment and retention programs to attract physicians and medical students into the federation of organized medicine.

I am very pleased to present this report to the House of Delegates (HOD). As you will see, the department has been extremely active this year in promoting membership as a top priority of the Association.

2017 Activities of the Membership and Marketing Department

The 2017 membership year began October 25, 2016 with the first mailing of the dues statement. This mailing was sent to more than 16,000 member and non-member physicians in Georgia. Additional mailings were sent in November, January, March and June. Email reminders were sent frequently to all renewing physicians. A chart listing completed marketing tactics is below.

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dues statements on the way email</td>
<td>10/19/2016</td>
</tr>
<tr>
<td>October dues mailing</td>
<td>10/25/2016</td>
</tr>
<tr>
<td>November dues mailing</td>
<td>11/23/2016</td>
</tr>
<tr>
<td>Dues reminder email</td>
<td>12/19/2016</td>
</tr>
<tr>
<td>Dues reminder email</td>
<td>1/5/2017</td>
</tr>
<tr>
<td>January dues mailing</td>
<td>1/19/2017</td>
</tr>
<tr>
<td>Don’t forget to renew email</td>
<td>2/2/2017</td>
</tr>
<tr>
<td>Membership card sent</td>
<td>2/13/2017</td>
</tr>
<tr>
<td>Don’t expire email</td>
<td>2/15/2017</td>
</tr>
<tr>
<td>Deadline to renew</td>
<td>3/1/2017</td>
</tr>
<tr>
<td>March dues mailing</td>
<td>3/17/2017</td>
</tr>
<tr>
<td>Membership is delinquent email</td>
<td>3/18/2017</td>
</tr>
<tr>
<td>Non-renewal email</td>
<td>4/5/2017</td>
</tr>
<tr>
<td>Non-renewal calls</td>
<td>4/19/2017</td>
</tr>
<tr>
<td>Membership is delinquent email</td>
<td>4/27/2017</td>
</tr>
<tr>
<td>Non-renewal calls</td>
<td>4/27/2017</td>
</tr>
<tr>
<td>Non-renewal calls</td>
<td>5/16/2017</td>
</tr>
<tr>
<td>Exit survey</td>
<td>5/23/2017</td>
</tr>
<tr>
<td>June dues mailing</td>
<td>5/26/2017</td>
</tr>
<tr>
<td>Non-renewal follow-up</td>
<td>6/9/2017</td>
</tr>
<tr>
<td>Non-member email</td>
<td>6/12/2017</td>
</tr>
<tr>
<td>Welcome email</td>
<td>6/26/2017</td>
</tr>
<tr>
<td>Membership card sent</td>
<td>6/30/2017</td>
</tr>
<tr>
<td>Non-member email</td>
<td>7/14/2017</td>
</tr>
</tbody>
</table>
The membership department also utilized several different recruitment and retention methods including, but not limited to:

- **Staff Phone Calls**: MAG’s membership coordinator, Dawn Williams made phone calls to 59 physicians’ offices reminding them that their memberships needed to be renewed. These phone calls were well received with 41 renewals as of August 31. She spoke directly with the office managers who were very appreciative of the reminder call. Several of the office managers not only paid for the physicians requested but others in the practice as well. The renewal phone calls continue to be a worthwhile tactic.

- **New Email Communications**: Part of MAG’s 2017 marketing campaign centered around newly developed email communications to new members and non-members. Both communications focus on current key issues and MAG’s advocacy efforts. The new member welcome email also includes links to a MAG staff list, printable MAG member certificate and an online membership card request form. This is a much more cost prohibitive approach to mailing membership cards. The non-member email also highlights new and group member discounts. The membership department will continue to think about ways to increase efficiencies.

- **Expansion of MAG’s Group Membership Program**: MAG launched a group membership recruitment campaign leveraging the leadership of Dr. Walsh and Mr. Palmisano as catalyst. Several member and non-member visits were made to secure and retain group members. While there were a few large group members having budgetary constraints, these visits help to offset revenue therefore making it a successful year. Group discounts and the ease of joining as a group has proven to be important to both larger organizations and smaller practices as well.

- **Database Integrity**: The membership department has been very focused on making sure member data has been inputted and updated as needed. Written guidelines have been created ensuring the department is entering information consistently. Because of improved data accuracy made possible by the Texas Medical Association and MAG staff, membership numbers have been corrected and declined by 5% for 2016-2017. These updates will be an ongoing process and will ultimately help members receive MAG communications, save on postage when mailing invoices to members and have a viable prospect list of non-members.
• **Social Event Hosted by MAG’s YPS, MSS & RPFS Sections:** After several conference calls with MAG staff and discussions with leadership it was unanimously decided that MAG’s YPS, MSS & RPFS sections should collaborate and host an after-party social during HOD. The event will be held at 9 p.m. following the Awards dinner on October 21. This fun evening event is meant to form bonds between new and seasoned members and engaged them with MAG’s leadership. All HOD attendees and invited guests are encouraged to attend.

### 2017 Membership Statistics

The membership department’s financial goal was to achieve $1,875,000 in dues revenue for the year. I am happy to report that we achieved our budget goal.

**Dues Revenue:** The membership department budgeted 2017 dues revenue at $1,875,000. To date we have collected $1,937,844 which is $62,844 more than our goal.
Collected Dues Revenue: Below is the 2017 year to date dues revenue versus previous years. To date, MAG has collected $48,687 less than 2016.

![Dues Collected Chart]

New Members: Recruitment of new group members had a direct impact on MAG’s new member numbers. We have successfully added 25% more new members since 2016.

![First Year Members Chart]
**Second Year Members:** Creating new and innovative ways to keep members engaged is always a challenge. Keeping members informed of current happenings, breaking news, upcoming events and MAG’s benefits has paid off increasing second year members by 47 in 2017.

![Second Year Members 2012-2017](chart)

**Third Year and Plus Members:** This category has continued to grow exponentially over the years. By now, this category is most interested in leadership opportunities and helping to promote MAG’s initiatives. We currently have 4461 third year or more members which is an increase of 276 members over 2016.

![Third Year Members 2012-2017](chart)
**Total Membership**: Inclusive in the total member count are students, residents and first year free members. While student and resident member numbers continue to grow, first year free member numbers contributed to a decrease in numbers however not affecting revenue. Since new members continue to join and current members are still renewing memberships the total membership numbers will not be final until the end of the year. We are scheduled to surpass last year’s membership numbers. The total membership number so far for 2017 is 6866.
Membership Figures: Below is a chart comparing all aspects of MAG’s membership in 2017 versus previous years. Please note that the figures below are year-to-date membership comparisons through August 31.

**2017 Membership Figures
As of August 31, 2017**

<table>
<thead>
<tr>
<th>TOTAL ALL CATEGORIES</th>
<th>2013 YTD</th>
<th>2014 YTD</th>
<th>2015 YTD</th>
<th>2016 YTD</th>
<th>2017 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4712</td>
<td>7526</td>
<td>7835</td>
<td>7602</td>
<td>6866</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>1st Year</th>
<th>2012 YTD</th>
<th>2013 YTD</th>
<th>2014 YTD</th>
<th>2015 YTD</th>
<th>2016 YTD</th>
<th>2017 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>858</td>
<td>884</td>
<td>763</td>
<td>499</td>
<td>467</td>
<td>626</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2nd Year</th>
<th>2012 YTD</th>
<th>2013 YTD</th>
<th>2014 YTD</th>
<th>2015 YTD</th>
<th>2016 YTD</th>
<th>2017 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>667</td>
<td>794</td>
<td>736</td>
<td>671</td>
<td>453</td>
<td>500</td>
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</table>

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3360</td>
<td>3624</td>
<td>3792</td>
<td>4145</td>
<td>4185</td>
<td>4461</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Total Active Dues Paying Members</th>
<th>2012 YTD</th>
<th>2013 YTD</th>
<th>2014 YTD</th>
<th>2015 YTD</th>
<th>2016 YTD</th>
<th>2017 YTD</th>
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<tbody>
<tr>
<td></td>
<td>4885</td>
<td>5302</td>
<td>5291</td>
<td>5315</td>
<td>5105</td>
<td>5587</td>
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</table>

**ACTIVE MEMBERSHIP COMPARISON**

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>New Members</td>
<td>858</td>
<td>884</td>
<td>763</td>
<td>499</td>
<td>467</td>
<td>626</td>
<td>+159</td>
</tr>
<tr>
<td>Other Actives</td>
<td>4027</td>
<td>4418</td>
<td>4528</td>
<td>4816</td>
<td>4638</td>
<td>4961</td>
<td>+323</td>
</tr>
<tr>
<td>Total Dues Revenue</td>
<td>$1,943,169</td>
<td>$2,052,958</td>
<td>$2,003,884</td>
<td>$2,046,634</td>
<td>$1,986,531</td>
<td>$1,937,844</td>
<td>-$48,687</td>
</tr>
</tbody>
</table>
MEMBERSHIP CATEGORIES RETENTION RATES

<table>
<thead>
<tr>
<th></th>
<th>2016 Total</th>
<th>2017 YTD</th>
<th>% Retained</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 A2s were 2016 new members</td>
<td>459</td>
<td>500</td>
<td>100%</td>
</tr>
<tr>
<td>2017 ACT Were 2016 A2 and ACT</td>
<td>4894</td>
<td>4961</td>
<td>100%</td>
</tr>
</tbody>
</table>

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>1350</td>
<td>1131</td>
<td>1060</td>
<td>664</td>
<td>1311</td>
<td>1499</td>
<td>313</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>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Int/Res</td>
<td>12</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>26</td>
<td>33</td>
<td>89</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>4</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Life</td>
<td>389</td>
<td>379</td>
<td>379</td>
<td>358</td>
<td>361</td>
<td>356</td>
<td>348</td>
</tr>
<tr>
<td>Retired**</td>
<td>151</td>
<td>149</td>
<td>149</td>
<td>134</td>
<td>71</td>
<td>99</td>
<td>115</td>
</tr>
<tr>
<td>Service</td>
<td>19</td>
<td>20</td>
<td>20</td>
<td>19</td>
<td>8</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Students</td>
<td>310</td>
<td>470</td>
<td>470</td>
<td>382</td>
<td>452</td>
<td>454</td>
<td>503</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2242</td>
<td>2162</td>
<td>1030</td>
<td>907</td>
<td>921</td>
<td>2060</td>
<td>1388</td>
</tr>
</tbody>
</table>

CMS Relations: The executive director holds conference calls with the CMS executives to share information between MAG and CMSs and to provide a forum for CMS executives to discuss issues among themselves. MAG continues to provide the following services to CMSs:

- Listing CMS dues on MAG’s billing statements and collecting those dues
- Producing monthly CMS and MAG member rosters and expired membership lists
- Providing CMS member/non-member demographic information
- Creating CMS-branded marketing resources (e.g., letterhead) and email accounts and membership applications
- Providing meeting planning assistance, including location selection, sponsorship acquisition, RSVP tracking, budgeting, and logistics (e.g., A/V, meals)
- Promoting CMS events and meetings with mailings
• Securing speakers for CMS meetings
• Assisting CMS with elections

MAG staff has attended every meeting to which they have been invited, and some to which they affirmatively sought an invitation.

2017 Membership Year

The 2018 membership year will begin this October with the mailing of the first dues statement. Be on the lookout for your statement! To pay your 2018 MAG dues, contact Dawn Williams at 678.303.6261.

###
2017 Report to the MAG House of Delegates

At our recent Steering Committee meeting, John Sy, D.O. (Class VI) agreed to chair the GPLA for another year (through class XI). Stephen Jarrard, M.D. (Class V) was elected as Vice Chair. Dr. Jarrard will assume the position of Chair for Class XII.

Our transition has been smooth with Susan Moore and Lori Murphy taking over the programmatic responsibilities and Renai Lilly heading up meeting planning. Dean Robert L. Addleton, Ed.D., will continue as lead faculty and the 2017 GPLA curriculum was approved for 28.5 CME credits with Joint Providership by the Physicians’ Institute for Excellence in Medicine and the Southern Alliance for Physician Specialties CME. The curriculum continues to grow and evolve and presentations by alumni are welcomed.

As you know, the GPLA is a vigorous program of the MAG Foundation, funded by ongoing charitable contributions from alumni, MAG leaders, nominating society tuition and a generous grant from the Physicians Foundation – with institutional support from MAG, the MAG Foundation and the Physicians’ Institute for Excellence in Medicine.

Our mission is to provide emerging physician association leaders with enhanced leadership skills. Our curriculum focuses on: 1) mastering communication skills and 2) improving advocacy expertise and 3) developing strategies for negotiating conflict resolution, especially between specialty societies.

An important element of the GPLA is fostering personal relationships with other colleagues who will lead Georgia medical organizations in the future. In recognition of the GPLA’s 10th Anniversary, our theme is Future Forward! Please visit the MAG Foundation exhibit to bid on auction items or make a contribution anytime to this vital program to ensure the development of MAG’s leadership remains at work for you.

The GPLA’s tenth class first met in conjunction with the MAG Board of Directors in April 2017. With its graduation next spring, the Academy will have trained more than 137 MAG physician members from across our state. With a focus on the next decade of GPLA, GPLA faculty and staff will be conducting a program evaluation that will include a survey of class members from Classes I-IX and an additional dive into the MAG member data bases. Due to expenses and voting not to increase the application fee, the committee approved the motion of limiting future classes to 12 people.

Nominations for each class are accepted in November. Candidates must be MAG members who are nominated by their specialty or county medical society. The nominating organization is asked to pay the $1,000 tuition fee that is used to partially underwrite lodging, meals, speakers, and class materials. Transportation costs are the responsibility of participants.
This in-depth, interactive, year-long program stretches over six sessions. The Class X curriculum is outlined below:

- Session 1. April 23, 2017: "Orientation, Self-Assessment and Leadership Strategies"
- Alumni GPLA Reception and Dinner, October 20, 2017 at MAG House of Delegates
- Session 5. March 5-6, 2018: "Advocacy Day” at the Capitol
- Session 6. April 21, 2018: Presentation of Leadership Projects, Jedi Graduation Ceremony (concurrent to BOD) and new class orientation

Leadership Project

After completing a leadership assessment, class members commit to completing a personal leadership project to improve identified leadership skills. The project may benefit their patients, communities, and/or sponsoring medical societies during their class year. Project examples include: planning a membership drive, presenting a health awareness and/or patient education program for the local community. As they progress, physicians may request support from mentors and GPLA faculty and staff as needed. Special thanks to the GPLA Steering Committee and staff.

2017 GPLA Steering Committee Members

Jacqueline Fincher, M.D., Class I representative
Jim Barber, M.D., Class II representative
Santanu Das, M.D., Class III representative
Madalyn Davidoff, M.D., Class IV representative
Stephen Jarrard, M.D., Class V representative, Vice Chair
Johnny Sy, D.O., Class VI representative, Chair
James “J” Smith, M.D., Class VII representative
Jovan Adams, D.O., Class VIII representative
Jeffrey Stone, M.D., Class IX representative
Jack Chapman, M.D., MAG Foundation Board Chair
Steve Walsh, M.D., MAG President
Frank McDonald, M.D., Class IV MAG President-Elect
Scott Bohlke, M.D., Chair, MAG Council on Legislation
Manoj Shah, M.D., MAG Past President
Donald Palmisano Jr., MAG Executive Director/CEO; MAG Foundation CEO
Bob Addleton, Ed.D., Dean and Lead Faculty

MAG Staff

Fred Jones, MAG Foundation Director
Renai Lilly, MAG Manager of Membership Outreach & Meeting Planning
Susan Moore, MAG Director of Strategic Plans and Initiatives
Lori Cassity Murphy, MAG Foundation Program and Development Director

# # #
For more than a decade, the Physicians’ Institute for Excellence in Medicine (Physicians’ Institute), a 501(c) 3 subsidiary of the Medical Association of Georgia (MAG) focused on outcomes-based education, performance improvement activities, and consulting to support physicians and their teams at the national level. In March 2017, a new Board of Directors met to chart a new course for the Institute. At this meeting, the name of the organization was changed to the MAG Institute for Excellence in Medicine (MAG Institute).

**Board of Directors**

The MAG Institute Board of Directors recognizes the outgoing members of the Physicians’ Institute Board of Directors and offers its sincere thanks for their involvement and support of this endeavor. They are:

John S. Antalis, M.D.
William A. Bornstein, M.D.
Jack M. Chapman, M.D., Secretary
Madalyn Davidoff, M.D
Aaron H. Davidson, MD.
Howard M. Maziar, M.D.
Alan L. Plummer, M.D., Vice-President
Richard S. Simmons, M.D.

The new Board of Directors includes:
Adam E. Berman, M.D., Secretary
Aaron H. Davidson, M.D., Vice President
Kelly M. DeGraffenreid, M.D., Treasurer
John S. Harvey, M.D.
Drazen M. Jukic, M.D.
Donald Palmisano
Rob Schreinder, M.D.
Manoj H. Shah, M.D., President
Amin A. Yehya, M.D.

The Board of Directors also wishes to recognize and thank Bob Addleton and Adele Cohen for their fine work on behalf of the Physicians’ Institute and MAG. Both Mr. Addleton and Mrs. Cohen have retired from MAG.

The new staff for the MAG Institute includes Susan Moore and Lori Murphy (programs operations) and Fred Jones (finance).
At the first meeting of the new Board of Directors, held in March 2017, it was decided to focus the MAG Institute’s future efforts on state level initiatives. Programs initially adopted include MAG Medical Reserve Corp (MAG MRC) and HealthéParadigm.

**Physicians’ Institute**

Programs begun under the Physicians’ Institute and still underway will be carried to completion by Mr. Addleton and Mrs. Cohen. It is expected that all will have been completed by the end of November 2017.

The Physicians’ Institute has been a national leader in developing and managing collaborative educational projects that provide managed educational grants and projects to continuing medical education (CME) providers, with a focus on outcomes-based and performance improvement activities. To date, the Physicians’ Institute has developed and managed more than 50 initiatives and activities located in 27 states focusing on an array of clinical areas.

Many of the Physicians’ Institute initiatives have utilized the Collaborative Grants Model™, which awards secondary grants to CME providers featuring integrated evaluation services, educational design consultation, project management, and aggregate outcome reports. Depending upon the project, standardized curriculum, monographs, video-based content including simulated patients, and audio-visual services have been provided.

During the past year, the Physicians’ Institute has been involved in the following projects:

- **Improving Pneumococcal Immunization Rates**
  Based on a request from Pfizer, the Physicians’ Institute is managing an immunization initiative in collaboration with the New Jersey Academy of Family Physicians (NJAFP) to improve pneumococcal immunization rates by replicating a successful model developed and managed by NJAFP in three states.

- **VTE Education**
  As a member of a national collaborative, the Physicians’ Institute participated in VTE initiative targeting primary care physicians and their teams by supporting educational activities through six state ACP Chapters.

- **Opioid Education based on FDA Curriculum – Phase 3 – State Medical Societies**
  The Physicians’ Institute continued these activities with an additional grant to support and manage educational activities for six State Medical Societies.

- **Patient Centered Medical Home – PCMH- Stratus – South Georgia**
  Institute staff provided services to a PCMH initiative in South Georgia for Georgia Academy of Family Physicians.

- **Georgia Physicians Leadership Academy – Class IX**
  Institute staff provided faculty and support to the annual GPLA program.

- **Jump-Start Leadership**
  The Physicians Foundation awarded a grant to the Physicians’ Institute to provide Leadership Workshops and evaluation to six medical societies nationwide that do not have leadership programs in place.
CME Activities

The Physicians’ Institute provided continuing medical education for physicians through a joint providership program.

2016-7 CME Joint Providerships included:

• Crohn’s & Colitis Foundation
• MAG House of Delegates
• Georgia Physicians Leadership Academy
• Rheumatology Journal Club of Augusta, RSS
• The Intersection of PCMH, Pain Management and Performance Improvement CME – Online Activity
• comMIt – comprehensive motivational interviewing training for health care professionals – Online Activity

MAG Medical Reserve Corp Preparing to Respond

2017 has been an active year of training, education and recruitment for the Medical Association of Georgia Medical Reserve Corp (MAG MRC). MAG MRC leaders meet at least quarterly to review business and expand its executive and regional leadership infrastructure. Executive leadership meets more frequently.

The MAG MRC currently has approximately 53 volunteers who are prepared and qualified for deployment. Approximately 34 additional volunteers are in the process of meeting the required prerequisites for readiness. We are pleased to report the addition of trauma, critical care and ED nurses to the MAG MRC unit as well as several respiratory therapists. In addition, physician students and residents continue to commit to this volunteer program.

The MAG MRC has been supported during July 2016- June 2017 with a $150,000 grant by the Georgia Trauma Commission. A grant in the same amount has been awarded for the July 2017-June 2018 cycle. In addition, the MAG MRC was awarded a $13,000 grant by NACCHO in February 2017 to promote the MRC and emergency response volunteerism to young physicians and residents.

• Since the 2016 HOD, the MAG MRC has conducted several learning and field training events. The MAG MRC was up front and center, participating in Georgia’s first Vigilant Guard Exercise. Preparatory training was held in February, followed by the exercise in March, where MAG MRC volunteers deployed to Savannah from Dobbins to set up the DPH surge hospital. Volunteers were then deployed to other sites where “moulage” victims were evacuated, triaged, and stabilized in the JADC patient reception “surge” hospital facility. Response teams were comprised of a doctor, nurse, respiratory therapist and paramedic. MAG MRC volunteers returned to Dobbins 12 hours later at approximately 6 p.m.

• The MAG MRC has collaborated with the American College of Surgeons and taken up the call to support the Stop the Bleed campaign. Due to efforts of the MAG, the state of Georgia has been granted funds to place bleeding control kits in all public schools in Georgia and train school nurses and officials in the proper techniques of hemorrhage control.

The transitional year (TY) resident physicians at Gwinnett Medical Center have taken a lead in these efforts, attending the MAG Legislative Education Seminar during which they trained state legislators and physicians in the stop the bleed techniques. The event began with a presentation led by Trauma Surgeon, Dr. John Harvey, along with the Georgia Trauma Commission. The
legislators and physicians then met one-on-one with the residents to receive stop the bleed training, which concluded with the participant receiving official stop the bleed certification.

- The June Medical College of Georgia Faculty Development Conference (FDC) provided another venue to promote the work of the MAG MRC. At this event, MAG MRC leadership, John Harvey, M.D and Frances Purcell, PhD, recognized the MCG-MAG MRC students at the MCG FD Luncheon. The audience included the Regional Campus Program Directors and Faculty as well as the new MCG Dean David Hess and Vice Dean Paul Wallach.

- The MAG MRC was prepared to deploy during Hurricane Matthew and as of the date of this report, it has not been notified to respond to Hurricane Harvey.

- Finally, Dr. James Barber, a Regional Physician Coordinator, coordinated a disaster response training event in Douglas, Georgia (Coffee County) on September 16, inclusive of MAG MRC volunteers, the hospital, community and other emergency responders and healthcare coalition members from Region M. The event: Coffee Swirl.

We are excited about the next twelve months. The MAG MRC has developed a draft budget and training calendar. Our proposed classroom and field training schedule will be very aggressive, culminating in providing the medical response team for the 2018 Thunderbird’s Air Show! Finally, the MAG MRC now has its own Volunteer Information Portal (VIP). www.magmrc.com

Please contact Dr. Harvey or Susan W. Moore should you wish to join the MAG MRC.

**HealthParadigm-A MAG Endorsed Physician-Led HIE and Data Analytics Solution**

After almost two years and three unanimous votes by the MAG BOD, MAG’s partnership with KaMMCO Health Solutions to offer products and services to Georgia’s physician community and others has now passed its first “official” anniversary, though implementation of the marketing strategy began in earnest at the start of 2017!

MAG recognizes that there is a significant opportunity and a timing imperative to connect the independent physician community, who continue to be under-represented in Georgia’s HIE environment. Making these connections will result in more informed care, with higher quality and improved efficiencies. It is also a pre-requisite to delivering analytics that support value-based purchasing payment models. While independent physicians are the focus, this model is also an attractive option and solution for other health care entities such as to hospitals, skilled nursing facilities, home health agencies, ACOs; etc.

In addition to providing a much-needed service and solution, including a “physician voice” in this complex content area, it will solidify the MAG brand as an innovator in future third party payer advocacy strategies for its members as new models of health care reimbursement evolve which are dependent on data, measurement and process improvement.

HealthParadigm is actively promoting its product and services across the state via multiple venues, including CME programs, association exhibits, webinars, small group presentations and demonstrations, and speaking engagements. This strategic MAG endeavor will equip Georgia’s physicians, hospitals and others with the tools they need to transition to new models of healthcare delivery, quality reporting and performance-based payments.
Please refer to this impressive listing of outreach activities and events:

**MAG Member Communications**
- Website
- eNews
- Journal presence
- Social media posts
- Top Docs

**HealthParadigm Communications**
- 2/1 - HealthParadigm eNews distribution
- Website
- Social media posts

**Trade shows**
- MAG House of Delegates meeting – 10/15 – 10/16
- American College of Physicians – Georgia Chapter meeting – 10/21 – 10/23
- Georgia Osteopathic Medical Association (GOMA) – 11/4 – 11/5
- Georgia Academy of Family Physicians (GAFP) - 11/10 - 11/11
- Georgia Medical Group Management Association (GMGMA) 2016 Fall Forum – 11/11
- Atlanta Healthcare Information Health IT Summit – 12/14 – 12/15
- Georgia American Academy of Pediatrics- 2/11/2017
- Georgia Association of Nurse Educators- 3/16-3/11/2017
- Georgia Public Health Association 4/12 – 4/13/2017
- Georgia Medical Group Management Association 5/1 – 5/1/17
- Georgia Pediatric Nurses Association 5/5/17
- Georgia HIMSS networking event 6/22/17
- National HIMSS Health Business Solution Committee Member July 2017 – July 2019
- Emory Older Adults Conference 7/7/17 – 7/9/17
- Georgia Hospital Association Summer Meeting 7/19/17 – 7/21/17

**Advertising**
- 4Q 2016 MAG Journal Wrap & Ad, 1Q-2017 MAG Journal Ad, GAFP Member mailing, GAFP Website banner

**Informational Webinars**
16 Informational webinars, 117 registrants, 75 attendees. Excludes staff, non-participating parties
- Educational Webinar July 14th – MAG & GMGMA attendees 107

**2017 CME Programs**
This is an indirect effort by MAG and KHS to inform providers about MACRA/MIPS and use of Data Analytics to make the transition to new payment models. Working with county medical society contacts to promote program amongst CME membership as well as target marketing to a 70 - mile radius.
- Jan. 31 - Macon had 28 attendees excluding staff.
- March 21 - Dillard, 18 attendees
- March 22 – Gainesville, 15 attendees
- May 23 - Decatur, GA, 16 attendees
- May 24 – Albany, GA 21 attendees
- July 25 – Dublin, GA 7 attendees IMPACT Medical
- July 27 – Cartersville 19 attendees IMPACT Medical
• Upcoming CME Sept. 12th Athens & 13th Thomasville
• August 11 – Compass PTN 53 attendees

New Collateral Materials
• Physician pricing with new integration options
• MIPS Quiz
• 2017 Early adopter discount slick, including hospital pricing

HealthParadigm recently sponsored lunch and a speaker, Laura McCrary, at the GHA Compass Annual Meeting in Augusta. MAG President, Dr. Walsh, opened the meeting with very inspiring remarks that set a positive tone for the rest of the session. As time allows, I encourage you to view the HealtheParadigm presentation at LINK.

Three newsletters have been produced and distributed and we continue to add more content to www.healtheparadigm.com. http://myemail.constantcontact.com/UPDATED--The-Latest-HealtheParadigm-News-For-You.html?soid=1126469770723&aid=FW-IKijgYpc. Be on the lookout for a HealtheParadigm promotion in the next MAG Journal and make note that HealtheParadigm will have an exhibit at the October HOD session.

Consistent with its mission and brand, MAG is positioned to lead the way in partnership with KHS, keeping the best interests of physicians and their patients at heart. At present, HealtheParadigm has onboarded several practices and contracts are under review by many more. Also, KHS is now partnering with a total of seven medical societies to offer HIE and data analytics. MAG deserves a shout-out for being the first adopter and catalyst that has led to engagement by its peers. A trend? A “movement”? Perhaps so.

Many thanks to Donald Palmisano for his support; MAG President Dr. Steven Walsh for his boots on the ground engagement; Cardelia Reid for her field work, sales and marketing in support of HealtheParadigm and of course to our KHS colleagues who successfully operationalized a lofty vision and set a very high bar to deliver physician-led and physician-developed products and services that will help Georgia’s physician’s thrive so that they can continue to deliver informed and high quality care to Georgians.

Please visit www.healtheparadigm.com to learn more and contact Dr. Walsh, Cardelia Reid or Susan W. Moore with questions or potential venues to promote this MAG supported initiative.

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The Medical Association of Georgia Medical Reserve Corps (MAG MRC) activated the leadership team and placed the casualty response team on alert for potential deployment based on Hurricane intensity and projected path.

“Shelter physicians” were coordinated thru MAG MRC from the MAG members in the local area of the emergency Red Cross shelter operations – as lodging and support services made team deployments more problematic.

Coordination of physician and EMS personnel in a team to the shelters for medical care was coordinated and dispatched to specific shelters based on shelter requests.

Of the 47 physicians who responded to the MAG MRC request for shelter volunteers, 24 remained on standby or otherwise in que.

Hurricane Maria Response

The MAG MRC responded with very little notice to a request from the Cobb Douglas MRC to assist in the response to Hurricane Maria by providing physician support to the Patient Reception Area (PRA) at Dobbins ARB. Four MAG MRC physicians and two non-physician volunteers participated.

MAG MRC physicians we were able to offload approximately 21 patients on Saturday, September 23, 2200, arriving from St. Croix. Some were critical care patients and others in various states of care. Our physician team stood at the ready to assist as needed, and even jumped in to offload and carry in patient’s luggage when needed. In the triage area MAG physicians provided triage support to check on the stabilization of patients that were on dialysis.

Thank you to all who responded, and thank you to all that offered to be there if needed. Physicians were deployed while many others waiting on standby.
Addendum to MAG MRC 2017 Report to the HOD

Hurricane IRMA Response

- Hurricane IRMA Category 5 with a probable track thru Florida and into Georgia is preceded by State Declarations of Emergency and mandatory evacuations in both states. Shelters were established for displaced individuals and medical assistance was requested by the Georgia Department of Public health (GDPH) (based on National Response Framework Emergency Service Function 8 – NRF ESF8).

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# # #
GEORGIA MEDICAL POLITICAL ACTION COMMITTEE

Special: 08.17

SUBJECT: Annual Report

SUBMITTED BY: Michelle R. Zeanah, M.D., Chair

REFERRED TO: Not Referred

Charge of the Committee

The Georgia Medical Political Action Committee (GAM PAC) is a voluntary, non-profit, unincorporated committee of individual physicians and others and is not affiliated with any political party. The committee is an independent, autonomous organization, and is not a branch or subsidiary of any national or other political action committee.

Purposes of GAMPAC:

• To promote the involvement of physicians and others to take a more active and effective part in governmental affairs;
• To educate physicians and others as to the understanding of how the three branches of government operate;
• To advise physicians and others as to the evaluation of support of public office holders and candidates for election to public office;
• To organize, promote, encourage and assist actions desirable for the purpose of effective political action;
• To receive and accept contributions from individuals and corporations to the extent authorized by law;
• To make contributions to candidates for public office as authorized by law; and
• To do any and all things necessary or desirable for the attainment of the purposes stated above.

GAMPAC Financial Report

As of July 31, 2017, GAMPAC has $150,317.58 cash on hand. Note that all of the 2018 Primary Election planned contributions have already been deducted from this cash on hand balance.

GAMPAC Membership Report

As of August 25, 2017, GAMPAC has over 1,100 members, which is as large as it has ever been.

Chairman’s Circle Members 2017 ($2,500) 22 Members

John S. Antalis, M.D.
James William Barber, M.D.
Thomas Edward Bat, M.D.
W. Scott Bohlke, M.D.
Jack M. Chapman, Jr., M.D.
S. William Clark, III, M.D.
John Alfred Cowan, M.D.
Rutledge Forney, M.D.
Matthews Weber Gwynn, M.D.
Sudhakar Jonnalagadda, M.D.
Katarina Gabrielle Lequeux-Nalovic, M.D.
Fonda Ann Mitchell, M.D.
John Gilbertson Porter, M.D.
Keith Cassidy Raziano, M.D.
Randy Frank Rizor, M.D.
Manoj H. Shah, M.D.
Michael John Sharkey, M.D.
William E. Silver, M.D.
Steven Michael Walsh, M.D.
James Lofton Smith Jr., M.D.
Georgia Orthopaedic Society
Georgia College of Emergency Physicians

Capitol Club Members 2017 ($1,000) 27 Members

John O. Bowden, M.D.
William Tecumseh Cook, M.D.
Santanu Das, M.D.
Edmund Roche Donoghue, Jr., M.D.
Thomas Edward Emerson, M.D.
Frederick Charles Flandry, M.D.
David D Gayle, M.D.
Alexander Steven Gross, M.D.
John S. Harvey, M.D.
Billie Luke Jackson, M.D.
Stephen Jarrard, M.D.
Keith Russell Johnson, M.D.
Deborah Ann Martin, M.D.
Joy A. Maxey, M.D.
E. Frank McDonald, Jr., M.D.
William Charles Miller, Jr., M.D.
Malcolm Sid Moore, Jr., M.D.
Elizabeth Morgan, M.D.
Cheryl Elaine Perkins, M.D.
John James Rogers, M.D.
Charles Walter Sanderlin, Jr., M.D.
Stacy Elizabeth Seikle, M.D.
Stanley W. Sherman, M.D.
Leiv M. Takle Jr., M.D.
Arthur Joseph Torsiglieri, M.D.
Roy W. Vandiver, M.D.
Michelle Reynolds Zeanah, M.D.

Dr. Douglas W. Lundy was appointed to the board to replace Dr. Michael John Sharkey. Dr. Lundy will now serve a two-year term ending in 2019.
After a special election to replace Sen. Judson Hill, who ran for Congressional office, the General Assembly has added another physician in the legislature, MAG member Dr. Kay Kirkpatrick. There are now five physicians serving in the legislature: Sen. Dean Burke, an OB/GYN; Sen. Ben Watson, an internist; Rep. Betty Price, who practiced anesthesiology; Dr. Mark Newton, an emergency physician; and Dr. Kay Kirkpatrick, an orthopedic surgeon. GAMPAC supported Dr. Kirkpatrick’s candidacy at the maximum level.

GAMPAC held a board meeting via teleconference on Tuesday, June 20. Items discussed included the 2017 Primary Election supplemental contributions and three new GAMPAC membership categories. These discussions produced the following action items:

- Approval of supplemental contributions for the 2018 primary election.
- Additional levels of GAMPAC membership to include…
  - President’s Circle at $5,000
  - Silver Member at $500
  - Resident Member at $50

The GAMPAC Board of Directors will hold a teleconference October 18 prior to the House of Delegates (HOD) and another in-person board meeting at HOD after the MAG Board of Directors meeting.

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As always, we are delighted to report to the MAG House of Delegates on this year’s activities of the Physicians Foundation (PF). The Physicians Foundation has supported and been actively involved in:

- Ongoing grant administration in the areas of physician leadership and physician wellbeing, as well as projects centered around primary care initiatives and addressing the social determinants of health.
- Planning the preliminary phases of our biennial national physician survey (2018).
- Conducted the 2017 patient survey, which examined the physician-patient relationship, factors according to patients which account for rising healthcare costs, and patient perceptions of organizations (health insurers, pharmaceutical manufacturers, etc.) and other groups who influence treatment options. Some of the findings included:
  - Over 9 of 10 patients are ‘satisfied’ with their primary care physician, with nearly two-thirds being ‘very satisfied’.
  - Almost all patients (over 90 percent) believe that physicians should advocate for their patients.
  - 75 percent of patients are concerned about their ability to pay for medical treatment should they get sick or injured (a substantial increase from the 62 percent expressed in the 2015 patient survey).
- Planning the Foundation’s 2017 Karl Altenburger, M.D. Physician Leadership Academy, now in its 8th year and which will be hosted by Brandeis University.
- This year the PF has increased its grant making substantially. The total projected grant making figures for 2017, including approvals, pending approvals, and predicted proposals will exceed $6 million in grants spending. This is an annual amount greater than has occurred in the past ten years.
  - Uses of these funds have gone to support a number of conferences on physician wellbeing, alternative practice models, and helping physicians to adjust their practices in an evolving healthcare environment. These include an International Conference on Physician Health (in conjunction with the AMA); a conference – Challenges to Professionalism in a Time of Change, which was a collaboration between the state medical societies of Maine, New Hampshire and Vermont; and sponsorship of the OSMAP Proceedings at the AMA meeting.
- Recently approved to support the creation of the Physicians Foundation Weill Cornell Center for the Study of Physician Practice and Leadership (exact name still to be determined), to be led by Larry Casalino, MD, PhD, to begin in 2018. The Center will develop key research to inform the conversation around the ever changing healthcare system. A report will be released in the fall by Dr. Casalino on research related to how physicians spend their time (doing clinical work, administrative tasks, etc.)
- The Foundation has supported the establishment of a new featured series in Health Affairs, The Practice of Medicine. It features a range of articles and papers to explore important health policy
issues affecting physician practice trends in the current regulatory environment. The series will
provide insight into the human consequences of policy decisions for the audience of health care
decision makers, government policy makers and individuals interested in health care issues and
how they impact physicians and their patients.

- Walker, along with PF CEO Tim Norbeck, have also written and published several blogs for
  Forbes over the course of the past year.

We would encourage you to visit the Physicians Foundation website at www.physiciansfoundation.org to
learn more about the activities, review the ‘white papers’, research findings and blogs that have been
produced.

We are both pleased to represent MAG on the Board of the Physicians Foundation. The PF Board has
been very busy and we are proud to serve as President and Chair of the Research Committee (Walker) and
Vice President and Chair of the Grants Committee (Al) of the Foundation.

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REPORTS OF COMMITTEES
COMMİTTEE ON COUNCİL ON LEGİSLATİON

SUBJECT: Annual Report

SUBMITTED BY: W. Scott Bohlke, M.D., Chairman

REFERRED TO: Not Referred

Charge of the Council

The Medical Association of Georgia’s (MAG) Council on Legislation was established to review legislation and to recommend policy positions to MAG’s policy-making bodies and to communicate MAG’s positions to legislators at the state and federal levels.

MAG’s Proposed 2018 Legislative Priorities

Out of Network Billing/Surprise Insurance Coverage Gap – this will certainly remain a huge focus as we continue to work towards a solution that is acceptable to physicians and gets the patient out of the middle.

Insurance Reform – ensure that health insurers do not interfere in the physician patient relationship by addressing issues such as:

2. Other Modalities – Coverage of alternative therapies for pain.
3. Continuity of Care – if a provider is advertised as in-network for a plan during enrollment, that provider must be covered for a year of the consumer’s contract.
4. Selection/De-selection – Health insurers must be transparent and fair about how networks are developed, standards for participation, and what the process is to select or remove (de-select) providers from those networks.
5. Step Therapy – Establish basic safeguards from step therapy and allow healthcare providers and patient to make decisions based on the best treatment options and a patient’s medical history rather than health plan step therapy protocols.

Patient Safety – We are working with MagMutual on patient safety initiatives, including legislation and a PR campaign to combat distracted driving.

Ensure Access to Care- We are working with MagMutual on ways to reduce the burdens associated with the current litigation environment.

Medicaid – Explore a waiver to draw down federal funds.
Summary of 2017 Regular General Assembly

The 2017 Legislative Session was one of the most contentious for physicians in more than a decade, but MAG’s advocacy team was able to defeat or mitigate legislation that would have been detrimental to physicians and patients, as well as enjoy other successes. MAG tracked more than 150 bills during the 2017 legislative session, and MAG’s strong relationships with leadership and rank and file legislators on both sides of the aisle proved valuable to MAG members again in 2017.

Throughout the legislative process we continued to work with stakeholders and other interested parties, and thoroughly vetted all policy decisions through our Council on Legislation to ensure that we maintained the most prudent posture for the good of medicine.

MAG successfully passed its Maintenance of Certification legislation; played an integral role in crafting legislation to combat the opioid epidemic that yielded the best outcome for physicians possible given the political climate; worked tirelessly on the surprise insurance coverage gap issue and defeated or stalled bills that would have been bad policy for physicians and patients; and worked to advance patient safety initiatives, including legislation to address distracted driving.

Additionally, MAG worked with budget writers and staff to provide input and recommendations on ways to continue the Medicaid Payment Parity for Primary Care Physicians. As a result of our efforts and those of others, the legislature passed a 2018 budget that includes $38 million to increase the reimbursement rate for certain Medicaid primary care and OB/GYN codes. Of that, $6.5 million will be used to resolve physician “location” and “attestation” issues that MAG brought to the attention of the Georgia Department of Community Health.

Legislative Activities

MAG PRIORITY: OUT-OF-NETWORK BILLING & NETWORK ADEQUACY

H.B. 71 by Rep. Richard Smith (R-Columbus), which would have required physicians and health centers to disclose certain information to patients about the providers they expect to use and the fees they typically charge before any services are rendered. This bill would have also required physicians to participate in every health insurance plan that is offered by any hospital where they have privileges.


S.B. 8 (‘Surprise Billing and Consumer Protection Act’) by Sen. Renee Unterman (R-Buford), which would have created a payment system for out-of-network care in emergency care settings and prohibited balance billing. This measure, in its final form, would have 1) established notification requirements for providers, health care facilities, and insurers regarding insurance coverage, scheduled providers, and cost information for elective procedures and 2) set payment for out-of-network emergency services at the greatest of either the median network rate paid by the health care plan or the rate of the health care plan in its standard formula for out-of-network reimbursement or the Medicare fee-for-service reimbursement.


S.B. 277 by Sen. Michael Williams (R-Cumming), MAG’s model legislation that was designed to address the surprise health insurance coverage gap that results in the balance billing in emergency care settings. This legislation would have set the payment methodology for out-of-network emergency care at the 80th percentile of the ‘FAIR Health’ database.

MAG’s Position: Supported. Outcome: Did not pass.
MAG PRIORITY: MEDICAID PAYMENT PARITY

Lawmakers passed a FY 2018 budget that includes $38 million to increase pay for certain Medicaid primary care and OB-GYN codes. Of that, $6.5 million will be used to resolve physician “location” and “attestation” issues that MAG brought to the attention of the Georgia Department of Community Health.

MAG PRIORITY: MAINTENANCE OF CERTIFICATION

H.B. 165 by Rep. Betty Price, M.D. (R-Roswell), which will prevent the state’s Medical Practice Act from being used to require Maintenance of Certification (MOC) as a condition of licensure or to require MOC to be employed by a state medical facility or for the purposes of licensure, insurance panels, or malpractice insurance.


MAG PRIORITY: PATIENT SAFETY

H.B. 249 by Rep. Kevin Tanner (R-Dawsonville), an omnibus bill that was designed to reduce prescription drug abuse in Georgia.

MAG’s positions: MAG supported a provision that will codify the executive order that Georgia Gov. Nathan Deal issued in 2016 that made naloxone available on an over-the-counter basis (a similar measure, S.B. 121, also passed). MAG also supported a provision that will require prescription drug dispensers to update the state’s Prescription Drug Monitoring Program (PDMP) every 24 hours, as opposed to the current seven-day requirement. MAG opposed provisions 1) requiring prescribers to check the PDMP every time they prescribe a Schedule II drug beginning in 2018 and 2) having to document the information in the patient’s medical record and 3) civil and criminal penalties for physicians. This bill will also establish a way for non-licensed practice staff (up to two per prescriber) to become authorized delegates to access the PDMP. And, it will require prescribers to provide their patients with information on the addictive risks associated with the drugs they prescribe – in either oral or written form.

Outcome: Passed. A comparable bill – S.B. 81 by Sen. Renee Unterman (R-Buford) – did not pass. The major difference is that S.B. 81 initially included serious civil and criminal penalties for physicians, which MAG was instrumental in having removed.

S.B. 153 by Sen. Matt Brass (R-Newnan), which – after it was amended with a substitute by Rep. Earl Ehrhart (R-Powder Springs) – will allow optometrists to inject pharmaceutical agents around a patient’s eye. Exceptions include sub-tenon, retrobulbar, peribulbar, facial nerve block, subconjunctival anesthetic, dermal filler, intravenous, intramuscular, intraorbital nerve block, intraocular, and botulinum toxin injections. The optometrist will have to obtain a certificate that shows that they have successfully completed an “injectables” training program of at least 30 hours that is sponsored by a school or college of optometry that is credentialed by the U.S. Department of Education and the Council on Postsecondary Accreditation or that they are enrolled in such a program. They will also have to be under the direct supervision of a board-certified ophthalmologist.


H.B. 163 by Rep. Betty Price, M.D. (R-Roswell), which would have required drivers who make phone calls while operating a motor vehicle to do so on a hands-free basis, certain exceptions (e.g., 911 calls) notwithstanding. This bill was the result of a resolution that MAG’s House of Delegates passed in 2016.

MAG’s Position: Supported. Outcome: Did not pass.
Committee: 04.17

H.R. 282 by Rep. John Carson (R-Marietta), which will create a House study committee on distracted driving – keeping in mind that MAG promoted a bill (H.B. 163) that would require drivers who make phone calls while operating a motor vehicle to do so on a hands-free basis as one of its priority patient safety measures. MAG will ask to be included in the study committee, which will meet this summer.


OTHER KEY SENATE BILLS

S.B. 4 (‘Enhancing Mental Health Treatment in Georgia Act’) by Sen. Renee Unterman (R-Buford), which would have created the ‘Georgia Mental Health Treatment Task Force’ to recommend ways to improve the state’s mental health care system.

MAG’s Position: Neutral. Outcome: Did not pass.

S.B. 11 by Sen. Michael Rhett (D-Marietta), which would have expanded the civil and criminal immunity protection that is place in the state for emergency and involuntary mental health examinations to emergency medical technicians (EMT) and cardiac technicians. This bill also sought to expand the list of the types of examinations physicians can rely on when they issue a certificate for emergency admission or for emergency involuntary treatment to those performed by EMT and cardiac technicians. And it would have expanded the kinds of examinations a physician could use to determine whether a mental health patient should be involuntarily admitted or treated.

MAG’s Position: Neutral. Outcome: Did not pass.

S.B. 12 by Sen. Renee Unterman (R-Buford), which would have allowed dental hygienists to provide certain services to patients in certain settings under the general supervision of a dentist. The bill would have also established definitions for direct and general supervision.

MAG’s Position: Neutral. Outcome: Did not pass.

S.B. 14 by Sen. Dean Burke, M.D. (R-Bainbridge), which will clarify which business types can claim an exemption of up to $10,000 under the state Rural Hospital Income Tax Credit.


S.B. 16 by Sen. Ben Watson, M.D. (R-Savannah), which will modify the state’s medical cannabis law. The original version of this bill would have reduced the amount of THC that would be allowed in the cannabinoid oil, and it would have added autism to the list of qualifying conditions. A House/Senate compromise left the THC at the current 5.0 percent level and added six qualifying conditions, including 1) "severe" autism for people who are under the age of 18 and 2) autism for people who are 18 or older and 3) severe or end-stage cases of Alzheimer's disease and 4) AIDS or peripheral neuropathy and 5) severe Tourette's syndrome and 6) any case of epidermolysis bullosa. S.B. 16 would also make the low THC cannabinoid oil available to people who are in hospice programs.

MAG’s position: MAG policy does not support expanding the number of conditions that are covered by state law. Outcome: Passed.

S.B. 40 by Sen. Renee Unterman (R-Buford), which would have allowed emergency medical services personnel in the state to transport a person exhibiting signs of mental illness directly to the emergency department rather than waiting for a crime to occur and taking the person to jail.

MAG’s Position: Neutral. Outcome: Did not pass.
S.B. 41 by Sen. Renee Unterman (R-Buford), which will create a state licensure system for durable medical equipment suppliers and will give the Georgia Board of Pharmacy authority over these licensees. Health care practitioners and others will be exempt. MAG’s Position: Neutral. Outcome: Passed.

S.B. 47 by Sen. Chuck Hufstetler (R-Rome), which will allow a visiting sports team’s physicians and trainers to provide care in Georgia without the need to be licensed in Georgia. MAG’s Position: Supported. Outcome: Passed.

S.B. 50 (‘Direct Primary Care Act’) by Sen. Hunter Hill (R-Atlanta), which would have allowed physicians to enter into direct primary care agreements without being subject to insurance regulations. MAG’s Position: Supported. Outcome: Did not pass.

S.B. 52 by Sen. P.K. Martin (R-Lawrenceville), which will remove the sunset provision from the state law that allows licensed professional counselors to be authorized to conduct emergency examinations on individuals who are mentally ill or drug- or alcohol-dependent. MAG’s Position: Neutral. Outcome: Passed.

S.B 55 by Sen. Josh McKoon (R-Columbus), which would have allowed a competent adult or their agent to execute a psychiatric advance directive that includes their mental health care information and care preferences. MAG’s Position: Neutral. Outcome: Did not pass.

S.B. 56 (‘Accuracy and Transparency in Physician/Provider Profiling Act’) by Sen. Josh McKoon (R-Columbus), which would have established standards, criteria, and disclosure requirements for profiling programs that compare, rate, rank, measure, tier, or classify a physician’s or a physician group’s performance, quality, or cost of care against objective or subjective standards or the practice of other physicians. MAG’s Position: Supported. Outcome: Did not pass.


S.B. 88 by Sen. Jeff Mullis (R-Chickamauga), which is a comprehensive regulatory and licensing framework for narcotic treatment programs. MAG’s Position: Neutral. Outcome: Passed.


S.B. 102 by Sen. Butch Miller (R-Gainesville), which will create a three-tier cardiac care center designation framework – similar to the state’s stroke and trauma designation system for hospitals. MAG’s Position: Supported. Outcome: Passed.

S.B. 103 (‘Pharmacy Patient Fair Practices Act’) by Sen. Jeff Mullis (R-Chickamauga), which will authorize the Commissioner of the Georgia Department of Community Health to investigate pharmacy benefits managers (PBM). This measure will also place certain restrictions on PBM, including prohibiting them from requiring patients to use mail order pharmacies. And it will allow
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pharmacists and pharmacies to have more freedom in their interactions with patients (e.g., the ability to deliver prescriptions).

**MAG’s Position:** Supported. **Outcome:** Passed.

**S.B. 106** by Sen. Greg Kirk (R-Americus), which will define when certified registered nurse anesthetists (CRNA) can provide medical treatment and services in a licensed pain management clinic when a licensed provider – who is authorized to prescribe controlled substances – is not physically present. This measure will also require the supervising physician to examine the patient before the CRNA is allowed to write any orders for treatment. There are also patient notification and consent requirements (i.e., addressing the nature of the treatment, the risk associated with the treatment, and that a physician might not be on-site).

**MAG’s Position:** Neutral. **Outcome:** Passed.

**S.B. 109** by Sen. Butch Miller (R-Gainesville), which will create a three-tier cardiac care center designation system that is similar to the one that’s used for stroke and trauma hospitals in the state. This measure was also amended to include the provisions of the ‘Nurse Licensure Compact’ (**S.B. 166**), which will allow registered nurses and licensed practical nurses to be licensed in more than one state – though the scope of the care they will be allowed to provide will be determined by the state where the patient receives the care.

**MAG’s Position:** Neutral. **Outcome:** Passed.

**S.B. 121** by Sen. Butch Miller (R-Gainesville), which will 1) make naloxone available on an over-the-counter basis under a standing order by the state health officer and 2) reclassify naloxone as a Schedule V controlled substance. It will also require the state health officer to be licensed to practice medicine in Georgia.

**MAG’s Position:** Supported. **Outcome:** Passed.

**S.B. 123** by Sen. Hunter Hill (R-Atlanta), which would have changed destination cancer hospital regulations by 1) eliminating the “bed cap” and 2) eliminating the cap on the number of in-state patients they can treat and 3) subjecting these facilities to the same certificate of need (CON) process as other comparably-sized hospitals in the state.

**MAG’s Position:** Neutral. **Outcome:** Did not pass.

**S.B. 125** by Sen. Rick Jeffares (R-McDonough), which will allow physician assistants to write hydrocodone prescriptions of up to five days if this prescriptive authority is included in their job description.

**MAG’s Position:** Neutral. **Outcome:** Passed.

**S.B. 138** (‘Patient Compensation Act’) by Sen. Brandon Beach (R-Alpharetta), which would have replaced the state’s medical malpractice litigation system with a patient compensation system and a patient compensation board. MAG opposed this legislation because it would increase the number of claims that are filed, it would increase costs for physicians and other health care providers, and it would repeal the remaining provisions of the tort reform bill (**S.B. 3**) that passed in Georgia in 2005.

**MAG’s Position:** Opposed. **Outcome:** Did not pass.

**S.B. 157** by Sen. Ben Watson, M.D. (R-Savannah), which would have exempted multi-specialty ambulatory surgery centers (ASC) that aren’t in “rural restriction areas” and that meet several requirements – including being the sole ASC owned by a multi-specialty group practice or a practice with 25 members or more that has been operating for more than five years and cares for Medicaid patients – from the state’s certificate of need (CON) requirements.
MAG’s Position: Neutral; MAG policy supports the state’s current law, and MAG will continue to develop and promote legislation that will protect patients from deceptive advertising. Outcome: Did not pass.

S.B. 158 by Sen. Ben Watson, M.D. (R-Savannah), which would have allowed one freestanding emergency service in every county in the state. The measure also included certificate of need (CON) exemptions for “expenditures related to the increase of more than 10 percent in the number of inpatient beds and certain multi-specialty ambulatory surgical centers not located in rural restriction areas.” MAG policy supports the full repeal of the certificate of need law in Georgia.

MAG’s Position: Neutral. Outcome: Did not pass.

S.B. 164 by Fran Millar (R-Atlanta), which would have limited copays, coinsurance, and deductibles for physical therapy, occupational therapy, and chiropractic visits to what patients pay for primary care visits.


S.B. 166 by Sen. Renee Unterman (R-Buford), which would have created an interstate licensure compact for nurses who meet certain qualifications and who have not been convicted of certain crimes.

MAG’s Position: Neutral. Outcome: Did not pass.

S.B. 180 by Sen. Dean Burke, M.D. (R-Bainbridge), which will 1) require rural hospitals to report payments to consultants to qualify for the state’s tax credit for rural hospitals and 2) increase the amount of tax-deductible donations individuals and married couples can make to rural hospitals and 3) allow IRS “S” corporation-eligible members to make tax-deductible donations to rural hospitals.


S.B. 193 by Sen. Renee Unterman (R-Buford), which will eliminate a requirement for women to be “medically indigent” to receive services from the state’s ‘Positive Alternatives for Pregnancy and Parenting Grant Program.’ The measure will also prohibit the program’s contract management agencies from “referring, encouraging or affirmatively counseling” a person to have an abortion unless their physician diagnoses them with a condition that makes the procedure necessary to prevent the person’s death.

MAG’s Position: Neutral, although it did support an amendment by Rep. Sharon Cooper (R-Marietta), H.B. 360, which will allow antibiotic drugs to be prescribed or dispensed to the sexual partner or partners of a patient who is diagnosed with chlamydia or gonorrhea without the need for a physical examination. Outcome: Passed.

S.B. 200 by Chuck Hufstetler (R-Rome), which will require insurers to cover prescriptions that are written for less than 30 days at a “prorated daily cost-sharing rate” when it is in the best interest of the patient or when it is for the purpose of synchronizing the insured patient’s medications for chronic conditions.


S.B. 201 by Sen. Renee Unterman (R-Buford), which will require employers to allow employees to use sick leave to care for immediate family members.


S.B. 206 by Sen. P. K. Martin (R-Lawrenceville), which will require health insurers to cover billed charges of up to one hearing aid per impaired ear not to exceed $3,000 per hearing aid every 48 months for covered patients who are 18 or younger.

S.B. 220 by Sen. Renee Unterman (R-Buford), which would have repealed legislation that was enacted in 2016 that limited a physician’s ability to advertise and publicize their medical specialty certification to specific certification boards.


S.B. 221 by Sen. Renee Unterman (R-Buford), which would have expanded 1) the number of medications that optometrists are allowed to prescribe and 2) the pharmaceutical agents optometrists are allowed to administer around the eye – exceptions notwithstanding.


S.B. 241 by Sen. Renee Unterman (R-Buford), which would have moved the administration of the Georgia Prescription Drug Monitoring Program (PDMP) from the Georgia Drugs and Narcotics Agency to the Georgia Department of Public Health. The bill had also been amended to create a disposal program for controlled substances in hospice programs. MAG remained focused on improving the PDMP’s use, reliability, and accessibility.

MAG’s Position: Supported. Outcome: Did not pass, although the bill was attached to H.B. 249 – which did pass.

S.B. 242 by Sen. Renee Unterman (R-Buford), which will increase the number of advanced practice registered nurses (APRN) that a physician can delegate their authority to from four to eight – including no more than four at any single point in time. This measure will also add county and municipal emergency medical services that have a full-time medical director to the list of organizations that are exempt from limiting the number of APRN their physicians can supervise.

MAG’s Position: Opposed, although it did support a provision that will require the patient and the patient’s primary care physician to be provided with the name of the APRN’s supervising physician. Outcome: Passed.

S.R. 13 by Sen. Butch Miller (R-Gainesville), which recognized Dallas Gay, the MAG Foundation ‘Think About It’ campaign community co-chair, for his “acts of public service” to reduce prescription drug abuse in the state.


S.R. 188 by Sen. Renee Unterman (R-Buford), which will form a Senate study committee to evaluate at barriers to access to adequate health care in Georgia, with an emphasis on the role of advanced practice registered nurses.


OTHER KEY HOUSE BILLS

H.B. 7 by Rep. Keisha Waites (D-Atlanta), which would have, with exceptions, required drivers who make phone calls to do so on a hands-free basis.

MAG’s Position: Supported. Outcome: Did not pass.
H.B. 8 by Rep. Keisha Waites (D-Atlanta), a bill that would have prohibited the use of mechanical restraints on an inmate during labor, delivery, or post-delivery recovery unless it was deemed necessary to protect the inmate or others. **MAG’s Position:** Supported. **Outcome:** Did not pass.

H.B. 18 by Rep. Sandra Scott (R-Rex), a bill that would prohibit smoking in a motor vehicle when a minor (i.e., younger than 18) is present. **MAG’s Position:** Supported. **Outcome:** Did not pass.

H.B. 30 by Rep. Kevin Tanner (R-Dawsonville), a bill that would have re-classified the synthetic opioid known as ‘U-4770’ [3,4-dichloro-N-(2-(dimethylamino)cyclohexyl)-N-methylbenzamide] as a Schedule I drug. **MAG’s Position:** Neutral. **Outcome:** Did not pass.

H.B. 35 by Rep. Bruce Broadrick (R-Dalton), which would have required pharmacy benefit managers to confirm their receipt of prior approval requests for prescription drugs within 48 hours. **MAG’s Position:** Supported. **Outcome:** Did not pass.

H.B. 36 by Rep. Earl Earhardt (R-Powder Springs), which would have allowed optometrists to make injections and perform other delicate procedures in and around a patient’s eye or eyelid. **MAG’s Position:** Opposed. **Outcome:** Did not pass.

H.B. 54 by Rep. Geoff Duncan (R-Cumming), which would have required “rural hospitals to report payments made to third parties to solicit, administer, or manage the donations [they receive]” to qualify for the state’s rural hospital tax credit. It would have also changed the amount that can be claimed as a deduction in certain cases. **MAG’s Position:** Neutral. **Outcome:** Did not pass.

H.B. 55 by Rep. Rick Williams (R-Milledgeville), which would have limited the number of consecutive years an individual can serve on a professional licensing board. **MAG’s Position:** Supported. **Outcome:** Did not pass.

H.B. 65 by Rep. Allen Peake (R-Macon), which would have added six conditions to the state’s ‘Low THC Oil Patient Registry’ – including Tourette’s syndrome, autism spectrum disorder, intractable pain (i.e., severe, debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months, post-traumatic stress disorder), Alzheimer’s disease, human immunodeficiency virus, and acquired immune deficiency syndrome. **MAG’s Position:** Neutral. **Outcome:** Did not pass.

H.B. 149 by Alan Powell (R-Hartwell), which would have established regulations for trauma scene cleanup services. **MAG’s Position:** Neutral. **Outcome:** Did not pass.

H.B. 154 by Rep. Sharon Cooper (R-Marietta), which will authorize dental hygienists to provide certain services under general supervision to patients in certain settings, such as in schools, nursing homes, rural health clinics, and long-term care facilities. **MAG’s Position:** Neutral. **Outcome:** Passed.

H.B. 157 by Rep. Trey Kelley (R-Cedartown), which will amend a law (H.B. 1043) that was passed in 2016 that allows physicians who are in a specialty or subspecialty to advertise a board certification that is similar in scope and complexity (i.e., training, documentation, and clinical requirements) to the
certifications that are offered by the Accreditation Council for Graduate Medical Education (ACGME) and the Bureau of Osteopathic Specialists of the American Osteopathic Association (AOA). H.B. 157 will also require physicians to show evidence of their board certification upon the request of the Georgia Composite Medical Board.

MAG’s position: MAG opposed this bill because it has policy (Resolution 313C.15) that reads…”MAG supports legislation that: 1) requires all health care professionals – physicians and non-physicians – to accurately and clearly disclose their training and qualifications to patients and 2) 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 and b) the board is either: 1) a member of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) or 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 and 2) MAG opposes any efforts to use or require the Federation of State Medical Board Maintenance of Licensure (MOL) program as a condition of licensure.”

Outcome: Passed.

H.B. 161 by Rep. Betty Price, M.D. (R-Roswell), which would have allowed harm reduction organizations – which are focused on “reducing the harm associated with the use of psychoactive drugs in people unable or unwilling to stop” – to sell, lend, rent, lease, give, exchange or otherwise distribute a syringe or needle.

MAG’s Position: In 2016, MAG’s HOD passed a resolution to support this legislation.

Outcome: Did not pass.

H.B. 206 (‘Pharmacy Audit Bill of Rights Act’) by Rep. Trey Kelley (R-Cedartown), which will prevent scrivener (i.e., a person who writes a document for another person) errors from being deemed fraud or as a basis to recoup payment for medical assistance provided.

MAG’s Position: Supported.

Outcome: Passed.

H.B. 210 by Jodi Lott (R-Evans), which will exempt blood banks or specimen collections stations from being classified as clinical laboratories when the blood or specimens are intended to be used as source material for biological products.

MAG’s Position: Neutral.

Outcome: Passed.

H.B 213 by Rep. Rick Golick (R-Smyrna), which would have made the sale, manufacture, delivery or possession of more than four grams of fentanyl a “felony offense of trafficking in illegal drugs.”

MAG’s Position: Neutral.

Outcome: Did not pass.

H.B. 231 by Rep. Bruce Broadrick (R-Dalton), the annual update to ensure that the state’s drug schedule is aligned with the federal government’s drug schedule.

MAG’s Position: Neutral.

Outcome: Passed.

H.B. 276 by Rep. David Knight (R-Griffin), which will allow the commissioner of the Georgia Department of Community Health to promulgate rules that are related to the oversight of pharmacy benefit managers (PBM) and investigate them for violations. This measure will also prevent a PBM/insurer from requiring the use of a mail-order pharmacy or from requiring a covered individual to pay a different copay for using their pharmacy of choice, it will prohibit PBM from prohibiting
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pharmacies from disseminating information about prescription drug alternatives or delivery services, and it will place other limits on PBM that are related to “financial maneuvers.”


H.B. 299 by Rep. Wendell Willard (R-Sandy Springs), which was a certificate of need (CON) bill that would have 1) removed certain equipment from the CON review process and 2) added freestanding emergency departments to the list facilities that are exempt from the CON process and 3) deleted references to the “Health Strategies Council” and 4) exempted capital expenditures from the CON process.

MAG’s Position: Neutral. Outcome: Did not pass.

H.B. 360 by Rep. Sharon Cooper (R-Marietta), which would have allowed antibiotic drugs to be prescribed or dispensed to the sexual partner or partners of a patient who is diagnosed with chlamydia or gonorrhea without the need for a physical examination.

MAG’s Position: Supported. Outcome: Did not pass, though the bill was attached to S.B. 193 – which did pass.

H.B. 400 (‘Opiate Abuse Prevention Act’) by Stacey Evans (R-Smyrna), which would have limited opioid prescriptions to seven days with no refills and would have required prescribers to accept unused medications.


H.B. 402 by Rep. Sharon Cooper (R-Marietta), which would have created an interstate licensure compact for nurses (RN and LPN) who meet certain qualifications and who have not been convicted of certain crimes.

MAG’s Position: Neutral. Outcome: Did not pass.

H.B. 416 by Rep. Earl Ehrhart (R-Powder Springs), which would have allowed optometrists to administer pharmaceutical agents that are related to the diagnosis or treatment of diseases and conditions of the eye and adnexa oculi by injection – with exceptions.


H.B. 426 by Rep. Sharon Cooper (R-Marietta), which would have increased the number of advanced practice registered nurses (APRN) a physician can delegate their authority to from four to eight – including no more than four at any single point in time. This measure would have also added county and municipal emergency medical services with a full-time medical director to the list of organizations that are exempt from limiting the number of APRN their physicians can supervise.


H.B. 427 (‘Physicians and Health Care Practitioners for Rural Areas Assistance Act’) by Rep. Mark Newton, M.D. (R-Augusta), which will add dentists, physician assistants, and APRN to the list of practitioners who are eligible for the service cancelable loan program that is administered by the Georgia Board for Physician Workforce. These funds are included in the FY 2018 budget.


H.B. 464 by Wendell Willard (R-Sandy Springs), which would have gradually reduced the “out-of-state” and “bed cap” requirements for destination cancer hospitals.

MAG’s Position: Neutral. Outcome: Did not pass.

H.B. 486 by Rep. Tommy Benton (R-Jefferson), which will require proxy caregivers who are “employed or contracted to provide home and community based services, community residential
alternative services, or community living services” to receive training that is approved by the Georgia
Department of Behavioral Health and Developmental Disabilities.

H.B. 499 (‘Georgia Personal Data Security Act’) by Sheri Gilligan (R-Cumming), which will
improve the system and procedures for providing and regulating data breach notifications that affect
Georgians. The measure will also change the notification requirement when certain data security
breaches occur, and it will require certain entities to maintain certain data security procedures. The
state Attorney General will be responsible for enforcing this law, which will include civil penalties.

H.B. 517 by Rep. Tom Taylor (R-Dunwoody), which would have required diagnostic imaging
equipment to be registered with the Georgia Department of Community Health.

H.B. 519 by Rep. Sharon Cooper (R-Marietta), which would have required health benefits plans to
use certain clinical review criteria to establish step therapy protocols – as well as establishing a step
therapy override process.
MAG’s Position: Supported. Outcome: Did not pass.

H.B. 527 by Rep. Mark Newton, M.D. (R-Augusta), which would have allowed podiatrists to jointly
own a professional corporation with physicians. MAG’s Position: Neutral. Outcome: Did not pass.

H.R. 11 by Rep. Betty Price, M.D. (R-Roswell), which recognized MAG President Steven M. Walsh,
M.D., as MAG’s ‘Doctor of the Day’ at the Capitol on January 11 and thanked him for his
contributions to the state.

H.R. 36 by Rep. Allen Peake (R-Macon), a constitutional amendment that would have allowed the
growth and sale of medical cannabis in Georgia.
MAG’s Position: Neutral. Outcome: Did not pass.

H.R. 340 by Rep. Heath Clark (R-Warner Robins), which urges the U.S. Congress to consider
passing legislation to address hemp and marijuana, including rescheduling.

H.R. 431 by Rep. Scot Turner (R-Holly Springs), which would have created a House study
committee to evaluate the effects of any new federal (i.e., the Trump administration’s) health care
policies on Georgia.
MAG’s Position: Neutral. Outcome: Did not pass, but the House Health & Human Services
Committee is expected to form a subcommittee to study this issue during the summer months.

H.R. 446 by Rep. William Boddie (D-East Point), which would have created a House study
committee on heat-related injuries, cardiac injuries, and other sports-related injuries.
MAG’s Position: neutral. Outcome: Did not pass.

H.R. 464 by Rep. Betty Price, M.D. (R-Roswell), which would have created a House study
committee to evaluate the state’s preparedness for infectious disease outbreaks (e.g., Zika) and
develop legislation to increase the state’s readiness for any such outbreaks.
MAG’s Position: Neutral. Outcome: Did not pass.
H.R. 627 by Rep. Paulette Rakestraw (R-Powder Springs), which would have created a House study committee on funding mechanisms for mental health and substance abuse treatment – with a focus on non-profit institutions. 
MAG’s Position: Neutral. Outcome: Did not pass.

H.R. 745 by Rep. Beth Beskin (R-Atlanta), which would have created a House study committee to address the surprise health insurance gap that leads to balance billing in emergency care settings. 
MAG’s Position: Supported. Outcome: Did not pass.

Physicians’ Day at the Capitol - 2017

The annual Physicians' Day at the Capitol on January 25 was largely successful. More than 80 physicians representing several specialties and county medical societies, and 40 legislators participated in the day's activities. 
Physicians addressed a number of important issues including the surprise insurance coverage gap, maintenance of certification, patient safety, and Medicaid payment parity.

In addition to MAG, the event was sponsored by Resurgens Orthopaedics, the Georgia Society of Ophthalmology, the Georgia Society of the American College of Surgeons, the Georgia Psychiatric Physicians Association, the Georgia Society of Anesthesiologists, the Georgia Orthopedic Society, the Georgia Chapter of the American College of Cardiology, and the Georgia Society of Dermatology and Dermatologic Surgery.

Physicians’ Day at the Capitol – 2018

The 2018 Physicians’ Day at the Capitol is scheduled for Wednesday, January 31. All members are encouraged to participate and to stand in solidarity in their “white coat” as this will serve as a reminder to legislators that doctors are attentive to the policies and proposals that affect their patients and practice environments.

2017 Summer Legislative Education Seminar

More than 80 physicians and 30 legislators attended the Medical Association of Georgia’s (MAG) ‘Summer Legislative Education Seminar’ at Brasstown Valley Resort on Friday, June 23rd and Saturday, June 24th. 
The event involved legislators who serve on the key committees that are aligned with MAG’s legislative priorities, including Health and Human Services, Insurance, and Judiciary. It featured panel discussions that addressed a number of key issues, including out-of-network billing, opioids and the prescription drug monitoring program, scope of practice issues, patient safety, and health insurance issues. Attendees also received an update on developments at the federal level.

# # #
The objective of the Committee on Continuing Medical Education is to make sure that the Medical Association of Georgia’s (MAG’s) accredited organizations offer quality, meaningful education to Georgia physicians and to ensure that physicians receive the *AMA PRA Category 1 Credit™* they need to renew licenses, maintain Board certifications and to retain privileges at hospitals. The most important need continues to be for physicians to maintain and enhance the professional competencies they use for the care and well-being of their patients.

**CHARGE OF THE COMMITTEE ON CONTINUING MEDICAL EDUCATION**

The Committee on Continuing Medical Education is a Special Committee of MAG charged with the responsibility of accrediting organizations that desire to provide accredited continuing medical education (CME) activities to Georgia physicians. The Committee on Continuing Medical Education reviews and approves applications for accreditation and reaccreditation, establishes accreditation policies, provides supervision and guidance to surveyors and holds periodic training sessions for staff of accredited organizations. The Committee on Continuing Medical Education keeps all accredited organizations updated concerning MAG, Accreditation Council for Continuing Medical Education (ACCME) and American Medical Association (AMA) requirements and policies related to CME.

**ACCOMPLISHMENTS**

During the past year MAG’s Department of Education has continued to build upon the accomplishments of the past.

Accomplishments throughout the year have included:

- Accreditation Services: There are nearly 40 MAG accredited CME providers. MAG continues to work with accredited CME providers to provide resources that will help them adhere to the ACCME’s Accreditation Criteria.

- CME accreditation surveys are managed by specially trained physician surveyors with the support of one MAG staff member. The primary duties of the Committee on Continuing Medical Education are to set policy, make accreditation and reaccreditation decisions and give input to our recognition from ACCME.

An extended thank you goes out to the members of the Committee on Continuing Medical Education. The Committee on Continuing Medical Education meets four times a year. This year the meetings were held on February 15, May 3 and August 9. The final meeting in 2017 is scheduled for November 8.
MAG’s physician surveyors spend a great amount of time reading the applications for accreditation and reaccreditation, reviewing CME activity files and attending the site survey visits of each provider. Our special thanks to them for their effort and time given to accomplish these tasks.

Committee on Continuing Medical Education members:

Darrell L. Dean, D.O., Chairman
Fred C. Flandry, M.D.
Wayne S. Mathews Jr., M.D.
William C. Miller Jr., M.D.
Mitchell S. Nudelman, M.D.
James V. Rawson, M.D.
William E. Silver, M.D.

Physician surveyors:

Darrell L. Dean, D.O.
Wayne S. Mathews Jr., M.D.

MAG staff:

Andrew J. Baumann, BA, Director of Education

# # #
During fiscal year 2017, the Medical Association of Georgia (MAG) Committee on Correctional Medicine under the leadership of Chairman Marc O. Wall, M.D., of Cedartown met three times. Dr. Wall is a long-standing member of MAG and of the Committee. He previously served as Vice-Chairman and was appointed Chairman of the Committee in March 2017, following the retirement of Patton P. Smith, M.D. Charles A. Myer Jr., M.D., also, a long-standing member of MAG and of the Committee was appointed Vice Chairman.

Accreditation fees collected were used as the basis for paying consultants and as reimbursement for travel expenses to committee members who conducted site visits. All facilities in the accreditation program are billed annually for renewal.

Site visits have been conducted at or scheduled for the following correctional facilities this year: Autry State Prison, Bibb County Jail, Charles B. Webster Detention Center, Chatham County Detention Center, Cobb County Jail, Georgia Diagnostic and Classification Prison, Hays State Prison, Johnson State Prison, Lee State Prison, Macon State Prison, Oconee County Jail, Polk County Jail, Pulaski State Prison, Rockdale County Jail, Rogers State Prison, Rutledge State Prison, and Walker State Prison.

Georgia Department of Corrections continues a comprehensive intra-state agreement with Augusta University (AU) for the provision of health services with an organization specifically created for this purpose, the Georgia Correctional HealthCare (GCHC) division. This agreement includes the responsibility for GCHC to pay the accreditation fees and has been in effect since July 1, 1997. Presently all state prisons are accredited.

Members continue to be involved with each on-site survey to correctional facilities. They make recommendations to the Committee regarding accreditation and needed improvements for facilities in the program. The MAG accreditation program is using several consultants regularly, both committee members and outside consultants, to conduct accreditation site visits. Since site visits are scheduled intermittently throughout the year, this arrangement continues to be effective.

Annual maintenance reporting has been in effect since January 1997 and allows for renewal of all facilities in the MAG program. This allows accredited facilities to renew by reporting and documentation only. On-site visits are scheduled at least every three years. Facilities are visited more frequently when they are experiencing notable changes or if we learn of problems or noncompliance of standards. Thirty-five facilities will be renewed by completing annual maintenance reports this fiscal year. These reports require documentation that often identifies problems, which are then monitored until a resolution is obtained.

The National Commission on Correctional Health Care (NCCHC) is publisher of the Standards for Health Services in Prisons, Jails, and Juvenile Facilities. This committee endorses and uses the standards to measure compliance for accreditation purposes. Copies of the current standards are available for
purchase directly from the NCCHC. If noncompliance in standards are observed, the MAG Correctional
Medicine committee makes recommendations that they believe will improve the quality of care. After
great effort, the Committee has published the *MAG Standards for Accreditation in Jails*, which is
designed to be used primarily in jails with an average daily population of less than 200 individuals. It is
anticipated that these standards, which are user friendly, will be adopted by many jails within the state of
Georgia. It is hoped that these same jails will then seek to become accredited.

During this fiscal year, the *Bliven Award for Excellence* was presented to Washington State Prison. This
facility made a perfect score on their accreditation site visit. The *Spivey Award for Excellence*, which is
(presented only to jails) given in the provision of health care, has not been awarded this year.

With the advent of the AU/GCHC program in prisons, significant changes have been introduced. The
regionalization of correctional services has continued. Most infirmaries have been closed with only a few
being designated as regional infirmaries. Only a few prisons are providing level III and IV mental health
services. These few receive referrals from other prisons in their region. Dental services have been
significantly reduced. X-ray services have been reduced by approximately 50 percent, mostly by reducing
full-time x-ray technician’s positions to part-time and the use of mobile x-ray service vendors. Efforts to
increase the use of tele-medicine continue.

In 2017, the Department of Juvenile Justice began an agreement for the provision of health services with
GCHC, a Division of Augusta University. The Committee is negotiating a plan for accreditation services
for the health programs at their twenty-six facilities.

This committee appreciates the continuing support given by MAG and respectfully submits this report as
information on progress experienced this year.

# # #
SUMMARY OF HOUSE ACTIONS
## Title/Action

**Resolution 101A.16, Georgia Medical License for International Medical School Graduates**

Adopted that the Medical Association of Georgia advocates to allow international medical school graduates not included in the current statutes of the Georgia Composite Medical Board to apply for an unrestricted medical license following completion of the second year of their residency program.

**Resolution 102A.16, Improving Communications among Health Care Clinicians, Resolves 1-2**

Adopted resolve 1 that the Medical Association of Georgia (MAG) submits a resolution to the American Medical Association (AMA) that it, in association with the American Hospital Association, assess the national impact of communication barriers and their negative impact on direct patient care in the hospital and after discharge between physician-physician in the hospital, in-hospital and after discharge care, and physician-patients and report to the AMA HOD by I-17.

Adopted resolve 2 that MAG submits a resolution to the AMA to research and develop guidelines that physicians can initiate in their communities to improve communication between physician-physician in the hospital, hospital and after discharge care, and physician-patients and report to the AMA HOD by I-17.

### Referral

- Council on Legislation (Derek Norton)
- AMA Delegation (Donald Palmisano)

### Status

- GAFP and MAG have a meeting set with the Georgia Composite Medical Board in January. MAG/GAFP agreed with the Composite Medical Board’s recommendation to contact the international medical schools directly via correspondence asking the schools to apply for accreditation in Georgia. MAG has sent the letters.

- Resolution 102A.16, Resolves 1 and 2 was submitted to the AMA Interim Meeting for action.

  - At the AMA Interim meeting, Resolution 818 was combined with Report 7 of the Council on Medical Services. The HOD adopted Council on Medical Service Report 7 as amended in lieu of Resolution 818.

  - Report 7 was amended by the additional of following new recommendations: 1) that our AMA support making hospital discharge instructions available to patients in both printed and electronic form, and specifically via online portals accessible to patient and their designated caregivers; and 2) that our AMA develop model guidelines for physicians to improve communications to other physicians, hospital staff and patients, and promote these guidelines to payers, hospitals and patients.

### Completed

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<tr>
<td>Resolution 103A.16, Signing of Death Certificates</td>
<td>Board of Directors (Donald Palmisano)</td>
<td>MAG convened a meeting with the sponsor of the resolution and other interested primary care physicians. After numerous meetings, it was decided to send a letter to the Georgia Composite Medical Board requesting that the physician last in attendance be the physician that signs the death certificate.</td>
<td>✓</td>
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<tr>
<td>Resolution 104A.16, Physician Shortage</td>
<td>Council on Legislation (Derek Norton) Advocacy (Kimberly Ramseur)</td>
<td>MAG met with the Georgia Physician Workforce Board to discuss restarting the Board’s Medical Fair events that were previously held. By renewing this event it will increase the physician workforce in the state as well as support the development of a program for physician graduates seeking employment in Georgia. This suggestion was given favorable consideration by the Georgia Physician Workforce Board as well as the recommendation to hold the event twice a year, and in another location outside of Atlanta.</td>
<td>✓</td>
</tr>
<tr>
<td>Resolution 105A.16, MACRA</td>
<td>Advocacy (Kimberly Ramseur) Communications (Tom Kornegay)</td>
<td>AMA/MAG/MAA/Cobb/DeKalb held a joint meeting in December on MACRA. MAG continues to push the AMA advocacy efforts to the membership.</td>
<td>✓</td>
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<tr>
<td></td>
<td></td>
<td>MAG has a dedicated space on its Website with MACRA materials. MAG continues to push information to members via newsletter, JMAG, etc. MAG has held monthly MACRA meetings sponsored jointly with the county medical societies.</td>
<td>✓</td>
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Reference Committee A
MAG House of Delegates 2016
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<tr>
<td>Resolution 106A.16, Distracted Driver Reductions, Resolves 1-2</td>
<td>AMA Delegation (Donald Palmisano)</td>
<td>Resolve 1 of Resolution 106A.16 was submitted to the AMA Interim Meeting for action.</td>
<td>✓</td>
</tr>
<tr>
<td>Adopted as amended resolve 1 that MAG will encourage the American Medical Association (AMA) to develop model legislation to limit cell phone use to hands-free only while driving.</td>
<td>Administration (Kimberly Ramseur &amp; Tom Kornegay)</td>
<td>At the AMA interim meeting Resolution 220 – Distracted Drive Reduction was adopted.</td>
<td>✓</td>
</tr>
<tr>
<td>Adopted by substitution resolve 2 that MAG will establish a public safety awareness initiative and enter into partnerships with community organizations to better educate the public on the pitfalls of distracted driving.</td>
<td></td>
<td>MAG passed a House Resolution in the General Assembly that will study the matter this summer. MAG held a TopDocs show focused on this issue. MAG Foundation has agreed to collect donated funds from interested groups to pay for this PR campaign. MAG is also working the Alliance and MAA to push this matter. MAG has used its social media outreach on this issue.</td>
<td>✓</td>
</tr>
<tr>
<td>Resolution 107A.16, Control Cost of Brand and Generic Medications</td>
<td>AMA Delegation (Donald Palmisano)</td>
<td>Resolution 107A.16 was submitted to the AMA Interim Meeting for action.</td>
<td>✓</td>
</tr>
<tr>
<td>Adopted that the Medical Association of Georgia (MAG) submits a resolution to the American Medical Association (AMA) that advocates for it:</td>
<td></td>
<td>At the AMA interim meeting, the HOD accepted Reference Committee J recommendation and adopted in lieu of Resolution 817 – Brand and Generic Drug Costs the following policies: D-100.983; H-120.934; H-120.945; D 120.949; H-110.987; H-110.989; H-155.962 and H-110.988. These policies can be access at the following link: <a href="http://www.mag.org/ama">http://www.mag.org/ama</a></td>
<td>✓</td>
</tr>
<tr>
<td>1. To investigate the purchasing of medications from outside the country with FDA guidance, on a temporary basis until availability in the U.S. improves;</td>
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<td>2. To advocate to permit temporary compounding with FDA’s guidance until medications are available;</td>
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<td>3. To advocate to allow increased competition in the marketing of medications;</td>
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<td>4. To advocate for participative pricing;</td>
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<td>5. To advocate for accountability for outcomes; and</td>
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<td>6. To advocate for increased regulation of the generic drug market.</td>
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<tr>
<td>Resolution 108A.16, Access to Cosmetic Product Ingredients, Resolves 1-2</td>
<td>AMA Delegation (Donald Palmisano) (Kimberly Ramseur)</td>
<td>A resolution will be submitted to the AMA 2017 Annual Meeting for action.</td>
<td>✓</td>
</tr>
<tr>
<td>Adopted as amended from the floor of the House resolve 1 that the Medical Association of Georgia (MAG) submits a resolution to the American Medical Association (AMA) to encourage the Food and Drug Administration to mandate that all manufacturers of cosmetics, skincare products, nail polish, sunscreen, as well as products used in medical settings (glue, cement, implants, etc.) and when possible, make their full ingredient lists available on the package and online to consumers.</td>
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<tr>
<td>Adopted as amended from the floor of the House resolve 2 that MAG submit a resolution the AMA asking that the AMA Council on Science &amp; Public Health prepare a report to increase awareness of acrylate exposure in medical settings (i.e., orthopedic cement, medical glue, materials for orthodontic molds and mouth guards, lens implants), and the best ways and barrier methods to avoid acrylate exposure by susceptible individuals with a report back to the AMA HOD at or before A-2018.</td>
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</table>

AMA Resolution 502 was heard in Reference Committee E on Sunday, June 11 that recommended Policy H-440.855 be reaffirmed in lieu of Resolution 502. The House concurred and reaffirmed Policy H-440.855 – National Cosmetics Registry and Regulations which reads: 1 Our AMA: a) supports the creation of a publicly available registry of all cosmetics and their ingredients in a manner which does not substantially affect the manufacturers; proprietary interests and b) supports providing the Food and Drug Administration with sufficient authority to recall cosmetic products that it deems to be harmful. 2. Our AMA will monitor the progress of HR 759 (Food and Drug Administration Globalization Act of 2009) and respond as appropriate. BOT Action in response to referred for decision Res. 907, I-09.
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<tr>
<td>Resolution 109A.16, Electronic Health Records, Resolves 1-2</td>
<td>Administration (Kimberly Ramseur)</td>
<td>No further action is required.</td>
<td>✓</td>
</tr>
<tr>
<td>DID NOT ADOPT resolve 1 that the Medical Association of Georgia (MAG) sends a resolution to the American Medical Association (AMA) encouraging a partnership with the Centers for Medicare &amp; Medicaid Services (CMS) to develop workable Certified Electronic Records.</td>
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<tr>
<td>DID NOT ADOPT resolve 2 that MAG submits a resolution to the AMA work with the federal government to develop evidence-based, certified, workable, and streamlined electronic health records.</td>
<td>Administration (Donald Palmisano)</td>
<td>No further action is required</td>
<td>✓</td>
</tr>
<tr>
<td>DID NOT ADOPT new resolve 3 that if workable and affordable, streamlined electronic records cannot be developed at present, then they should not be required until they are developed.</td>
<td>Administration (Kimberly Ramseur)</td>
<td>No further action is required</td>
<td>✓</td>
</tr>
<tr>
<td>Resolution 110A.16, Physician Practice Bill of Rights</td>
<td>Administration (Kimberly Ramseur)</td>
<td>No further action is required</td>
<td>✓</td>
</tr>
<tr>
<td>DID NOT ADOPT that the Medical Association of Georgia (MAG) continues to work with the American Medical Association (AMA) to properly assist and educate physicians on rules and regulations affecting the practice of medicine to ensure compliance and the ability to provide quality service to patients.</td>
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<tr>
<td>Resolution 111A.16, Nonpayment for Unspecified Codes by Third Party Payers</td>
<td>AMA Delegation (Donald Palmisano)</td>
<td>A resolution was submitted to the AMA Interim Meeting for action. The final action rendered at the AMA Interim meeting was that existing policy was reaffirmed in lieu of Resolution 819 via the Reaffirmation Consent Calendar.</td>
<td>✓</td>
</tr>
<tr>
<td>Resolution 112A.16, Electronic Medical Records Recovery Fees</td>
<td>AMA Delegation (Donald Palmisano)</td>
<td>A resolution was submitted to the AMA Interim Meeting for action. At the AMA Interim meeting, the HOD reaffirmed policy D-478-972 in lieu of Resolution 221. Final action can be accessed through the following link: <a href="http://www.mag.org/ama">http://www.mag.org/ama</a></td>
<td>✓</td>
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</table>
**Title/Action**  
Resolution 301C.16, MAG Alignment with the Medical Practice Act  

**Referral**  
Advocacy  
(Kimberly Ramseur & Derek Norton)  

**Status**  
Policy Statement (2/15/17)  
MAG shall align its policies with the provisions of the Medical Practice Act, and other laws and rules and regulations such that they include the following eliminates:  

1. Only a physician may enter a medical diagnosis for a patient;  
2. A physician licensed in the state of Georgia may delegate certain specific medical acts to an APRN, with whom the physician has entered into an agreement in accordance with state law;  
3. Written clinical nurse protocols for the delegation of medical acts will contain at a minimum: a) recognizable signs and symptoms and other data supported by the APRN's observation, b) the delegating physician's medical diagnosis pertinent to the observations and c) treatments appropriate to the diagnosis; and  
4. Treatments ordered, including prescriptions under protocol, will be limited to those contained in the written protocol for the certain medical act delegated.

A review of MAG policies related to the Medical Practice Act shall be conducted to revise all existing policies. MAG will align with the Medical Practice Act and other laws, and rules and regulations and include the items outlined in the resolution.
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<tr>
<td>Resolution 302C.16, Network Transparency and Network Management to Benefit Patients</td>
<td>Council on Legislation (Derek Norton) Advocacy (Kimberly Ramseur)</td>
<td>Policy Statement MAG supports legislation that will ensure network transparency and network management to benefit patients with the following elements:</td>
<td>✓</td>
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</table>

1. Providing information by insurers that allows patients and physicians to evaluate network adequacy within their hospital which will include publishing accurate and timely provider in-network ratio, and list in-network physicians by medical specialty and medical groups.

2. Providing in a non-emergency care setting that a) patients be given statements that services may be provided by out-of-network physicians; b) hospitals post names and links of all contracted insurers for benefits of both consumers and medical staff; and c) having insurers create and support a system for network navigation to provide in-network consumer protection, and to inform consumers as to whether a physician is in-network and the consequences of using an out-of-network physician.

This issue is on MAG’s 2017 Legislative Priorities. MAG submitted SB 277 that addressed this issue. MAG spent considerable amount of resources defeating SB 8 and HB 71 that were considered “health insurance” friendly legislation.
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<tr>
<td>Resolution 303C.16, Maintenance of Certificate (MOC)</td>
<td>Council on Legislation</td>
<td>Policy Statement (2/13/17): MAG supports legislation that prohibits the use of Maintenance of Certification (MOC) as a condition of medical licensure or as a prerequisite for hospital or staff privileges, employment in state medical facilities, reimbursement from third parties or insurance of malpractice insurance. (Editorial Note: This policy statement supersedes policy 230.992 which will be sunset) The issue is on MAG’s 2017 legislative priorities. HB 165 awaits the Governor’s signature.</td>
<td>✓</td>
</tr>
<tr>
<td>Resolution 304C.16, Advertisement of Board Certification in Georgia, Resolves 1-2</td>
<td>Board of Directors</td>
<td>Resolution 304C.16 was presented to the Board of Director for action. Mr. Palmisano reported that the authors of the resolution requested that MAG not pursue further action on Resolution 304C.16. Members of the Board of Directors of the Composite Medical Board suggested that the issue be left to the regulatory agency to promulgate the rules on the advertisement of Board certification and that MAG offer assistance at that time. The Board approved to take no further action at this time on Resolution 304C.16 (Advertisement of Board Certification in Georgia) and work with the Composite Medical Board in its rules making processing. The General Assembly repealed this law.</td>
<td>✓</td>
</tr>
<tr>
<td>Resolution 310C.16 Protect Physician Practices from MOC</td>
<td></td>
<td>Adopted as amended Resolution 303C.16 in lieu of Resolution 310C.16 that the Medical Association of Georgia supports the introduction and adoption of legislation that prohibits the use of Maintenance of Certification (MOC) as a condition of medical licensure or as a prerequisite for hospital or staff privileges, employment in state medical facilities, reimbursement from third parties or insurance of malpractice insurance.</td>
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<td>Resolution 305C.16, Protection for Visiting Athletes and Team Physicians</td>
<td>Council on Legislation (Derek Norton)</td>
<td>Policy Statement&lt;br&gt;MAG supports legislation that protects visiting athletes by providing limited exemption of licensure for visiting team physicians who are licensed in their home state, to care for visiting athletes, coaches, and support staff while participating in sporting events within the state of Georgia.&lt;br&gt;MAG supported SB 47 which awaits the Governor’s signature.</td>
<td>✓</td>
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<tr>
<td>Resolution 306C.16, Nurse Protocol Agreement, Resolves 1-3</td>
<td>Council on Legislation (Derek Norton)</td>
<td>No further action is required.</td>
<td>✓</td>
</tr>
<tr>
<td>DID NOT ADOPT resolve 1 that the Medical Association of Georgia (MAG) encourages the degree granting advance practice registered nurse (APRN) programs in Georgia to teach by commonly accepted protocols similar to those that may be used in practice under their delegating physician who may delegate certain selected medical acts to the APRN.</td>
<td>Council on Legislation (Derek Norton)</td>
<td>No further action is required.</td>
<td>✓</td>
</tr>
<tr>
<td>DID NOT ADOPT resolve 2 that MAG reports to the Georgia Composite Medical Board the discrepancy in education and illegal nursing practice by performance of physician delegated medical acts under the laws of Georgia that may be easily corrected by this modification of using selected common clinical nurse protocols for delegation of certain medical acts.</td>
<td>Council on Legislation (Derek Norton)</td>
<td>No further action is required.</td>
<td>✓</td>
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<td>Resolves 1-3 (cont.) DID NOT ADOPT resolve 3 that MAG advises the Georgia</td>
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<td>Board of Nursing that such a state of disparity exists where the mechanism</td>
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<td>of delegation of medical acts, that is the written clinical nurse</td>
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<td>protocol from delegating physician to the agreement bound APRN, is not</td>
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<td>being commonly used, thereby putting the delegating physician at risk of</td>
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<td>discipline for failure to comply with these provisions of the Medical</td>
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<td>Practice Act.</td>
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<tr>
<td>Resolution 307C.16, Review of Delegated Medical Acts, Resolves 1-3</td>
<td>Council on Legislation (Derek Norton)</td>
<td>The Composite Medical Board has been contacted on this issue. A letter</td>
<td>✓</td>
</tr>
<tr>
<td>Adopted as amended from the floor resolve 1 that the Medical Association</td>
<td></td>
<td>was sent to the Composite Medical Board as requested by the resolution.</td>
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<td>of Georgia (MAG) encourages the Georgia Composite Medical Board (GCMB) to</td>
<td></td>
<td>The sponsor of the resolution continues to be engaged on this issue.</td>
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<td>rewrite the instruction to Form C similar to the pre-December 14 revision</td>
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<td>to address these [medical practice acts]requirements of the law and</td>
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<td>periodically monitor those mechanisms of delegation of medical acts which</td>
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<td>included, 1) written protocols with acknowledgement of updates; 2) annual</td>
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<td>nurse protocol agreement review and renewal; 3) pharmacological training</td>
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<td>by the delegating physician for the APRN; and 4) chart review/patient</td>
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<td>examination by the delegating physician sufficient to ensure compliance</td>
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<td>with the law. Adopted resolve 2 that MAG supports a process that may be</td>
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<td>performed by a simple check-off on a license renewal form like other</td>
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<td>questions to the physicians acknowledging compliance with the law by use of</td>
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<td>written protocols, education and oversight of APRN performance of physician</td>
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<td>delegated medical acts.</td>
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<tr>
<td>Adopts resolve 3 that MAG supports legislative funding sufficient for periodic assessment of compliance with the law governing the delegation of medical acts for the assurance of patient safety and the standard of practice.</td>
<td></td>
<td>MAG supports legislation that will sufficiently fund periodic assessment of compliance with the law governing the delegation of medical acts for the assurance of patient safety and the standard of practice.</td>
<td>✓</td>
</tr>
<tr>
<td>Adopted new resolve 4 that MAG support legislation to bring the APRNs or others who may perform delegated medical acts under the jurisdiction of the Georgia Composite Medical Board.</td>
<td>Council on Legislation (Derek Norton)</td>
<td>Policy Statement</td>
<td>✓</td>
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<tr>
<td></td>
<td></td>
<td>MAG supports legislation to bring APRNs or others who may perform delegated medical acts under the jurisdiction of the Georgia Composite Medical Board.</td>
<td>✓</td>
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<td></td>
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<td>During the legislative session, MAG supported an amendment on SB 125 that would provide that APRN’s fall under the Composite Medical Board. The APRN’s withdrew their request for expanded scope of practice.</td>
<td>✓</td>
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<td></td>
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<td>MAG opposed SB 242 which would allow minute clinic physicians to oversee 8 APRN’s. Unfortunately, the bill passed. GAFP supported the bill with amendments.</td>
<td>✓</td>
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<tr>
<td>Resolution 308C.16, Health Care Insurer Contracts</td>
<td>Third Party Advocacy (Kimberly Ramseur)</td>
<td>Policy Statement 2/17/2017 MAG supports physicians and other providers having the opportunity to discuss insurance contracts during the time of year that grants patients sufficient notice prior to open enrollment and only end coverage for the patient at the end of open enrollment. MAG sent a letter to the Commissioner of Insurance and met with the Commissioner. MAG outlined the concerns and asked for regulatory action. MAG has subsequent meetings scheduled. MAA also attended the meeting.</td>
<td>✓</td>
</tr>
<tr>
<td>Resolution 309C.16, Step Therapy Protocols with First Fail Protocols</td>
<td>Council on Legislation (Derek Norton)</td>
<td>MAG supported HB 519 which failed to pass the General Assembly.</td>
<td>✓</td>
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<tr>
<td>Resolution 309C.16, Step Therapy Protocols with First Fail Protocols (cont.)</td>
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<td>3. Requires health insurance plans to incorporate step therapy approval and override processes in their preauthorization applications;</td>
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<td>4. Prohibits insurers from requiring insured patients from having to fail a prescription medication more than once;</td>
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<td>5. Limits any single step therapy protocol to a maximum of 60 days;</td>
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<td>6. Prohibits a previously insured patient from having to repeat step therapy for a condition they are undergoing treatment for when they are in the process of changing insurers;</td>
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<td>7. Prohibits plans from limiting or excluding coverage for a drug, if it has been previously approved when plans make formulary design changes; and</td>
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<tr>
<td>8. Supports a single standardized prior authorization form, in paper or electronic format, on all insurance formulary websites to be utilized by patients during the provision of medical services.</td>
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<tr>
<td>Resolution 311C.16, Physician Control of Admissions to Hospitals, Resolves 1-2</td>
<td>Administration (Kimberly Ramseur)</td>
<td>Policy Statement</td>
<td>✓</td>
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<tr>
<td>Adopted resolve 1 that the Medical Association of Georgia (MAG) updates its policy compendium to state that the surgeon, and not the insurance company, shall determine the need for hospitalization for a post-surgical complication, for the first three weeks after surgery for non-neurosurgical patients and for the first six weeks for neurosurgical patients.</td>
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<tr>
<td>Resolution 311C.16, Physician Control of Admissions to Hospitals, Resolves 1-2 (Cont.)</td>
<td>Council on Legislation (Derek Norton)</td>
<td>Policy Statement MAG supports legislation requiring insurance companies to defer to the surgeon regarding the need for hospitalization for post-operative complications for the first three weeks after surgery for non-neurosurgical patients and for the first six weeks for neurosurgical patients.</td>
<td>✓</td>
</tr>
<tr>
<td>Resolution 312C.16, Improving Access to Health Care in Georgia</td>
<td>Third Party Payer Advocacy (Kimberly Ramseur)</td>
<td>Policy Statement MAG supports a Medicaid waiver to close the coverage gap in Georgia in a fiscally responsible and sustainable way that meets the needs of patients and physicians which includes, but is not limited to the following: 1) That patients receive proven, cost-effective care that is not impeded by unnecessary barriers to enrollment or unaffordable cost-sharing; and 2) that such a waiver eliminates regulatory barriers to providing proven, cost-effective care, and seek parity for all physician services with the Medicare fee schedule</td>
<td>✓</td>
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<tr>
<td>Officer 04.16, Report of the Treasurer</td>
<td>Filed</td>
<td>No Referral</td>
<td>The report will be filed in the historical documents</td>
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<tr>
<td>Officer 06.16, Report of the AMA Delegation</td>
<td>Filed</td>
<td>No Referral</td>
<td>The report will be filed in the historical documents</td>
</tr>
<tr>
<td>Special Report 07.16, Georgia Physicians Leadership Academy, Resolves 1-3</td>
<td></td>
<td>Administration (Susan Moore)</td>
<td>Revised Policy Statement (2/13/1016) MAG endorses the Georgia Physicians Leadership Academy as an integral program in training future and emerging leaders of medical societies in Georgia, and encourages present and future leaders of MAG and/or component society to enroll in a GPLA class.</td>
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<tr>
<td>Resolution 401F.16, Charter Rome Area Medical Society</td>
<td>Administration (Dayna Jackson) (Kimberly Ramseur)</td>
<td>A charter was signed and will be presented to the leadership of the Rome Area Medical Society at the next available opportunity. A copy of the charter will remain on file at MAG Headquarters.</td>
<td>✓</td>
</tr>
<tr>
<td>Adopted that the Medical Association of Georgia House of Delegates grant a charter to the combined counties of Floyd, Polk, Chattooga, and Bartow for a new multi-county medical society to be entitled the Rome Area Medical Society.</td>
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<tr>
<td>Resolution 402F.16, Charter North Georgia Mountains Medical Society</td>
<td>Administration (Dayna Jackson) (Kimberly Ramseur)</td>
<td>Dr. Walsh presented to North Georgia Mountain Medical Society its new charter on February 23 at a CMS membership meeting. A copy of the charter was filed at MAG Headquarters</td>
<td>✓</td>
</tr>
<tr>
<td>Adopted that the Medical Association of Georgia House of Delegates grant a charter to the combined counties of Stephens, Rabun, Habersham and Towns for a new multi-county medical society to be titled the North Georgia Mountains Medical Society.</td>
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<tr>
<td>Resolution 601S.16, Controlled Drug Disposal for Pharmacies</td>
<td>Advocacy</td>
<td>MAG had a meeting with the Georgia Pharmacy Association on January 25 to further discuss this matter. GPhA’s executive director resigned. Prior to his resignation, he expressed concerns on the cost of this initiative to independent pharmacies. Further discussions will be had on this issue.</td>
<td>✓</td>
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<tr>
<td>Adopted as amended that the Medical Association of Georgia will work with the Georgia Board of Pharmacy to advocate for placing drug collection boxes for unwanted/unused medications in retail pharmacies.</td>
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<tr>
<td>Resolution 602S.16, Substance Abuse Curriculum and CME Opportunities, Resolves 1-2</td>
<td>Education</td>
<td>Policy Statement MAG supports substance abuse curriculum and CME opportunities to its membership with continuing education materials made available including but not limited to screening, brief intervention, and referral to treatment (SBIRT) diagnostic criteria.</td>
<td>✓</td>
</tr>
<tr>
<td>Adopted as amended resolve 1 that the Medical Association of Georgia (MAG) policy is to make substances abuse continuing education materials, including but not limited to screening, brief intervention, and referral to treatment (SBIRT) diagnostic criteria, readily available to its membership.</td>
<td></td>
<td>MAG provides a web page online course option for pain, opioid prescribing and substances abuse curriculum, and the web page is monitored throughout the year so that updated information is added. These courses are promoted in MAG’s publications.</td>
<td>✓</td>
</tr>
<tr>
<td>DID NOT ADOPT resolve 2 that called for a MAG policy to support the inclusion of screening, brief intervention, and referral to treatment (SBIRT) diagnostic criteria into medical histories.</td>
<td>Administration</td>
<td>No further action required</td>
<td>✓</td>
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<td>Resolution 603S.16, Expansion of Project Dan (Death Avoided by Naloxone, Resolves 1-3)</td>
<td>MAG Foundation – DAN Project (Susan Moore/Lori Murphy)</td>
<td>No further action required.</td>
<td>✓</td>
</tr>
<tr>
<td>DID NOT ADOPT resolve 1 that called for MAG to expand the scope of the project to make Naloxone/Narcan available to all remaining counties in Georgia</td>
<td>Administration (Donald Palmisano)</td>
<td>No further action required.</td>
<td>✓</td>
</tr>
<tr>
<td>DID NOT ADOPT resolve 2 that called for MAG seek funding to help agencies obtain the life-saving medication.</td>
<td>Administration (Lori Murphy)</td>
<td>No further action required.</td>
<td>✓</td>
</tr>
<tr>
<td>DID NOT ADOPT resolve 3 that called for MAG to facilitate the training of first responders to the use of Naloxone.</td>
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<tr>
<td>Resolution 604S.16, Prescription Drug Abuse Education in Medical Schools.</td>
<td>MAG Foundation – Think About It (Susan Moore/Lori Murphy)</td>
<td>Policy Statement</td>
<td>✓</td>
</tr>
<tr>
<td>Adopted as amended that the Medical Association of Georgia (MAG) support the incorporation of education regarding the prevention and management of prescription drug misuse into medical school curriculums.</td>
<td>MAG Foundation – Think About It (Susan Moore/Lori Murphy)</td>
<td>Policy Statement</td>
<td>✓</td>
</tr>
<tr>
<td>Resolution 605S.16, Position on CDC Opioid Prescription Guidelines, Resolves 1-3</td>
<td>MAG Foundation – Think About It (Susan Moore/Lori Murphy)</td>
<td>No further action required.</td>
<td>✓</td>
</tr>
<tr>
<td>DID NOT ADOPT resolves 1 that called for MAG to support the current version of the Centers for Disease Control and Prevention (CDC) Opioid Prescription Guideline but with the following exception, primary care physicians may act outside of said guidelines if the physician deems it medically appropriate.</td>
<td>MAG Foundation – Think About It (Susan Moore/Lori Murphy)</td>
<td>No further action required.</td>
<td>✓</td>
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Reference Committee S
MAG House of Delegates 2016
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<tr>
<td>Resolution 605S.16, Position on CDC Opioid Prescription Guidelines, Resolves 1-3 (cont.)</td>
<td><strong>MAG Foundation – Think About It (Susan Moore/Lori Murphy)</strong></td>
<td>No further action required.</td>
<td>✓</td>
</tr>
<tr>
<td>DID NOT ADOPT resolve 2 that called for MAG to not support the application of the CDC Opioid Prescription guidelines to specialties, which include but are not limited to surgery and all its subspecialties, pain medicine, oncology, and rheumatology, which deploy opioid therapy as part of their standards daily medical practice.</td>
<td><strong>Third Party Advocacy (Kimberly Ramseur)</strong></td>
<td>Policy Statement MAG opposes the use of the CDC Opioid Prescription Guidelines by third party payers as a basis for restricting or obstructing access to opioid therapy.</td>
<td>✓</td>
</tr>
<tr>
<td>Adopted resolve 3 that MAG does not support the use of the CDC Opioid Prescription Guidelines by third party payers as a basis for restricting or obstructing access to opioid therapy.</td>
<td><strong>Education (Andrew Baumann)</strong></td>
<td>Policy Statement MAG supports voluntary continuing medical education (CME) for all physicians as it pertains to the prescribing of opioids. MAG provides a web page online course option for pain, opioid prescribing and substances abuse curriculum, and the web page is monitored throughout the year so that updated information is added. These courses are promoted in MAG’s publications.</td>
<td>✓</td>
</tr>
<tr>
<td>Resolution 606S.16, Mandatory Opioid Prescribing</td>
<td><strong>MAG Foundation – Think About it (Susan Moore/Lori Murphy)</strong></td>
<td>Policy Statement MAG supports over-the-counter dispensing of intranasal naloxone through standing orders or collaborative practice agreements for use in a manner consistent with state law.</td>
<td>✓</td>
</tr>
<tr>
<td>Adopted as amended that the Medical Association of Georgia (MAG) supports voluntary continuing medical education (CME) for all physicians as it pertains to the prescribing of opioids.</td>
<td><strong>Education (Andrew Baumann)</strong></td>
<td>Policy Statement MAG supports voluntary continuing medical education (CME) for all physicians as it pertains to the prescribing of opioids. MAG provides a web page online course option for pain, opioid prescribing and substances abuse curriculum, and the web page is monitored throughout the year so that updated information is added. These courses are promoted in MAG’s publications.</td>
<td>✓</td>
</tr>
<tr>
<td>Resolution 607S.16, Over-the-Counter Naloxone</td>
<td><strong>MAG Foundation – Think About it (Susan Moore/Lori Murphy)</strong></td>
<td>Policy Statement MAG supports over-the-counter dispensing of intranasal naloxone through standing orders or collaborative practice agreements for use in a manner consistent with state law.</td>
<td>✓</td>
</tr>
<tr>
<td>Adopted as amended that the Medical Association of Georgia supports over-the-counter dispensing of intranasal naloxone through standing orders or collaborative practice agreements for use in a manner consistent with state law.</td>
<td><strong>MAG Foundation – Think About it (Susan Moore/Lori Murphy)</strong></td>
<td>Policy Statement MAG supports over-the-counter dispensing of intranasal naloxone through standing orders or collaborative practice agreements for use in a manner consistent with state law.</td>
<td>✓</td>
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<td>Resolution 608S.16, Hepatitis C Reduction. Resolves 1-2</td>
<td>Council on Legislation (Derek Norton)</td>
<td>MAG supported HB 161 which included this language. Unfortunately, the bill did not pass the Georgia General Assembly.</td>
<td>✓</td>
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<td>Adopted as amended resolve 1 that the Medical Association of Georgia (MAG) encourages policymakers to pursue the extensive application of needle and syringe exchange and distribution programs and the modifications of restrictive laws and regulations concerning the sale and possession of needles and syringes to maximize the availability of sterile syringes and needles, while ensuring continued reimbursement for medically necessary needles and syringes.</td>
<td>Council on Legislation (Derek Norton)</td>
<td>Policy Statement MAG strongly supports the ability of physicians to prescribe syringes and needles to patients with injection drug addiction in conjunction with addiction counseling in order to help prevent the transmission of contagious diseases.</td>
<td>✓</td>
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<tr>
<td>Adopted resolve 2 that MAG strongly supports the ability of physicians to prescribe syringes and needles to patients with injection drug addiction in conjunction with addiction counseling in order to help prevent the transmission of contagious diseases.</td>
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CONSENT CALENDAR
COMMITTEE ON ANNUAL SESSION

Special: 03.17

SUBJECT: Policy Sunset and Reaffirmation Report

SUBMITTED BY: Edmund R. Donoghue, M.D., Speaker of the House of Delegates

REFERRED TO: Consent Calendar

The House of Delegates (HOD) adopted policy that established a sunset mechanism for Medical Association of Georgia (MAG) policy. Under the sunset mechanism, policies adopted are systematically reviewed after adoption to assess their continuing timeliness and relevance. The MAG Board of Directors shall annually submit to the HOD, a list of MAG policy statements, which in the opinion of the Board no longer serve the best interests of the association.

At the October meeting, the Annual Session Committee will present a list of MAG policies five years old that were reviewed by relevant committees and recommendations made for: 1) retention and reaffirmation; 2) rescission and sunset; and 3) sunset with replacement by a new or revised policy.

The sunset mechanism for MAG policy was established to:

- Promote efficiency in HOD deliberations;
- Identify and rescind outmoded, duplicative, or inconsistent policies;
- Update and/or modify policies which are still pertinent but for which change has occurred; and
- Facilitate development and maintenance of a MAG policy information base and policy compendium.

A complete copy of the 2017 MAG Policy Compendium is posted on the MAG website. Of the 100 policies that were reviewed, 98 are being recommended for retention/reaffirmation, 1 is being recommended for sunset and 1 is being recommended for new language and replacement by a new or revised policy. Policies that have been recommended for sunset will be retained in MAG’s historical records.

The Annual Session Committee expresses its appreciation to the MAG Board, councils, committees and MAG staff for their continued assistance and cooperation in this activity, as well as MAG Office of the Executive Director, which is in charge of maintaining the MAG Policy Compendium and organizes the five-year reviews. The contributions and collective expertise of the councils and committees have ensured the continued success of this project.

RECOMMENDATIONS:

1. That the policies set forth in Appendix I, be reaffirmed.
2. That the policies set forth in Appendix II, be sunset.
3. That the policies set forth in Appendix III, be sunset and replaced with new policy.

# # #
The Policies below received a thorough review by either a MAG’s standing committee, special committee or one of MAG’s 2017 task forces. Each policy was recommended for reaffirmation because the reviewing committee agreed that each policy submitted herein continues to be relevant as a policy statement.

15.988 Cell Phone Use -- HD 10/13/2007
MAG supports legislation that prohibits the use of a cell phone while operating a vehicle for drivers 18 years old and younger and allow only hands-free use by drivers over 18 years old. (Res. 318C.07) (Reaffirmed 10/20/2012)

35.982 Medical Assistants -- HD 10/13/2007
MAG believes that the level of supervision in needed patient care should be based on the medical judgment of the physician responsible for the care. (Resolution 216B.07) (Reaffirmed 10/20/2012)

35.983 Disease Screening by Non-physicians -- HD 5/4/2002
MAG opposes pharmacists or other non-physicians offering screening for specific disease states without specific physician involvement in, or supervision of, such screening. (Res: 107AB-07) (Reaffirmed 10/13/07; 10/20/12)

55.996 Prevention -- HD 10/20/2012
MAG supports proven strategies and activities aimed at prevention of cervical cancer in Georgia such as education, regular health exams and the use of cervical cancer preventing vaccines for all age groups (Special Report Appendix III)

55.998 Screening -- HD 10/13/2007
MAG supports all efforts aimed at maintaining and increasing the rate of pap smears and cervical cancer screenings completed in Georgia; and opposes initiatives that would decrease access to and completion of pap smears. (Resolution 103A.07) (Reaffirmed 10/20/12)

60.989 Physical Education -- HD 10/21/2012
MAG supports minimum requirements for physical activity for school children in grades K through 12. (Res. 109A.12)

60.993 AMA Guidelines for Adolescent Prevention Services -- HD 4/1/1996
MAG endorses the AMA Guidelines for Adolescent Prevention Services and encourages physicians to provide services to adolescents in Georgia. (Reaffirmed 05/2002; 10/13/2007; 10/20/12)

85.993 Executions -- HD 10/13/2007
MAG believes that physicians should be involved in the pronouncement of death at prison executions. (Resolution 217B.07) (Reaffirmed 10/20/2012)
MAG strongly objects to the marketing of pharmaceutical products through direct media advertising to the general public. (Res: 102AB-02 and Res: 105AB-02) (Reaffirmed 10/13/07; 10/20/12)

MAG opposes implementation of prior approval requirements for proton pump inhibitors, as harmful to patients and an ineffective cost saving measure. (Special Report Appendix III)

MAG opposes any contractual requirement that requires the use of step therapy from any public or private third party payer. (Appendix III - Committee 01.07) (Reaffirmed 10/20/2012)

MAG recognizes that access to specialists across the state’s hospital emergency departments has deteriorated, particularly in rural areas, while at the same time the number of patients accessing hospital emergency departments has increased. An increasing number of specialties are no longer aligned with specific hospitals or medical staffs making it more difficult to gain traditional coverage from medical staffs. Although hospital payment for emergency room coverage has improved, it is uneven throughout the state and is non-exist in some hospitals. MAG will continue to serve as an information clearing house for physicians in Georgia and to monitor emergency department call coverage for the provision of emergency services and disaster preparedness and for the adequacy of support of physicians providing this critical service. MAG strongly encourages physicians and hospitals to work collaboratively to develop solutions based on adequate compensation or other appropriate incentives as the preferred method of ensuring on-call coverage. (Special Report Appendix III)

MAG supports allowing EMS personnel to self-administer and administer to others the Mark I kits in the event of an apparent chemical attack with nerve agents. EMS personnel should be able to assist in setting up the "push packs" from the National Pharmaceutical Stockpile and administer antibiotics, immunizations, and vaccinations at times of a declared disaster. (Committee: 902, Rec. 3) (Reaffirmed 10/13/07; 10/20/2012)

MAG supports the establishment of the EMS Medical Directors Advisory Council as the physician advisory and oversight body for the state EMS Medical Director and for the Office of EMS. (Committee: 9-02, Rec. 2) (Reaffirmed 10/13/07; 10/20/12)

MAG adopts the following Declaration of Professional Responsibility policy:

DECLARATION OF PROFESSIONAL RESPONSIBILITY: MEDICINE’S SOCIAL CONTRACT WITH HUMANITY

Preamble

Never in the history of human civilization has the well-being of each individual been so inextricably linked to that of every other. Plagues and pandemics respect no national borders in a world of global commerce and travel. Wars and acts of terrorism enlist innocents as combatants and mark civilians as targets. Advances in medical science and genetics, while promising to do great good, may also be harnessed as agents of evil. The unprecedented scope and immediacy of these universal challenges demand concerted action and response by all.

As physicians, we are bound in our response by a common heritage of caring for the sick and the
suffering. Through the centuries, individual physicians have fulfilled this obligation by applying their
skills and knowledge competently, selflessly and at times heroically. Today, our profession must reaffirm
its historical commitment to combat natural and man-made assaults on the health and well-being of
humankind. Only by acting together across geographic and ideological divides can we overcome such
powerful threats. Humanity is our patient.

Declaration

We, the members of the world community of physicians, solemnly commit ourselves to:

1. Respect human life and the dignity of every individual.
2. Refrain from supporting or committing crimes against humanity and condemn any such acts.
3. Treat the sick and injured with competence and compassion and without prejudice.
4. Apply our knowledge and skills when needed, though doing so may put us at risk.
5. Protect the privacy and confidentiality of those for whom we care and breach that confidence only
   when keeping it would seriously threaten their health and safety or that of others.
6. Work freely with colleagues to discover, develop, and promote advances in medicine and public
   health that ameliorate suffering and contribute to human well-being.
7. Educate the public about present and future threats to the health of humanity.
8. Advocate for social, economic, educational, and political changes that ameliorate suffering and
   contribute to human well-being.
9. Teach and mentor those who follow us for they are the future of our caring profession.
10. We make these promises solemnly, freely, and upon our personal and professional honor.

(Reaffirmed 10/13/2007; 10/20/12)

MAG supports expansion in public institutions such as hospitals, schools and government, to include
choices in healthy food and beverages either sold or served. (Res. 109A.12)

MAG supports alternate revenue sources to offset the cost of state provided health care services including
a $1 per pack increase in tobacco taxes. (Res. 308C.12)

MAG opposes taxes levied on physicians as a solution to state budget deficits. (Res. 308C.12)

MAG should work with the appropriate government agency to eliminate the burden of payment by
physicians for translations services and other barriers to medical care. (Resolution 113A.07; (Reaffirmed
10/20/12)

MAG encourages the use of physician data, including physician "pay-for-performance" data to: 1) benefit
both patients and physicians, and to improve the quality of patient care and the efficient use of resources
in the delivery of health care services; 2) when it is used in conjunction with program(s) designed to
improve or maintain the quality of, and access to, medical care; and 3) when used to provide accurate
physician performance assessments in concert with AMA's Principles for Pay-for-Performance programs.
(Res. 115A.12)

MAG encourages its members to provide medical services to active duty military families as much as
feasible. (Res. 101A.07) (Reaffirmed 10/20/12)
MAG supports the position that any physician-specific data which is published by health plans or other entities be limited to appropriate data concerning quality of medical care, access to care, and cost of care that is based on a full and complete understanding of the patient’s clinical record, their full diagnostic profile, their medical history, age and geographic and social history; and MAG opposes the publication of physician-specific data that do not meet these criteria. (Res. 106A.07) (Reaffirmed 10/20/12)

160.999 Physician Permission -- HD 10/21/2012
MAG opposes rescheduling studies and procedures by insurance companies without the knowledge and permission of the original ordering physician (Res. 102A.12).

180.974 Patient Insurance Benefits -- HD 10/21/2012
MAG supports requiring insurance companies to provide to physicians and hospitals at the time of a patient treatment the following: 1) co-pay and deductibles; 2) any preventive care services not subject to a co-pay or deductible; 3) the patient’s accurate formulary and benefit information for pharmacy benefits; 4) the amount the patient owes at the time of service; and 5) accurate information about the amount owed by the insurance company to physicians and hospitals at the time the service is provided. (Res. 102A.12)

MAG supports legislation that gives individuals the same tax preference as job-based health insurance when individuals purchase their own insurance plans. (Reaffirmed 05/2002; 10/2/07; 10/20/12)

180.986 Tax Equity -- HD 5/1/1995
MAG supports tax equity of employer-based medical insurance, individual-paid medical insurance, unreimbursed out-of-pocket medical care, and individual medical savings accounts. (Reaffirmed by the Board of Directors on 4/14/07) (Reaffirmed 10/20/12)

185.972 All Product Clause -- HD 10/21/2012
MAG opposes “all product clauses” in health insurance contracts, and promotes legislative measures to make such practices illegal in Georgia, and excluded from any health insurance exchange product offered in the state. (Res. 301C.12)

185.973 Quality Outcome Reporting -- HD 10/21/2012
MAG support federal legislation to adjust criteria of quality outcome reporting to account for counseling and education provided when patient noncompliance influences outcomes. (Res. 114A.12)

185.974 Hospital Readmissions -- HD 10/21/2012
MAG opposes penalties levied at the state and/or federal level against physicians and hospitals restrictions on 30-day re-admissions. (Res. 111A.12)

185.975 Obesity Counseling -- HD 10/21/2012
MAG supports third party payer reimbursements of anti-obesity counseling by physicians. (Res.109A.12)

185.981 Verification of Patient Denials Eligibility -- HD 10/5/2008
The Medical Association of Georgia advocates for state legislation which regulates that when physicians verify that a patient is eligible prior to the provision of a medical service, a managed care health plan must not retroactively deny the service and payment. (Reaffirmed 10/21/2012)
MAG supports eligibility for the provisions of Peach Care for Children at its current threshold of 235 percent of the Federal Poverty Level. (Resolution 204B.07) (Reaffirmed 10/20/12)

MAG supports development of a statewide system for documenting uncompensated indigent care provided by physicians similar to the Health Access Initiative created by the Hall County Medical Society; and supports legislation which provides tax credits for uncompensated indigent care provided by physicians. (Resolution 201B.07, Resolves 1 & 2) (Reaffirmed 10/20/12)

MAG supports legislation and/or regulatory reform that requires insurance companies to credit deductibles only after fees are paid by the patient to their physician. (Resolution 212B.07) (Reaffirmed 10/2012)

MAG opposes health benefit plans that restrict access to physicians to annually offer enrollees the opportunity to obtain coverage for out-of-network services through a point of service option. (Special Committee, Appendix III; Reaffirmed 10/20/12)

The Medical Association of Georgia supports legislation that would penalize Georgia Medicaid for its failure to pay claims within 15 days and interest to physicians from the date of the original clean claim regardless of NIP-related problems. The Medical Association of Georgia supports federal legislation that reduces the compensation to Medicare carriers administering government health plans for their failure to meet the NPI deadline. Resolution 205B.07, resolves 1-3) (Reaffirmed 10/20/12)

MAG supports the use of universal and uniform claims and payment reporting forms which contain the same essential information used by all payers. Comm. 01.07, Attachment III) (Reaffirmed 10/20/12)

MAG supports policies, regulation, and legislation which require that post payment reviews, downcodes, and other similar demands for refunds by third party payers be made within one year of the date the claim is submitted, or within the amount of time permitted for submission of the claim, whichever is less. (Reaffirmed 9/30/2006; 10/16/2011; 10/21/2012)

MAG supports appropriate efforts to increase the number of qualified registered nurses in Georgia. (Resolution 116A.12)

MAG supports government efforts to increase financial resources and develop policies to improve the number of physicians practicing in Georgia. (Resolution 116A.12)

MAG advocates, through appropriate agencies, that Physician Orders for Life Sustaining Treatment (POLST) be coordinated with Advance Directives and/or a Durable Power of Attorney for health care. (Resolution 211B-07) (Reaffirmed 10/20/12)
205.990 Advance Directives -- HD 10/13/2007
MAG supports federal financial incentives through use of a one-time refundable tax credit of three
hundred dollars ($300) to those individuals who prepare their Advance Directives and Durable Power of
Attorney for health care decisions. (Res. 211.07, Resolve 2) (Reaffirmed 10/20/12)

MAG is opposed to the use of exclusive contracts between insurance companies and hospitals throughout
the state, and supports legislation which prohibits it. (Res: 308C-02) (Reaffirmed 10/13/07; 10/20/12)

230.993 Emergency Department Training -- HD 10/20/2012
MAG supports the American College of Emergency Physicians (ACEP) policies, (ACEP Policy
Compendium, 2012 Edition) which, in part, recognizes the roles of the American Board of Emergency
Medicine (ABEM) and the American Osteopathic Board of Emergency Medicine (AOBEM) to set and
approve the training standards, assess competency through board certification processes and establish
professional practice principles for emergency physicians. Furthermore, MAG supports ACEP's assertion
that the specific process for physician credentialing and delineation of clinical privileges must be defined
by hospital or organized medical staff and department bylaws, policy, rules, or regulations. These are also
requirements of the Code of Federal Regulations for Hospitals and the Georgia Department of
Community Health's, Office of Health Care Facility Regulation Hospital Rules and Regulations. Each
member of the medical staff must be subject to periodic review as part of the performance improvement
activities of the organization. ACEP believes that the exercise of clinical privileges in the emergency
department is governed by the rules and regulations of the department. ACEP policy also states that
certificates of short course completion in various cored content areas of emergency medicine, (i.e.,
Advanced Cardiac Life Support, Advanced Trauma Life Support, etc.) may serve as evidence of focused
review; however, ABEM or AOBEM certification in emergency medicine supersedes evidence of the
completion of such courses. ACEP strongly discourages the use of certificates of completion of such
courses, or a specified number of continuing medical education hours in a sub-area of emergency
medicine, as requirements for privileges or employment for physicians certified by ABEM or AOBEM.
(Special Report Appendix III)

MAG opposes any legislation, rule, or policy that requires hospital staff participation as a condition of
physician licensure. (Resolution 204C.07) (Reaffirmed 10/20/12)

MAG continues to advocate as a top tier priority for the protection of the rights of physicians as allowed
by the laws of the State of Georgia, including 1) the right to practice medicine not usurped in any way by
hospital boards or any entity not licensed to practice medicine; 2) the medical staff rights to self-
governance; and 3) MAG supports legislation to prohibit economic credentialing by hospitals, insurance
companies or other entities. (Resolution 307C.07) (Reaffirmed 10/20/12)

240.999 Hospital Payments -- HD 10/21/2012
MAG supports state and federal legislation that provides payment to hospitals up to the expected event
rate that includes language acknowledging the importance of adhering to best practices based upon
evidence-based medicine as well as the impossibility of achieving a zero event rate when complying with
best practices. (Res. 606HC.12)
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270.975 Independent Payment Advisory Board -- HD 10/21/2012
MAG supports federal legislation to dissolve the Independent Payment Advisory Board (IPAB) and retain
the right of physicians to determine which therapies are in their patients' best interests. (Res. 604HC.12)

270.980 Provider Tax -- HD 10/13/2007
MAG opposes any new tax on physician practices or any new tax on ancillary services provided by
physicians or their practice. (Resolution 314-07) (Reaffirmed 10/20/12)

270.981 Present on Admission -- HD 10/13/2007
MAG supports efforts by the AMA to repeal the "Present on Admission Policy" as contained in the
Deficit Reduction Act. (Resolution 109A.07) (Reaffirmed 10/20/12)

270.982 Sales Tax -- HD 10/13/2007
The Medical Association of Georgia opposes imposing a tax on professional services or alter legislation
to exclude physician services or, in the alternative, permitting physicians to pass the cost of the tax on to
their patients without violating their contractual obligations to insurers. (Resolution 317C.07) (Reaffirmed
10/20/12)

275.989 Non-Physician Personnel -- HD 10/20/2012
As a matter of patient safety, MAG opposes the performance of medical procedures by non-physician
personnel who are not medically trained and supervised. Actions such as the ordering of images, the
administration of vaccines and other injectables should not be performed by non-physicians unless
administration is done pursuant to a physician protocol and in the case of vaccine and injectable
administration, a physician’s prescription. (Special Report Appendix III)

280.985 Home Care Services -- HD 10/21/2012
MAG supports state legislative efforts to establish programs that allow appropriate Medicaid patients the
support needed to maintain independence in their living situation. (Res. 311C.12)

MAG opposes the use of prior approval policies that are inappropriately based on economic factors
without the support of clinical evidence. MAG urges regulators, insurers, and others, in both the public
and private sector, to reduce and eliminate such policies; MAG urges legislative or regulatory action, at
the state level, to prevent the further utilization of inappropriate prior approval of pharmaceuticals. (Res:
300C-02) (Reaffirmed 10/13/07;10/20/12)

MAG opposes the use of managed care techniques which adversely impact patient care and the
physician/patient relationship through the use of financial incentives designed to limit a patient's choice of
physician or patient's choice of services and recommends the continuation of fee for service and a
doctor/patient relationship. (Reaffirmed 05/02; 10/13/07;10/20/12)

MAG supports legislation that requires managed care entities to hold a due process hearing on any issue
involving the appropriateness of medical care, before any sanction can be taken against a physician for
such action. (Reaffirmed 05/02; 10/07; 10/20/12)
285.994 Managed Care (Liability) -- HD 4/1/1996
MAG supports legislation that would require liability on the part of any managed care entity for any
decision it makes which breaches the acceptable standards for medical care. (Reaffirmed 05/2002;
10/13/07; 10/20/12)

290.971 Medicaid Expansion -- HD 10/21/2012
MAG supports innovations and modifications of the Georgia Medicaid program balancing the needs of
Georgia’s uninsured patients with the need to achieve a sustainable solution to the budget shortfalls and
expected future financial challenges. (Res. 601HC.12, 605HC.12 and 611HC.12)

290.977 Dual Eligibility -- HD 10/13/2007
The Medical Association of Georgia (MAG) supports 1) legislation and/or use administrative change in
the Georgia Medicaid Program which allows payment levels for dual-eligible Medicare patients to be
reversed to the full 20% Medicare co-insurance and deductibles level; 2) MAG supports legislation
and/or administrative changes in the Georgia Medicaid Program which requires Georgia Medicaid to
accept paper claims for secondary coverage on dual-eligible Medicare claims without the 90-day holding
period if the Medicare EOB clearly shows no "cross over" occurred 3) MAG supports legislation and/or
administrative change in the Georgia Medicaid Program which requires Georgia Medicaid to pay any
secondary claim if the EOB from Medicare is attached and no further extra information is needed on the
CMS billing form and, 4) MAG supports legislation and/or administrative change in the Georgia
Medicaid Program which requires Georgia Medicaid to accept modifiers on secondary claims consistent
with Medicare on dual-eligible claims. (Resolution 207B.07 Resolves 1-4) (Reaffirmed 10/20/12)

290.978 CMOs -- BD 4/14/2007
MAG opposes continued implementation of Medicaid CMOs. (Reaffirmed 10/20/12)

295.991 Medical Student Training -- HD 5/4/2002
MAG supports standardized Advanced Cardiac Life Support (ACLS) training for all medical students
prior to clinical clerkships and strongly encourages medical schools to fund ACLS training for medical
students. (Res: 113AB-02) (Reaffirmed 10/13/07; 10/20/12)

300.987 Diversity Training -- HD 10/21/2012
MAG supports continuing medical education training in diversity and cultural competence for all
practicing physicians. (Res. 302C.12)

305.992 Student Clerkships -- HD 10/21/2012
MAG supports Georgia hospitals offering medical student clerkships, especially those in primary care and
that directly or indirectly benefit from state funding, giving preference to Georgia residents who are U.S.
citizens attending U.S. or Educational Commission for Foreign Medical Graduates (ECFMG) accredited
medical schools. and who have passed the relevant USMLE Steps 1 and intend to practice in Georgia.
(Res. 310C.12)

305.993 Medical College of Georgia -- HD 10/20/2012
MAG supports the position that the Medical College of Georgia in Augusta will continue to be the sole
public medical education institution in Georgia and will be allowed to continue to expand its medical
educational and residency programs in Georgia to ensure the outcome of an appropriate supply of
physicians to take care of patients throughout the state. (Special Report Appendix III)
310.997 Physician Graduates -- HD 10/21/2012
MAG supports development of a program for physician graduates seeking employment in Georgia and shall convey this support to the Georgia Board for Physician Workforce. (Res. 303C.12)

MAG supports legislation that requires a hospital to obtain prior authorizations required by all health plans for inpatient services so as to ensure proper payments for hospitals and physicians. (Res. 208B-07) (Reaffirmed 10/20/12)

MAG opposes Medicare's promotion with hospitals and state quality improvement agencies allowing hospital administrations to set standing orders for influenza and pneumococcal immunizations, in place of specific physician orders and directives. (Special Report, Appendix III) (Reaffirmed 10/20/12)

360.988 Nurse Anesthetists -- HD 10/21/2012
MAG opposes any state legislation and/or regulatory action to expand certified registered nurse anesthetists (CRNA) scope of practice to authorize the provision of chronic pain management. (Res. 309C.12)

360.996 Prescriptive Authority for APNs -- HD 4/1/1996
MAG fundamentally opposes independent prescriptive authority for advanced practice nurses. Physician supervision and oversight for using "protocols" is essential. (Reaffirmed 05/1999 and 05/2002; 10/13/07; 10/20/12)

MAG opposes state legislation that dictates how a physician must bill for medical services, that inhibits fair market contracting between physicians, and that inhibits physicians from freely practicing medicine within acceptable professional standards. MAG opposes any state legislation that limits billing and payment for a defined medical services or group of services to a single medical specialty. (Res. 215.C.07) (Reaffirmed 10/20/12)

390.985 Payment Formula -- HD 10/13/2007
MAG and the AMA will continue to work with the U.S. Department of Health and Human Services and Centers for Medicare and Medicaid Services to ensure the correctness of the formula calculations for Medicare payment. (Committee 01.07, Attachment III) (Reaffirmed 10/20/12)

405.991 Use of the Term Physician -- HD 10/13/2007
The Medical Association of Georgia supports legislation that limits the identification of a person as a physician only to individuals licensed under the Medical Practice Act. The Medical Association of Georgia urges the Composite State Board of Medical Examiners to enjoin the unlawful use of the terms "physician" and/or "doctor" and will assist the Composite State Board of Medical Examiners in its efforts to enjoin the unlawful uses of these terms. (Res. 310C.07, Resolves 1-3) (Reaffirmed 10/20/12)

MAG asserts that any physician meeting the overall credentialing criteria applied to all other providers and agreeing to the same method of payment be accepted into any health plan network to provide medical care. (Committee 01.07 Attachment III; Reaffirmed 10/20/12)
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435.992 Tort Reform -- HD 10/13/2007
MAG aggressively supports meaningful tort reform at the state and national levels. (Committee. 01-07, Attachment III) (Reaffirmed 10/20/12)

MAG supports collateral source legislation that will enable the defendant to inform the jury about the plaintiff’s access to funds that will pay for the plaintiff’s damages, such as his or her health insurance or other insurance proceeds. (Special Report: 3-02) (Reaffirmed 10/2002; 10/2007; 10/20/12)

450.989 Medical Treatment Guidelines -- BD 04/21/2012
MAG supports the following medical treatment guidelines: 1) that clinical guidelines are intended as general clinical information for reference to promote best practice and are not to be construed as rules, nor are they to become proxies for the standard of care. We support the traditional professional perspective of the physician as the sole and final medical decision-maker in medical treatment; 2) Clinical guidelines must be constructed and adopted based on a broad consensus of opinion from actively practicing physicians and relevant physician organizations, free of conflict of interest. Effective mechanisms shall be established to ensure opportunities for input; 3) Clinical guideline adoption is based on an affirmative vote or similar action by the majority of the physicians for whom the guideline is intended; 4) Clinical guidelines shall be adapted at the local/state/regional level, as appropriate to account for various factors, including demographic variations, patient case mix, availability of resources, and relevant scientific and clinical information; 5) Clinical guideline adoption by individual physicians will not be used as the sole exclusion criterion for any third party payer unless the physician is employed or under contract with an entity that chooses to comply with guidelines; 6) Physician compensation should not be based upon adherence to clinical guidelines; 7) Clinical guidelines implemented at the local/state/regional level shall acknowledge the ability of physicians to depart from the recommendations in clinical guidelines, when appropriate, in the care of individual patients. The physician's rationale for a change in treatment should be appropriately documented; and 8) Published materials on the use of clinical guidelines should be fact-based and accurate concerning their "true effect."

MAG believes that clinical guidelines are not a substitute for the experience and judgment of the physician; MAG recommends to all specialty and subspecialty societies and others that this reaffirmation be included as an addendum to each clinical guideline. (Reaffirmed 10/20/12)

MAG supports legislation that increases the legal age to buy tobacco in Georgia to 21 and increases fines and enforcement efforts to prevent exposure of adolescents to cigarettes. (Res. 310C.02) (Reaffirmed 10/13/07; 10/20/12)

525.996 Women's Health Care -- HD 10/21/2012
To preserve quality health care for women, MAG shall: 1) oppose any legislation that violates the doctor/patient relationship; 2) oppose legislation that threatens criminal prosecution against physicians who diagnosis, prescribe and perform medical treatment within their scope of practice; 3) support women and couples who seek and receive fertility treatment and their decisions concerning embryos created as part of that treatment; and 4) support policies and legislation that allow women and families to maintain access to quality health care in Georgia. (Resolution 315C.12)
MAG supports protection of a mother's right to breastfeed in public and encourages all states to pass legislation that reaffirms the right to do so. (Committee 01.07, Attachment III) (Reaffirmed 10/20/12)

MAG shall, in all of its communications and publications, use the term "physician payment" in lieu of "physician reimbursement." (Reaffirmed 10/20/12)

The approved logo for the Medical Student Section and the Young Physician Section shall be kept at MAG headquarters. Written communications from the Medical Student Section and Young Physician Section shall be generated at MAG headquarters and such communications shall include MAG’s name on the letterhead. (Reaffirmed 10/13/07; 10/20/12)

MAG supports development of usable, complete and accurate membership/resource directories produced electronically. (Special Report: 3-02, Rec. 4) (Reaffirmed 10/13/07; 10/20/12)

MAG agrees to the appointment, as ex-officio members of MAG committees, the names submitted by the Georgia Medical Group Management Association, for a period of one year and upon acceptance by the chairman of the requested committees. (Reaffirmed 05/2002; 10/20/07; 10/20/12)

MAG directs that all policy statements be maintained in a manner that will allow for easy distribution and modification to maintain a current reflection of MAG policies. (Reaffirmed 05/2002; 10/20/07; 10/20/12)

MAG continues to encourage communication with component groups and allied organizations in order to advance our common goals. (Reaffirmed 05/2002; 10/13/07; 10/20/12)

Members of MAG's Board of Directors, as a condition of their position, are required to actively engage in membership recruitment and other membership efforts adopted by the Board. (Special Report Attachment III)

Members of the MAG Board of Directors should attend meetings of the component medical societies and specialty medical societies in their areas, and promote MAG membership at these meetings; members should work with MAG staff to obtain a pre-registration list of attendees at specialty society meetings in order to target non-MAG members while attending the meeting. (Reaffirmed 10/20/12)

The Continuing Medical Education Committee shall accredit organizations that desire to offer CME activities to Georgia physicians. The CME Committee shall review and approve applications for accreditation and reaccreditations, establish accreditations policies, provide supervision and guidance to surveyors, hold training sessions for MAG-accredited sponsors and keep all sponsors updated concerning MAG, ACCME and AMA policies related to CME. (Reaffirmed 10/13/07; 10/20/12)
540.989 Finance Committee -- HD 4/1/1996
MAG authorizes the Chairman of the Board of Directors, in consultation with the Treasurer, to appoint
Finance Committee members to staggered two-year terms. (Reaffirmed 05/2002; 10/2007; 10/20/12)

545.948 Meetings -- HD 10/13/2007
Annual meetings of MAG should be held in late summer or early fall of each year. (Committee 01.07,
Attachment III) (Reaffirmed 10/20/12)

MAG asks that the student delegates to the MAG House of Delegates assume primary responsibility for
recruiting student colleagues to MAG and asks that they submit an annual report on their progress in this
area. (Reaffirmed 10/20/12)

555.980 Dues -- HD 10/13/2007
Beginning in 2008, MAG's dues structure is revised to include first-year free memberships for newly
licensed physicians excluding interns, residents and fellows and group membership discounts. (Officer
05.07) (Reaffirmed 10/20/12)

MAG is the only entity that may bill MAG dues and MAG will offer to bill CMS dues for those CMSs
that request it. (Reaffirmed 10/2007; 10/20/12)

MAG supports AMA policies that oppose a national health care system, and supports an AMA national
media campaign consistent with MAG's position. (Reaffirmed 10/20/12)

565.968 Legislative Grassroots Program -- HD 10/15/2005
MAG continues to emphasize expansion of the legislative grassroots programs of the Council on
Legislation. (Comm. 01-05 Appendix III) (Reaffirmed 10/20/12)

565.970 CMS Legislative Meetings -- HD 5/4/2002
Each component medical society should sponsor one function for its physicians and local legislators
before the convening of the session of the Georgia General Assembly for the purpose of educating
legislators on MAG priorities for the year and that the legislative team should continue assisting
component medical societies in those endeavors. (Comm.: 12-02, Rec. 6) (Reaffirmed 10/2007; 10/20/12)

565.995 Legislators (Educate) -- HD 4/1/1992
MAG urges the physicians of Georgia to actively involve themselves in the continuing education of
Georgia's legislators and other public officials on issues involved with health care policy -- no citizen is
better qualified to educate a public official on complex medical issues. (Reaffirmed 05/2000; 05/2002;
10/2007; 10/20/12)

# # #
MAG urges the physicians of Georgia to actively involve themselves in the continuing education of Georgia’s legislators and other public officials on issues involved with health care policy -- no citizen is better qualified to educate a public official on complex medical issues. (Reaffirmed 05/2000; 05/2002; 10/2007; 10/20/12)
Appendix II

2017 MAG House of Delegates

Appendix II
MAG Policies for Sunset

1 275.988 Lactation Consultants -- HD 10/21/2012
2 MAG supports state legislation that would allow for the state licensure of international board certified
3 lactation consultants. (Res. 307C.12)
4 A careful review was rendered by the Council on Legislation. The committee recommended that
5 the policy be sunset because legislation passed the 2016 Georgia General Assembly and signed
6 into law which makes the statement no longer relevant.

# # #
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Appendix III
MAG Policies for Sunset with new Language

120.988 Physician Prescribing data -- HD 5/4/2002
MAG opposes access to individual physician's prescribing data by pharmaceutical manufacturers and
their representatives. (Res. 305C-02) (Reaffirmed 10/13/07; 10/20/2012)

New Language:
MAG supports AMA efforts to limit access to physicians prescribing data by allowing
physicians to opt out of having personal information released through its Prescription
Data Restriction Program.

This policy was reviewed by the Task Force on Prescription Drug Abuse. The committee
was concerned having physicians prescribing data accessed by the pharmacy industry but
understood that these companies already had direct market to the public and are
monitored by the FTC and FDA. The committee recommended changing the language to
align with the AMA’s Prescription Data Restriction Program that provides an “opt out”
provision for physicians.

###
REFERENCE COMMITTEE
A
RESOLUTION

Resolution: 101A.17

SUBJECT: Drug Discount Cards

SUBMITTED BY: Kenneth M. Braunstein, M.D, Medical Association of Atlanta Delegate

REFERRED TO: Reference Committee A

Whereas, the price of prescription medications is a well-recognized reason for patient non-compliance with self-administered medications in the United States; and

Whereas, the Centers for Medicare & Medicaid Services (CMS) prohibits the use of drug discount cards from pharmaceutical companies to reduce or eliminate out-of-pocket expenses citing their use as a violation of the anti-kick statutes governing Medicare and Medicaid; and

Whereas, eliminating or reducing out-of-pocket expenses for medication would encourage better compliance with self-administered medications, which has been demonstrated to reduce emergency room visits and hospitalizations due to failure to take prescribed medications; and

Whereas, the "donut hole" in Medicare Part D creates a major financial hardship on Medicare recipients resulting in their not continuing their medications for financial reasons only; and

Whereas, this noncompliance with prescription medications due to the "donut hole" results in emergency room visits and hospitalizations; and

Whereas, eliminating said emergency room visits and hospitalizations would save Medicare and Medicaid billions of dollars in unnecessary medical expenses; now therefore be it

RESOLVED, that the Georgia Delegation submit a resolution to the American Medical Association to work with the Centers for Medicare & Medicaid Services to have Congress reverse its policy on the prohibition of pharmaceutical drug discount cards and allow them to be used to reduce or eliminate out-of-pocket expenses for patients and to have Congress eliminate the "donut hole" in Medicare Part D plans.

# # #

AMA Policy

Non-Formulary Medications and the Medicare Part D Coverage Gap H-125.977

Our AMA will advocate for: (1) the inclusion of out of pocket, non-formulary, prescription medication expenses in calculating a patient's contributions toward the Medicare Part D coverage gap, after which coverage resumes; and (2) economic assistance, including coupons (and other discounts), for patients, whether they are enrolled in government health insurance programs, enrolled in commercial insurance plans, or are uninsured.
Reducing Prescription Drug Prices D-110.993
Our AMA will (1) continue to meet with the Pharmaceutical Research and Manufacturers of America to engage in effective dialogue that urges the pharmaceutical industry to exercise reasonable restraint in the pricing of drugs; and (2) encourage state medical associations and others that are interested in pharmaceutical bulk purchasing alliances, pharmaceutical assistance and drug discount programs, and other related pharmaceutical pricing legislation, to contact the National Conference of State Legislatures, which maintains a comprehensive database on all such programs and legislation.

Certifying Indigent Patients for Pharmaceutical Manufacturers' Free Drug Programs H-120.975
Our AMA: (1) supports Pharmaceutical Research and Manufacturers of America (PhRMA) programs for indigent patients and the development of a universal application process, eligibility criteria and form for all prescription drug patient-assistance programs to facilitate enrollment of patients and physicians; (2) encourages PhRMA to provide information to physicians and hospital medical staffs about member programs that provide pharmaceuticals to indigent patients; (3) urges drug companies to develop user-friendly and culturally sensitive uniform centralized policies and procedures for certifying indigent patients for free or discounted medications; and (4) opposes the practice of charging patients to apply for or gain access to pharmaceutical assistance programs.

MAG Policy

120.987 Standard Indigent Drug Assistance
HD 8/22/2003 MAG supports a single patient assistance drug plan administered by pharmaceutical companies for those in financial need with one card and one set of rules for administration, so that doctors can write prescriptions which can be taken to pharmacies and patients can make a viable co-pay based on income. (Resolution 103AB-03) (Reaffirmed 10/5/2008; 10/20/2013).

120.982 Specialty Medication Access
HD 10/16/2011 MAG supports eliminating complex barriers limiting access to specialty medications with physicians as the primary authorities for patient treatment decisions. (Res. 111A.11, Resolve 1) (Reaffirmed 10/15/2016).

160.975 Patients Treatment Decisions
HD 10/18/2015 MAG believes that insurers and payers should eliminate complex barriers and reinstate physicians as the primary authorities for patient treatment decisions including providing coverage transparency and protecting patient access to timely, affordable and medically appropriate care in Georgia. (Res.307C.15).

Additional Resources

None
RESOLUTION

Resolution: 102A.17

SUBJECT: Elimination of All Cost-Sharing for Screening Colonoscopies

SUBMITTED BY: American College of Physicians, Georgia Chapter
Medical Association of Atlanta

REFERRED TO: Reference Committee A

Whereas, colorectal cancer is the third most common cancer diagnosed in both men and women in the U.S., and the third-leading cause of cancer death in the state of Georgia; and

Whereas, colorectal cancer is preventable and highly curable when found early, however about one in three adults still do not receive their recommended screenings; and

Whereas, patients are more likely to complete colorectal screening when presented with options on the different screening modalities, including stool-based tests, by their health professionals; and

Whereas, colorectal cancer screening has received an A rating from the USPSTF and is a covered benefit under the Affordable Care Act (ACA); and

Whereas, despite this benefit, patients still can be unexpectedly burdened by cost-sharing for a screening colonoscopy under three different scenarios: 1) when a polyp is detected and removed during a screening colonoscopy (in Medicare and “grandfathered” plans only), 2) when a colonoscopy is not classified as part of the screening continuum following a positive stool blood test, and 3) for patients with an increased risk and who require more frequent or early screening intervals (this applies to patients under 50 with an increased risk and or are over 50 and require more frequent intervals of screening); and

Whereas, national and state organizations and agencies, including the National Colorectal Cancer Roundtable (NCCRT) and the Georgia Office of Insurance and Safety Fire Commissioner have issued policy briefings and directives outlining the number of benefits for health professionals, health plans, and patients when all cost-sharing is removed; and

Whereas, while the Medical Association of Georgia (MAG), the American College of Physicians (ACP), Georgia Chapter, and the Georgia Colorectal Cancer Roundtable (GCCRT), acknowledge the health insurance companies, including those with both commercial and Medicare Advantage products lines, who have adopted policies that reduce cost-sharing that result from screening colonoscopies, ambiguity still exists regarding which situations will result in out of pocket expenses; and

Whereas, 75 percent of individuals who are not screened do have health insurance coverage, yet cite cost concerns as their primary reason for not being screened as shown in a national survey conducted by the Henry J. Kaiser Family Foundation where 20 percent of individuals cited they “postponed” preventive services due to cost; and

Whereas, the elimination of all cost-sharing for screening colonoscopies would contribute to reaching the 80 percent by 2018 goal in Georgia, preventing 468 premature deaths per year; now therefore be it
RESOLVED, that the Medical Association of Georgia (MAG) advocates for all commercial health insurance plans offered in the state of Georgia to 1) voluntarily waive all cost sharing associated with screening colonoscopies and 2) classify that a colonoscopy following a positive stool-based test as part of the screening continuum and included in this waiver and 3) educate their provider network and members regarding this policy change; and be it further

RESOLVED, that MAG advocates for insurance companies offering Medicare Advantage product lines in the state of Georgia to 1) voluntarily waive co-pays for polyp removal discovered during a colonoscopy screening by reclassifying polypectomy as screening, not therapeutic and 2) voluntarily waive costs if the polyp leads to a biopsy by reclassifying the biopsy test as screening, not therapeutic and 3) waive all cost-sharing associated with positive stool-tests that require a follow up colonoscopy, defining it as part of the screening continuum; and be it further

RESOLVED, that the Georgia Delegation submit a resolution to the American Medical Association to develop model national policy that supports the voluntarily removal of all cost-sharing associated with screening colonoscopies in all commercial and Medicare Advantage product lines consistent with the policies outlined above and advocate for the adoption of these policies nationwide.

# # #

AMA Policy

Support for the Inclusion of the Benefit for Screening for Colorectal Cancer in All Health Plans H-185.960
Our AMA supports health plan coverage for the full range of colorectal cancer screening tests.

Support for Coverage of the Consultation by a Physician Prior to Screening Colonoscopy D-330.950
Our AMA will support coverage under Medicare benefits for the consultation in advance of the procedure by a physician to evaluate the patient and discuss the need for screening, risks and benefits and preparation for colonoscopy.

MAG Policy

425.998 Early Intervention Programs
HD 10/16/2011 “MAG supports and promotes the development of early intervention and disease prevention programs at the national, state and local levels, including the mission, goals, and health indicators outlined in the U.S. Health and Human Services Department’s “Healthy People 2020 Plan,” Georgia’s Medicaid and Care Management Program initiatives, and the Georgia Department of Public Health’s 14 Health Promotion and Disease Prevention programs including: 1) the Adolescent Health and Youth Development program, 2) the Asthma Control program, 3) the Breast and Cervical Cancer program, 4) the Cancer State Aid program, 5) the Cardiovascular Health Initiative, 6) the Comprehensive Cancer Control program, 7) the Diabetes Prevention and Control program, 8) the Live Healthy Georgia program, 9) the Nutrition and Physical Activity Initiative program, 10) the Rape Prevention and Education program, 11) the Stroke and Heart Attack Prevention program, 12) the Tobacco Use Prevention program and 13) the Women’s Health Medicaid program and 14) Worksite Wellness program. (Special Report 04.11, Attachment III; Reaffirmed 10/15/2016).
**55.994 Colorectal Cancer Screening**

HD 10/18/2015 MAG endorses efforts to improve colorectal cancer outcomes in Georgia by increasing the screening rate in Georgia from 67.8 percent to 80 percent by 2018 for adults over the age of 50. (Resolution 110A.15).

**Additional Resources**

1. U.S. Preventive Services Task Force recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years, giving it a grade A.
2. While all private plans, including self-insured, are required to classify polyp removal, pathology and the pre-consultation as part of the colorectal cancer screening continuum and not impose cost-sharing on patients, Medicare plans are subject to different coding rules. This includes that polyp removal during a screening colonoscopy is reclassified as therapeutic, not as screening. Subsequently, this includes any costs associated with polyps that lead to biopsies, which also is treated under Medicare rules as therapeutic. This results in patients not knowing if charges will exist for them, until after their screening is completed and potentially, costing Medicare beneficiaries well over $1,000.00. There is current legislation, “Removing Barriers to Colorectal Cancer Screening Act” (H.R. 1017 and S. 479) that would end cost-sharing for Medicare enrollees receiving a routine screening colonoscopy when a polyp is removed.
3. The NCCRT is comprised of over 100 member organizations and has issued policy statements outlining the number of benefits, including increased colorectal cancer screening rates, shifting the stage of late stage colorectal cancer to an earlier and more treatable stage, and potentially, reducing medical costs. A full listing of the NCCRT membership can be found here: [http://nccrt.org/membership/](http://nccrt.org/membership/). Additionally, the American Gastroenterology Association (AGA) has also issued separate statements that define a colonoscopy following a positive stool-based test as part of the overall screening continuum.
4. In 2016, the Insurance and Safety Fire Commissioner of Georgia provided a clarifying directive to all comprehensive medical insurance companies reiterating that all services associated (facility, anesthesia, pathology, polyp removal, physician fees, pre-op examination and or consultation) directly related to in-network colorectal screening procedures are to be provided with no cost-sharing.
5. The Georgia Colorectal Cancer Roundtable (GCCRT) is a project of the Georgia Cancer Control Consortium (GC3), comprised of multiple organizations in Georgia, with project management supported by the American Cancer Society (ACS).
RESOLUTION

Resolution: 103A.17

SUBJECT: Endorsement of the Alliance for Transparent and Affordable Prescriptions (ATAP)

SUBMITTED BY: John A. Goldman, M.D., Medical Association of Atlanta Delegate

REFERRED TO: Reference Committee A

Whereas, pharmacy benefit managers (PBMs) play a key part in the U.S. prescription drug industry and have significant influence over drug costs and patient access to effective and affordable treatment; and

Whereas, according to a recent poll conducted by the Kaiser Family Foundation, 77 percent of Americans believe the cost of prescription drugs is unreasonable; and

Whereas, manufacturers pay retroactive rebates to PBMs in exchange for favorable placement on their formularies, which creates perverse financial incentives that motivate PBMs to develop their formularies based on the size of the rebate they can obtain, influence list prices (higher the list price, higher the potential rebate amount), and cause many patients to be denied coverage for their prescribed medication due to an unnecessary formulary restriction; and

Whereas, patient cost-sharing obligations such as deductibles and coinsurance are calculated based off of the list price and not the actual net price that takes into manufacturer rebates, which greatly increases out-of-pocket costs for the many patients; and

Whereas, step therapy, prior authorization, and other utilization management techniques used by insurers and largely stem from the formulary restrictions caused by the rebate system and not only impede patient access to effective and appropriate treatment, but also place a cumbersome and even crippling administrative burden on physicians; and

Whereas, PBM practices have greatly impacted the ability of providers to appropriately treat and effectively care for their patients; and

Whereas, numerous patient and provider groups, including the Florida Society of Rheumatology, the Coalition for State Rheumatology Organizations, the American College of Rheumatology, and the Global Healthy Living Foundation, among others, have recognized the problems created by PBMs and the drug market and have joined together to form the Alliance for Transparent and Affordable Prescriptions (“ATAP”); and

Whereas, the goal of ATAP is to one, educate physicians, patients, legislators, and the general public about PBMs and their role in the prescription drug market, and two, to ensure patients have access to effective and affordable medication therapies by developing and implementing a comprehensive advocacy plan that seeks to increase transparency and further regulate PBM practices through legislation and public policy at both the state and federal level; now therefore be it
RESOLVED, that the Medical Association of Georgia (MAG) develops policy in support of the Alliance for Transparent and Affordable Prescriptions (ATAP) and its mission to address prescription drug costs and patient access to affordable treatment by regulating pharmacy benefit manager (PBM) practices and reforming the drug industry through educational outreach and grassroots advocacy initiatives at both the state and federal level; and be it further

RESOLVED, that MAG develops policy in support of ATAP’s outreach efforts to educate Georgia state legislators, residents, physicians, and state advocacy organizations about PBMs and their role in the prescription drug market; and be it further

RESOLVED, that MAG supports ATAP’s advocacy efforts in Georgia to develop and implement legislation that would increase transparency for PBMs, reduce patient cost-sharing obligations for prescription drugs, restrict health plan and PBM use of step therapy, prior authorization, non-medical switching, and other utilization management techniques, and further regulate the rebate system, PBM practices, and the drug market in order to ensure patients have access to effective and affordable medication therapies.

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**AMA Policy**

**Cost of Prescription Drugs H-110.997**

Our AMA:

(1) supports programs whose purpose is to contain the rising costs of prescription drugs, provided that the following criteria are satisfied: (a) physicians must have significant input into the development and maintenance of such programs; (b) such programs must encourage optimum prescribing practices and quality of care; (c) all patients must have access to all prescription drugs necessary to treat their illnesses; (d) physicians must have the freedom to prescribe the most appropriate drug(s) and method of delivery for the individual patient; and (e) such programs should promote an environment that will give pharmaceutical manufacturers the incentive for research and development of new and innovative prescription drugs;

(2) reaffirms the freedom of physicians to use either generic or brand name pharmaceuticals in prescribing drugs for their patients and encourages physicians to supplement medical judgments with cost considerations in making these choices;

(3) encourages physicians to stay informed about the availability and therapeutic efficacy of generic drugs and will assist physicians in this regard by regularly publishing a summary list of the patient expiration dates of widely used brand name (innovator) drugs and a list of the availability of generic drug products;

(4) encourages expanded third party coverage of prescription pharmaceuticals as cost effective and necessary medical therapies;

(5) will monitor the ongoing study by Tufts University of the cost of drug development and its relationship to drug pricing as well as other major research efforts in this area and keep the AMA House of Delegates informed about the findings of these studies;
(6) encourages physicians to consider prescribing the least expensive drug product (brand name or FDA A-rated generic); and

(7) encourages all physicians to become familiar with the price in their community of the medications they prescribe and to consider this along with the therapeutic benefits of the medications they select for their patients.

**Pharmaceutical Benefits Management Companies H-125.986**

Our AMA: (1) encourages physicians to report to the Food and Drug Administration's (FDA) MedWatch reporting program any instances of adverse consequences (including therapeutic failures and adverse drug reactions) that have resulted from the switching of therapeutic alternates;
(2) encourages the Federal Trade Commission (FTC) and the FDA to continue monitoring the relationships between pharmaceutical manufacturers and PBMs, especially with regard to manufacturers' influences on PBM drug formularies and drug product switching programs, and to take enforcement actions as appropriate;
(3) pursues Congressional action to end the inappropriate and unethical use of confidential patient information by pharmacy benefits management companies;
(4) states that certain actions/activities by pharmacy benefit managers and others constitute the practice of medicine without a license and interfere with appropriate medical care to our patients; and
(5) encourages physicians to routinely review their patient's treatment regimens for appropriateness to ensure that they are based on sound science and represent safe and cost-effective medical care.

**Maximum Allowable Cost of Prescription Medications H-155.962**

Our AMA opposes the use of price controls in any segment of the health care industry, and continues to promote market-based strategies to achieve access to and affordability of health care goods and services.

**MAG Policy**

**120.981 Specialty Medication Financial Discriminations**

HD 10/16/2011 MAG supports patient protections that prohibit health plans from financial discriminations to patients based on diagnosis and need for specialty medications, and plans that allow for reasonable patient costs. (Res. 111A.11, Resolve 2) (Reaffirmed 10/15/2016)

**Additional Resources**

None
RESOLUTION

SUBJECT: Georgia Medicaid Program

SUBMITTED BY: Georgia Chapter, American Academy of Pediatrics

REFERRED TO: Reference Committee A

Whereas, the Georgia Medicaid program provides health coverage to nearly 2 million Georgians, of which 1.1 million are children and makes up 65 percent of all Georgia Medicaid patients; and 

Whereas, Georgia Medicaid covers children who need it most: approximately 20 percent of children have special health care needs, yet only 44 percent of that group are covered by private insurance; and 

Whereas, in addition to being a vital program for children, Georgia’s Medicaid program is a lifeline for working families: 65 percent of children enrolled in Medicaid and PeachCare (Georgia’s program name under the State Child Health Insurance Program) live in a family with at least one full-time worker; and 

Whereas, Medicaid is an important payor for healthcare in our state, especially in rural Georgia where Medicaid payments are vital to many medical practices and hospitals which helps sustain their viability, which is critically needed in those communities; and 

Whereas, recent Congressional actions aimed at repealing & replacing the Affordable Care Act (ACA) would have either block granted or capped Medicaid funding to the state. Such action would reduce access to care for Medicaid patients, especially children and families in rural Georgia where vital health resources are needed and already under strain; now therefore be it

RESOLVED, that the Medical Association of Georgia (MAG) oppose any federal legislation that would block grant, or cap Medicaid funding to the states; and be it further

RESOLVED, that MAG work to maintain and strengthen the viability of the Georgia Medicaid program and oppose any state legislative or other efforts to curtail or diminish the program, which would therefore reduce critical access to care that Medicaid provides to so many Georgians.

# # #

AMA Policy

Federal Medicaid Funding H-290.963

1. Our AMA opposes caps on federal Medicaid funding.

2. Our AMA will advocate that Congress and the Department of Health and Human Services seek and take into consideration input from our AMA and interested state medical associations, national medical specialty societies, governors, Medicaid directors, mayors, and other stakeholders during the process of developing federal legislation, regulations, and guidelines on Medicaid funding.
MAG Policy

290.971 Medicaid Expansion
HD 10/21/2012 MAG support innovations and modifications of the Georgia Medicaid program balancing the needs of Georgia’s uninsured patients with the need to achieve a sustainable solution to the budget shortfalls and expected future financial challenges. (Res. 601HC.12, 605HC.12 and 611HC.12).

290.967 Waiver - Coverage Gap
HD 10/16/2016 MAG supports a Medicaid waiver to close the coverage gap in Georgia in a fiscally responsible and sustainable way that meets the needs of patients and physicians which includes, but is not limited to, the following: 1) that patients receive proven, cost-effective care that is not impeded by unnecessary barriers to enrollment or unaffordable cost-sharing; and 2) that such a waiver eliminate regulatory barriers to providing proven, cost-effective care, and seek parity for all physician services with the Medicare fee schedule... (Res. 312C.16).

290.968 Medicaid Expansion - Waiver
HD 10/20/2013 MAG supports Georgia seeking a waiver from the U.S. Department of Health & Human Services (HHS) Secretary to allow Georgia to use the Medicaid expansion funds to buy private insurance in the state health insurance exchange for eligible Georgia citizens at or below 138 percent of the federal poverty level. (Res. 305C.13).

160.980 Indigent Care
HD 10/17/2009 MAG affirms its long-standing commitment to assure all citizens' access to quality medical care, regardless of their ability to pay. MAG urges physicians to continue to provide medical care for indigent patients in order that no patient be deprived of medical care because of his/her inability to pay for it. MAG supports the expansion of the State Medicaid Program's adequate coverage of the indigent population. MAG encourages the expansion of participation by physicians in public health clinics, food kitchens for the poor, services to street people, to needy refugees, farmers, and other groups who fall between the cracks of government-funded medical assistance programs. (Special Report, Appendix III; Reaffirmed 10/2014).

165.966 Principles of Health Care
HD 10/17/2015 Physicians are united in our efforts to preserve our profession, as well as to promote and protect the patient-physician relationship. MAG believes that health care reform in American is founded on three core principles: 1) The right of patients and physicians to privately contract without third party interference or penalty is a touchstone of American freedom and liberty and is integral to the patient physician relationship; 2) Patients are best served when the determination of quality of medical care is made by the profession of medicine—not by the government or other third-party payers; 3) Enacting medical liability reform based on proven policies is essential if we hope to restrain rising costs without restricting our patients’ access to quality health care. We believe that the health reform law enacted in 2010 fails to adhere to these fundamental principles, despite the fact that they may significantly lower our federal government’s expenditures for medical care. As one considers the financial “costs” of the new health reform law, one must also consider the “costs” to patients in terms of their access to care and the quality of care they can expect to receive in the future; In addition to the several positive elements of the Patient Protection and Affordable Care Act that we support-expanded health insurance coverage, insurance market reforms, coverage for prevention and wellness initiatives—we believe that the following elements are essential to arriving at an acceptable form of health care reform legislation and should replace all other provisions: 1) In general, the U.S. health care system should be based on principles which support a private, free market economic system without mandatory participation by government. Funding for expanded government health care (i.e., Medicaid) should only occur based on a sound, financially stable and sustainable funding source which is not based on reductions in Medicare or other
programs or further contributes to the U.S. National Debt; 2) The replacement of Medicare’s sustainable growth rate (SGR) should be monitored for appropriate criteria for quality care; 3) Proven medical liability reform measures should be constitutionally protected, including a cap on non-economic damages; 4) Anti-trust relief, which allow independent groups of physicians to collaborate on cost, quality, care coordination, and other ways to improve their practices, should be enacted; 5) Employers should not be required to provide health insurance, but should do so voluntarily; 6) Medicare, Medicaid and other payment advisory boards should not be given unprecedented authority to make sweeping changes; such changes should be decided by Congress only; 7) Patients should have the right to choose their physician; 8) Patients should have the right to choose their own form of health insurance; 9) All quality determinations which are made of medical care should be made by physicians; 10) Physician should have the right to have ownership in a specialty hospital, as long as it is fully disclosed to patients or other effected people; 11) Medicaid’s eligibility requirements should not be open to additional categories of recipients unless the federal government can do so with a balanced budget; the fee schedule is calibrated to the actual cost of care; and the additional cost does not add to the national debt; 12) Employees should be allowed the same tax deduction for health insurance premiums as their employers; 13) The method of including consumer co-payments as a part of health insurance coverage should be continued in order to allow some level of responsibility to the consumer; 14) The government should consider the use of tax-free vouchers as a method of payment for the indigent; 15) The government should consider allowing “Means Testing” as a method for determining Medicare patient coverage or use of a stratified tax deduction/voucher system for the elderly population, in place of Medicare; 16) All patients, regardless of the presence of any third party payer, including Medicare recipients, should be able to privately contract with their doctor for medical care, without penalty to either party; 17) Physicians should be allowed to participate in health plan quality reporting mechanisms, including Medicare and Medicaid, voluntarily, without penalty; 18) Health plans, including government health plans should be allowed to establish quality/cost payment bonuses for physicians, without penalty to other participating physicians; 19) Health plans should eliminate the use of physician performance and “Profiling Episode Grouper” systems and other public reporting of physicians’ claims data, as they are presently designed, due to their widespread inaccuracies and lack of scientific validity; 20) Federal payment system reform pilot projects should include strong representation from the private physician community and include direct Congressional oversight; 21) The federal government and private health plans should narrow the scope of their audit and payment recoupment programs to true fraud and abuse violators, not to personnel committing innocent administrative errors; 22) Government and other Relative Value Current Procedural Terminology (CPT) Coding system committees should be predominately composed of private practice physicians, who most often perform those procedures, i.e., members of organized medicine and medical specialty societies. (Special Report 04.15, Appendix III).

165.969 Physicians Prescription for Georgia
HD 10/20/2013 MAG supports the Principles outlined in "MAG Physicians Prescription for Georgia": MAG supports the following core principles: 1) All Georgians should have health coverage; 2) All Georgians should have the freedom to choose their physicians and place of treatment; 3) Medical care should be cost-effective and affordable; 4) Medical care should be appropriate and of high quality; 5) Physicians, as well as all persons involved in the delivery of health care, should practice in accordance with the highest ethical standards and participate in continuous education and professional development; 6) Individuals, through their personal health habits and health care decisions, share in the responsibility for their health and well-being; and 7) Health care decisions should be based on concern for the individual, and patients should be treated with dignity, compassion, and respect. …B) Health Insurance Coverage: 1) All Georgians should have health coverage that gives them the unrestricted freedom to choose the physician of their choice, to choose the place of treatment of their choice, and to choose the payment mechanism of their choice. Any qualified physician who is willing to participate in a particular network must be given the right to join that network; otherwise freedom of choice for patients will be lost. 2) All Georgians should have access to an essential benefits insurance plan. 3) All Georgians should have
access to insurance coverage that is portable and offered without regard to preexisting conditions, prior medical family history, or previous claims experience. 4) Tax incentives should be provided by both the state and the federal governments to adequately encourage all employers and individuals to purchase health insurance. 5) MAG opposes any rules, regulations, or taxation that discriminate against or favor a particular type of insurance plan. 6) Development of health plans should not be limited to insurance companies. 7) A state small group market plan should be developed to allow small businesses access to affordable coverage for their employees. 8) All Georgians should have access to catastrophic health insurance coverage. 9) Individuals should assume a fair share of the costs for their health coverage and their medical care by paying part of the premiums, deductibles and reasonable co-payments for basic care. 10) The Insurance Industry should adopt a simplified and standardized method of claims processing. 11) The existing utilization review system should be eliminated or drastically changed. 12) Federal ERISA and similar laws must be amended to give the states more control over the insurance provided to its citizens.

165.970 Principles of Health System Reform
HD 10/20/2013 MAG endorses the following Core Principles on Health System Reform: 1) All Americans should have defined health care coverage that includes access to a fully licensed physician (MD/DO) when such persons believe that they have a health problem; 2) Universal access to health care should be provided through a private sector/public sector partnership that builds upon the strengths of our current health care system; 3) Government programs should enhance our current employment-based system and provide coverage or assistance to those outside that system who are unable to provide coverage for themselves and their families; 4) Greater reliance on market forces, with patients empowered with understandable fee/price information and incentives to make prudent choices, and with the medical profession empowered to enforce ethical and clinical standards which continue to place patients’ interests first, is clearly a more effective and preferable approach to cost containment than is a government-run, budget driven, centrally controlled health care system; 5) Individuals should have freedom of choice of physician and/or system of health care delivery. Where the system of care places restrictions on patient choice, such restrictions must be clearly identified to the individuals prior to their selection of that system; 6) Physicians’ clinical judgments should be subject to professional peer review to maintain and enhance the quality of care delivered to patients. When in conformance with standards and practice parameters developed by and acceptable to the profession, such clinical judgments should not be subject to third party payer challenges. Medical societies should be empowered to operate programs for the review of patient complaints about fees, services, etc.; 7) A pluralistic delivery system is essential. Such a system should be enhanced through governmental action to apply the same rules of competition to all competitors, including insurance carriers and self-insureds; 8) Physicians should retain the freedom to choose their method of earning a living (fee-for-service, salary, capitation, etc.); 9) Physicians should retain the right to charge their patients their usual fee that is fair, irrespective of insurance/coverage arrangements between the patient and the insurers. (This right may be limited by contractual agreement.) An accompanying responsibility of the physician is to provide to the patient adequate fee information prior to the provision of service. In circumstances where it is not feasible to provide fee information ahead of time, fairness in application of market-based principles demands such fees be subject, upon complaint, to expedited professional review as to appropriateness; 10) Health insurance market reform is essential, particularly for the small business market, and community rating, elimination of pre-existing conditions, guaranteed renewability, limits on premium increases, portability, and continuity are critical elements to assuring universal coverage; 11) MAG should achieve the right to negotiate for physicians’ program payment and the other conditions in government health entitlement programs, where legislation and/or administrative restrictions are unilaterally applied to physicians’ freedom to set their own fees. Any such fee restrictions should be limited to those patients who cannot reasonably afford to pay the difference between the physician fees and government reimbursement levels. In the private sector, where insurance arrangements for thousands of patients are increasingly controlled by single third-party payers, physicians should have the ability to negotiate collectively on behalf of their patients and themselves; 12) Single-
payer systems are not in the best interest of the public, physicians or the health care of this nation and should be strenuously resisted. (Special Report 04/13, Attachment III).

**Additional Resources**

None
RESOLUTION

Resolution: 105A.17

SUBJECT: Payment for Dementia Treatment in Psychiatric Facilities

SUBMITTED BY: Mark C. Hutto, M.D., Medical Association of Atlanta Delegate

REFERRED TO: Reference Committee A

Whereas, dementing illnesses including Alzheimer’s disease, Lewy body dementia, Vascular dementia and others often present with behavioral symptoms, including agitation, wandering, delusions, hallucinations and depression; and

Whereas, these symptoms will prompt emergency room physicians, neurologists, primary care physicians, families and others to refer these patients to psychiatric facilities for evaluation and treatment; and

Whereas, these patients with such symptoms cannot be managed in general medical hospital environments which do not have controlled access units or trained behavioral health personnel; and

Whereas, it requires trained psychiatric physicians to be able to distinguish which symptoms may be due to dementia versus other psychiatric illness, and to manage the medications and interventions necessary to safely improve a patient’s condition; and

Whereas, the Diagnostic and Statistical Manual of Psychiatric Illnesses lists the various dementias as illnesses treated by psychiatric physicians; and

Whereas, the Centers for Medicare and Medicaid Services (CMS) currently denies reimbursement for treatment of people with dementias treated in a psychiatric facility when it is a primary diagnosis; now therefore be it

RESOLVED, that the Medical Association of Georgia (MAG) opposes the Centers for Medicare and Medicaid Services (CMS) policy of denying reimbursement for the treatment of dementia patients in a psychiatric facility when it is a primary diagnosis; and be it further

RESOLVED, that the Georgia delegation will submit a resolution to the American Medical Association to work with the American Psychiatric Association to promote appropriate reimbursement by CMS for treatment for all types of dementias when patients are treated in a JCAHO accredited facility, whether a free-standing or part of a general medical facility.

# # #

AMA Policy

None

MAG Policy

None
Additional Resources

None
RESOLUTION

Resolution: 106A.17

SUBJECT: Promotion of Truth In Rx

SUBMITTED BY: Medical Association of Atlanta

REFERRED TO: Reference Committee A

Whereas, the American Medical Association (AMA) launched a website today that aims to bring much-needed transparency to skyrocketing prescription drug prices; and

Whereas, the AMA has launched TruthInRx.org an interactive site that gives consumers an opportunity to tell their stories of how rising prices are affecting their health and their pocketbooks; and

Whereas, the site will be home to a gallery of curated videos and testimonials. It also will give supporters ways to take action, such as sending a message to Congress and sharing content within their social networks; and

Whereas, prescription drug pricing has been a consistent concern for patients and their physicians -- with a 25 percent increase in out-of-pocket costs for brand prescription drugs since 2010, according to IMS Institute for Healthcare Informatics.; and

Whereas, this has caught the bipartisan attention of Congress, highlighted by the recent 400-percent price increase for life-saving EpiPens - an increase that came without any justification; and

Whereas, physicians strive to provide the best possible care to their patients, but increases in drug prices – without explanation – can affect their ability to offer patients the best possible drug treatments; and

Whereas, a little sunlight will help patients navigate the world of capricious pricing that is putting some medications out of reach; and

Whereas, this election year, prescription drug pricing has been one of the few issues to unite both parties; and

Whereas, consumers are seeing the prices of their medications – often with no change to the ingredients – increase dramatically; now therefore be it

RESOLVED, that the Medical Association of Georgia supports the American Medical Association’s efforts to educate the public on the high costs of prescription drugs by promoting the TruthInRx website to Georgia physicians and patients.

# # #
AMA Policy

Cost of Prescription Drugs H-110.997

Our AMA:

(1) supports programs whose purpose is to contain the rising costs of prescription drugs, provided that the following criteria are satisfied: (a) physicians must have significant input into the development and maintenance of such programs; (b) such programs must encourage optimum prescribing practices and quality of care; (c) all patients must have access to all prescription drugs necessary to treat their illnesses; (d) physicians must have the freedom to prescribe the most appropriate drug(s) and method of delivery for the individual patient; and (e) such programs should promote an environment that will give pharmaceutical manufacturers the incentive for research and development of new and innovative prescription drugs;

(2) reaffirms the freedom of physicians to use either generic or brand name pharmaceuticals in prescribing drugs for their patients and encourages physicians to supplement medical judgments with cost considerations in making these choices;

(3) encourages physicians to stay informed about the availability and therapeutic efficacy of generic drugs and will assist physicians in this regard by regularly publishing a summary list of the patient expiration dates of widely used brand name (innovator) drugs and a list of the availability of generic drug products;

(4) encourages expanded third party coverage of prescription pharmaceuticals as cost effective and necessary medical therapies;

(5) will monitor the ongoing study by Tufts University of the cost of drug development and its relationship to drug pricing as well as other major research efforts in this area and keep the AMA House of Delegates informed about the findings of these studies;

(6) encourages physicians to consider prescribing the least expensive drug product (brand name or FDA A-rated generic); and

(7) encourages all physicians to become familiar with the price in their community of the medications they prescribe and to consider this along with the therapeutic benefits of the medications they select for their patients.

Maximum Allowable Cost of Prescription Medications H-155.962

Our AMA opposes the use of price controls in any segment of the health care industry, and continues to promote market-based strategies to achieve access to and affordability of health care goods and services.

MAG Policy

120.981 Specialty Medication Financial Discriminations
HD 10/16/2011 MAG supports patient protections that prohibit health plans from financial discriminations to patients based on diagnosis and need for specialty medications, and plans that allow for reasonable patient costs. (Res. 111A.11, Resolve 2) (Reaffirmed 10/15/2016)

Additional Resources

None
RESOLUTION

SUBJECT: Unconscionable Generic Drug Pricing

SUBMITTED BY: Bibb County Medical Society

REFERRED TO: Reference Committee A

Whereas, recent dramatic price increases on off-patent prescription medications have affected patient access to essential medications; and

Whereas, some examples include:
  – Doxycycline increased from $20 to $1849 per 500 pills
  – Albuterol increased by 4000%
  – Naloxone increased by 600%
  – Hydroxyprogesterone increased from $200 to $30,000 per pregnancy

Whereas, there have been efforts by multiple companies to engage in monopolistic practices that lead to price gouging on these older off-patent medications; and

Whereas, legislation to prohibit price gouging could provide relief to patients who are suffering from lack of access to their formerly inexpensive medications; and

Whereas, the Maryland General Assembly recently passed legislation that allows the attorney general to prosecute companies that engage in price increases in noncompetitive markets on these medications if these increases meet the legal definition of unconscionable; and

Whereas, the Maryland legislation could serve as a model for price relief in Georgia; now therefore be it

RESOLVED, that the Medical Association of Georgia work alongside specialty societies to advocate for legislation that will prohibit price gouging in Georgia on off-patent medications where there are fewer than three manufacturers and where there have been no external factors to justify the price increase; and be it further

RESOLVED, that the Georgia Delegation submit a resolution to the American Medical Association to advocate for national legislation that will prohibit price gouging on off-patent medications where there are fewer than three manufacturers and where there have been no external factors to justify the price increase.

# # #
AMA Policy

Cost of Prescription Drugs H-110.997

Our AMA:

(1) supports programs whose purpose is to contain the rising costs of prescription drugs, provided that the following criteria are satisfied: (a) physicians must have significant input into the development and maintenance of such programs; (b) such programs must encourage optimum prescribing practices and quality of care; (c) all patients must have access to all prescription drugs necessary to treat their illnesses; (d) physicians must have the freedom to prescribe the most appropriate drug(s) and method of delivery for the individual patient; and (e) such programs should promote an environment that will give pharmaceutical manufacturers the incentive for research and development of new and innovative prescription drugs;

(2) reaffirms the freedom of physicians to use either generic or brand name pharmaceuticals in prescribing drugs for their patients and encourages physicians to supplement medical judgments with cost considerations in making these choices;

(3) encourages physicians to stay informed about the availability and therapeutic efficacy of generic drugs and will assist physicians in this regard by regularly publishing a summary list of the patient expiration dates of widely used brand name (innovator) drugs and a list of the availability of generic drug products;

(4) encourages expanded third party coverage of prescription pharmaceuticals as cost effective and necessary medical therapies;

(5) will monitor the ongoing study by Tufts University of the cost of drug development and its relationship to drug pricing as well as other major research efforts in this area and keep the AMA House of Delegates informed about the findings of these studies;

(6) encourages physicians to consider prescribing the least expensive drug product (brand name or FDA A-rated generic); and

(7) encourages all physicians to become familiar with the price in their community of the medications they prescribe and to consider this along with the therapeutic benefits of the medications they select for their patients.

Maximum Allowable Cost of Prescription Medications H-155.962

Our AMA opposes the use of price controls in any segment of the health care industry, and continues to promote market-based strategies to achieve access to and affordability of health care goods and services.

MAG Policy

120.981 Specialty Medication Financial Discriminations
HD 10/16/2011 MAG supports patient protections that prohibit health plans from financial discriminations to patients based on diagnosis and need for specialty medications, and plans that allow for reasonable patient costs. (Res. 111A.11, Resolve 2) (Reaffirmed 10/15/2016)
Additional Resources


RESOLUTION

RESOLUTION: 108A.17

SUBJECT: Preserving Quality Medical Education

SUBMITTED BY: Medical Association of Atlanta

REFERRED TO: Reference Committee A

Whereas, ensuring access to quality medical care is unquestionably a challenge in our state and across the country; and

Whereas, physician education and training is rigorous and reliably tested through our SHELF exams, Step Exams, and our Board exams; and

Whereas, there has been an influx of non-physician providers who wish to practice independent of physician supervision or collaboration, ostensibly to help fill the need for medical care in underserved areas; and

Whereas, it has been shown that non-physician providers do not, indeed, practice in underserved areas in any greater numbers than physicians do; and

Whereas, a new degree, the “Doctor of Medical Science”, has been created by a single university, and is intended to allow Physician Assistants a pathway to fully independent practice of medicine; and

Whereas, this “Doctor of Medical Science” degree is not yet recognized by any state as valid for producing a competent, independent medical practitioner; and

Whereas, we believe that all patients deserve to be treated by a fully trained medical physician (MD or DO); now therefore be it

RESOLVED, that the Medical Association of Georgia (MAG) amend its current policy to clarify this newly created medical degree (Doctor of Medical Science) will not be recognized as adequate for the independent practice of medicine; and be it further

RESOLVED, that the Georgia Delegation submit a resolution to the American Medical Association to develop model legislation for states to use that would prevent this new degree (Doctor of Medical Science) from being recognized as adequate for the independent practice of medicine.

# # #
AMA Policy

Scope of Practice Model Legislation D-35.996
Our AMA Advocacy Resource Center will continue to work with state and specialty societies to draft model legislation that deals with non-physician independent practitioners' scope of practice, reflecting the goal of ensuring that non-physician scope of practice is determined by training, experience, and demonstrated competence; and our AMA will distribute to state medical and specialty societies the model legislation as a framework to deal with questions regarding non-physician independent practitioners' scope of practice.

Need for Active Medical Board Oversight of Medical Scope-of-Practice Activities by Mid-Level Practitioners H-270.958
1. It is AMA policy that state medical boards shall have authority to regulate the practice of medicine by all persons within a state notwithstanding claims to the contrary by non-physician practitioner state regulatory boards or other such entities.

2. Our AMA will work with interested Federation partners: (a) in pursuing legislation that requires all health care practitioners to disclose the license under which they are practicing and, therefore, prevent deceptive practices such as non-physician healthcare practitioners presenting themselves as physicians or "doctors"; (b) on a campaign to identify and have elected or appointed to state medical boards physicians (MDs or DOs) who are committed to asserting and exercising the state medical board's full authority to regulate the practice of medicine by all persons within a state notwithstanding efforts by non-physician practitioner state regulatory boards or other such entities that seek to unilaterally redefine their scope of practice into areas that are true medical practice.

Physician and Non-physician Licensure and Scope of Practice D-160.995
Our AMA will: (1) continue to support the activities of the Advocacy Resource Center in providing advice and assistance to specialty and state medical societies concerning scope of practice issues to include the collection, summarization and wide dissemination of data on the training and the scope of practice of physicians (MDs and DOs) and non-physician groups and that our AMA make these issues a legislative/advocacy priority; (2) endorse current and future funding of research to identify the most cost effective, high-quality methods to deliver care to patients, including methods of multidisciplinary care; and (3) review and report to the House of Delegates on a periodic basis on such data that may become available in the future on the quality of care provided by physician and non-physician groups.

Practicing Medicine by Non-Physicians H-160.949
Our AMA: (1) urges all people, including physicians and patients, to consider the consequences of any health care plan that places any patient care at risk by substitution of a non-physician in the diagnosis, treatment, education, direction and medical procedures where clear-cut documentation of assured quality has not been carried out, and where such alters the traditional pattern of practice in which the physician directs and supervises the care given;

(2) continues to work with constituent societies to educate the public regarding the differences in the scopes of practice and education of physicians and non-physician health care workers;

(3) continues to actively oppose legislation allowing non-physician groups to engage in the practice of medicine without physician (MD, DO) training or appropriate physician (MD, DO) supervision;

(4) continues to encourage state medical societies to oppose state legislation allowing non-physician groups to engage in the practice of medicine without physician (MD, DO) training or appropriate physician (MD, DO) supervision;
(5) through legislative and regulatory efforts, vigorously support and advocate for the requirement of appropriate physician supervision of non-physician clinical staff in all areas of medicine; and

(6) opposes special licensing pathways for physicians who are not currently enrolled in an Accreditation Council for Graduate Medical Education of American Osteopathic Association training program, or have not completed at least one year of accredited post-graduate US medical education.

**MAG Policy**

**35.984 Scope of Practice**
HD 5/19/2001
MAG, in the public interest, opposes enactment of legislation to authorize the independent practice of medicine by any individual who has not completed the state's requirements for licensure to engage in the practice of medicine and surgery in all of its branches.
(Reaffirmed 9/30/2006; 10/16/2011; 10/15/2016)

**35.986 Physician Assistants**
HD 10/16/2010
The designation of physician assistants should be limited to those persons who have satisfactorily completed training and an examination approved by the Georgia Composite Medical Board. MAG encourages physicians to be familiar with and comply with the supervision requirements as set forth in the Georgia Code, and rules and regulations. The Georgia Composite Medical Board should continue to ensure that the utilization of physician assistants does not lead to abuses in medical care which might be harmful to patients. MAG opposes independent licensure for physician assistants because it would confuse the public and pervert the concept of the PA as an assistant to the physician.
(Special Report 04.10 III) (Reaffirmed 10/17/2015)

**Additional Resources**


RESOLUTION

SUBJECT: Skin Cancer Prevention and Education

SUBMITTED BY: Medical Association of Atlanta
Richmond County Medical Society

REFERRED TO: Reference Committee A

Whereas, each year there are more new cases of skin cancer than the combined incidence of cancers of
the breast, prostate, lung and colon; and

Whereas, over the past three decades, more people have had skin cancer than all other cancers combined; and

Whereas, melanoma is the second most commonly diagnosed cancer and the most lethal form of skin
cancer among adolescents and young adults under the age of 30 years in the United States; and

Whereas, between 40 and 50 percent of Americans who live to age 65 will have either basal cell
carcinoma or squamous cell carcinoma at least once; and

Whereas, the annual cost of treating skin cancers in the U.S. is estimated at $8.1 billion: about $4.8 billion
for non-melanoma skin cancers and $3.3 billion for melanoma; and

Whereas, regular sunscreen use reduces the risk of melanoma by 80 percent and all types of skin cancer
associated with UV radiation; and

Whereas, Georgia has the 6th highest incidence of melanoma in the U.S during 2014 increasing from 11th
the year prior; and

Whereas, while MAG policy supports various programs that encompass cancer policy and prevention,
there is no emphasis on skin cancer screening, prevention, or education; now therefore it be

RESOLVED, that the Medical Association of Georgia (MAG) supports skin cancer education by
dermatologists and primary care physicians; and be it further

RESOLVED, that MAG will develop policy that recognizes effectiveness of sunscreen in preventing
skin cancer and photo aging, and will support access to automatic sunscreen dispensers in places of
public accommodation to combat the rising occurrences of skin cancer in Georgia; and be it further

RESOLVED, that MAG supports the American Medical Association’s (AMA) early detection
policy as a tool to combat skin cancer by recognizing the first Monday of May as Melanoma
Monday, and supports self-examinations, education, yearly screenings, and the ability of
cosmetology professionals to aid in the screening and referral to physicians; and be it further
RESOLVED, that the Medical Association of Georgia (MAG) supports implementation of K-12, university, and post-graduate skin cancer prevention education modeled after other successful programs already in place across the United States; and be it further

RESOLVED, that MAG supports policy allowing children to carry and self-apply sunscreen in public schools.

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**AMA Policy**

**Early Detection and Prevention of Skin Cancer H-55.972**

Our AMA: (1) encourages all physicians to (a) perform skin self-examinations and to examine themselves and their families on the first Monday of the month of May, which is designated by the American Academy of Dermatology as Melanoma Monday; (b) examine their patients' skins for the early detection of melanoma and nonmelanoma skin cancer; (c) urge their patients to perform regular self-examinations of their skin and assist their family members in examining areas that may be difficult to examine; and (d) educate their patients concerning the correct way to perform skin self-examination; (2) supports mechanisms for the education of lay professionals, such as hairdressers and barbers, on skin self-examination to encourage early skin cancer referrals to qualified health care professionals; and (3) supports and encourages prevention efforts to increase awareness of skin cancer risks and sun-protective behavior in communities of color. Our AMA will continue to work with the American Academy of Dermatology, National Medical Association and National Hispanic Medical Association and public health organizations to promote education on the importance of skin cancer screening and skin cancer screening in patients of color.

**Protecting the Public from Dangers of Ultraviolet Radiation H-440.839**

Our AMA encourages physicians to counsel their patients on sun-protective behavior.

Tanning Parlors: Our AMA supports: (1) educational campaigns on the hazards of tanning parlors, as well as the development of local tanning parlor ordinances to protect our patients and the general public from improper and dangerous exposure to ultraviolet radiation; (2) legislation to strengthen state laws to make the consumer as informed and safe as possible; (3) dissemination of information to physicians and the public about the dangers of ultraviolet light from sun exposure and the possible harmful effects of the ultraviolet light used in commercial tanning centers; (4) collaboration between medical societies and schools to achieve the inclusion of information in the health curricula on the hazards of exposure to tanning rays; (5) the enactment of federal legislation to: (a) prohibit access to the use of indoor tanning equipment (as defined in 21 CFR §1040.20 [a][9]) by anyone under the age of 18; and (b) require a United States Surgeon General warning to be prominently posted, detailing the positive correlation between ultraviolet radiation, the use of indoor tanning equipment, and the incidence of skin cancer; (6) warning the public of the risks of ultraviolet A radiation (UVA) exposure by skin tanning units, particularly the FDA's findings warning Americans that the use of UVA tanning booths and sun beds pose potentially significant health risks to users and should be discouraged; (7) working with the FDA to ensure that state and local authorities implement legislation, rules, and regulations regarding UVA exposure, including posted warnings in commercial tanning salons and spas; (8) an educational campaign in conjunction with various concerned national specialty societies to secure appropriate state regulatory and oversight activities for tanning parlor facilities, to reduce improper and dangerous exposure to ultraviolet light by patients and general public consumers; and (9) intensified efforts to enforce current regulations.
Sunscreens. Our AMA supports: (1) the development of sunscreens that will protect the skin from a broad spectrum of ultraviolet radiation, including both UVA and UVB; and (2) the labeling of sunscreen products with a standardized ultraviolet (UV) logo, inclusive of ratings for UVA and UVB, so that consumers will know whether these products protect against both types of UV radiation. Terms such as low, medium, high and very high protection should be defined depending on standardized sun protection factor level.

MAG Policy

Early Intervention Programs 425.998
“MAG supports and promotes the development of early intervention and disease prevention programs at the national, state and local levels, including the mission, goals, and health indicators outlined in the U.S. Health and Human Services Department’s “Healthy People 2020 Plan,” Georgia’s Medicaid and Care Management Program initiatives, and the Georgia Department of Public Health’s 14 Health Promotion and Disease Prevention programs including: 1) the Adolescent Health and Youth Development program, 2) the Asthma Control program, 3) the Breast and Cervical Cancer program, 4) the Cancer State Aid program, 5) the Cardiovascular Health Initiative, 6) the Comprehensive Cancer Control program, 7) the Diabetes Prevention and Control program, 8) the Live Healthy Georgia program, 9) the Nutrition and Physical Activity Initiative program, 10) the Rape Prevention and Education program, 11) the Stroke and Heart Attack Prevention program, 12) the Tobacco Use Prevention program and 13) the Women’s Health Medicaid program and 14) Worksite Wellness program. (Special Report 04.11, Attachment III) (Reaffirmed 10/15/2016)

Additional Resources

None
RESOLUTION

Resolution: 110A.17

SUBJECT: Applied Behavior Analysis for Children with Autism Spectrum Disorder

SUBMITTED BY: Georgia Chapter, American Academy of Pediatrics
Ogeechee River Medical Society
Peachbelt County Medical Society

REFERRED TO: Reference Committee A

Whereas, the CDC estimates that 1 in 68 8-year-olds has Autism Spectrum Disorder (ASD) and most of these are not receiving services for ASD in Georgia; and

Whereas, screening guidelines for ASD exist but positive screens are often not further evaluated or treated because treatment providers are scarce; and

Whereas, Applied Behavior Analysis (ABA) is the most common Adaptive Behavior Service and is a well-researched, behavior-based therapy that does not harm children; and

Whereas, treatment of ASD can turn many children from defiant to cooperative students; and

Whereas, the multi-agency state autism collaborative reported in August 2017 that there were only 359 behavior analysts in Georgia and stressed the need to increase their numbers; and

Whereas, the governor put $71M of funding for treatment of ASD in that became part of the 2017 budget; and

Whereas, a variety of professionals can be certified to provide ABA including physicians, psychologists, special education teachers, speech therapists and social workers; and

Whereas, physicians, psychologists, and certain other credentialed individuals can apply with the Department of Community Health to enroll as a provider of Adaptive Behavior Services for the purpose of directly billing Medicaid; now therefore be it

RESOLVED, that the Medical Association of Georgia (MAG) supports the concept put forth in the multi-agency state autism collaborative in which a physician with autism treatment experience, a psychologist with autism experience, or a community service board can supervise Board-Certified Behavior Analysts (BCBAs) to provide Applied Behavior Analysis (ABA) and bill Medicaid for those services; and be it further

RESOLVED, that for ABA providers who do not hold a license to provide healthcare in Georgia, MAG supports having a physician or psychologist supervise billing as a healthcare provider enrolled in Medicaid’s Adaptive Behavior Services Program.

# # #
AMA Policy
None

MAG Policy
None

Additional Resources
None
RESOLUTION

SUBJECT: Patient’s Right to Know

SUBMITTED BY: Cobb County Medical Society

REFERRED TO: Reference Committee A

Whereas, there are over 55 million people covered by Medicare, 1.5 million in Georgia; and

Whereas, there are over 40 Medicare D and Advantage plans in metro Atlanta, making it unlikely that a person will pick the least expensive plan that covers their medicines. Some have a $0 premium; and

Whereas, the plans have different copays, deductibles, formularies and premiums, thus the least expensive plan depends on what medicines a person is taking. The large number of options makes it unlikely that a person will choose the least expensive plan; and

Whereas, research suggests average savings of $368 annually for people on Medicare D if they picked the least expensive Medicare D plan that covered their medicines (greater for people with certain chronic diseases). This extrapolates to potential $550 million savings in Georgia and $21 billion for the US on Medicare. 2012 census data suggests potential savings of over $2 billion/year for the 5.4 million veterans and their spouses on Medicare who are not covered by the VA or Tricare; and

Whereas, 8 million people on Medicare have not picked a plan to help cover their medicines; and

Whereas, 25% of people with cancer skip at least some of their treatments due to the cost of medicines; and

Whereas, research shows improved outcomes when financial barriers to care are lowered; and

Whereas, the Medicare Plan Finder (a free tool on medicare.gov) and State Health Insurance Assistance Programs (SHIP) are free federally funded resources to help your patients and relatives on Medicare find the least expensive plans which cover their medicines. The Georgia SHIP, GeorgiaCares, is administered by the Division of Aging Services (DAS). GeorgiaCares provides free one on one counseling in a limited number of locations throughout the state and over the phone (1-866-552-4464, Option 4); and

Whereas, WellStar, the first healthcare system to partner with Georgia Cares, is recruiting volunteers to counsel people on their Medicare options at WellStar facilities, making this counseling more widely available; and

Whereas, GeorgiaCares would like to form similar partnerships with other healthcare systems in Georgia. Christine Williams (Christine.Williams@dhs.ga.gov, (404) 657-5347) is available to discuss this with systems interested in this; and

Whereas, open enrollment to pick a new Medicare D or Advantage Plan for next year is October 15th-December 7th; now therefore be it
RESOLVED:

1. MAG should share information about the Medicare Plan Finder and GeorgiaCares with Georgia physicians and consumers.

2. Given the multiple tasks physicians perform during an office visit, MAG should share information on how physicians and staff can easily tell patients about these resources during an office visit. (EPIC smartphrases below).

3. Physicians should provide information and literature which about the Medicare Plan Finder at Medicare.gov and Georgia Cares at http://www.mygeorgiacares.org/ provides counseling in person or over the phone about Medicare options.

EPIC Smartphrases

1. The nurse or care coordinator asks the following questions (EPIC smartphrase below, could be adapted for other EMRs):

   **Medicine costs**
   - {IS/IS NOT: 22135} on Medicare
   - Has insurance to cover medicines: {YES NO: 22100}
   - Cost of Medicines is a problem {YES NO: 22100}
   - Would like to learn about help paying for medicines {YES NO: 22100}

2. If appropriate the following can be adapted and put in the After Visit Summary Smartphrase WMGMEDICARE

   **Want to learn about how people on Medicare (you, your relatives and friends) can lower the cost of their medicines by hundreds to thousands of dollars per year?** A free online tool, the Medicare Plan Finder can help you find the least expensive Medicare Plan that covers your medicines. GeorgiaCares, which provides one on one counseling about Medicare options.

   Did you know there are 57 million people covered by Medicare, 1.5 million in Georgia?
   Did you know that 8 million people on Medicare have not picked a plan to help pay for their medicines?

   Did you know that 25% of people with cancer skip at least some of their treatments due to the cost of medicines?

   Did you know that there are 40 Medicare medicine plans in Atlanta and that some have a $0 premium?

   **A free video at** [www.medicaredrugsavings.org](http://www.medicaredrugsavings.org) **explains the different types of Medicare and how to lower your Medicare costs. Watch the video then use a free tool, The Medicare Plan Finder, on [www.Medicare.gov](http://www.Medicare.gov) **to find the least expensive plan to cover your medicines.**

   **If you need more, help call** GeorgiaCares ([www.mygeorgiacares.org](http://www.mygeorgiacares.org)) **at 1-866-552-4464 (option 4) for one-on-one help.** You can also get information by calling 1-800-MEDICARE. Open enrollment (the time for most people to pick a new plan for next year) is **October 15 – December 7.**

# # #
AMA Policy
None

MAG Policy
None

Additional Resources
None
REFERENCE COMMITTEE
C
RESOLUTION

Resolution: 301C.17

SUBJECT: Amendment to Current Maintenance of Certification (MOC) Law

SUBMITTED BY: Cherokee-Pickens Medical Society

REFERRED TO: Reference Committee C

Whereas, the 2017 anti-MOC House Bill 165, as a MAG high priority issue, “Nothing in this article shall be construed to require a physician to secure a maintenance of certification as a condition of licensure to practice medicine pursuant to this article or as a prerequisite for employment in state medical facilities, reimbursement from third parties or malpractice insurance coverage”, became law this year; and

Whereas, the MAG preferred verbiage was “… a prerequisite for hospital staff membership…” was ultimately changed and adopted into final legislation as “…a prerequisite for employment in state medical facilities…”; and

Whereas, most physicians in Georgia are NOT “employed in state medical facilities” and therefore not protected by this anti MOC law and will have to continually undergo never ending recertification to practice medicine in Georgia despite the passage of H.B. 165; now therefore be it

RESOLVED, that the Medical Association of Georgia advocate for an amendment to the current maintenance of certification (MOC) law to change verbiage from “employment in state medical facilities” back to the original “for hospital staff membership,” thereby covering all physicians in Georgia.

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AMA Policy

None

MAG Policy

None

Additional Resources

None
RESOLUTION

Resolution: 302C.17

SUBJECT: Certificate of Need (CON)

SUBMITTED BY: Cobb County Medical Society

REFERRED TO: Reference Committee C

Whereas, the State of Georgia’s Certificate of Need (CON) program is intended to achieve three goals: (1) to measure and define need, (2) to control costs, and (3) to guarantee access to healthcare services; and

Whereas, Georgia began reviewing health care projects in 1975 under Section 1122 of the 1972 Social Security Act Amendments and Georgia’s CON program was established by the General Assembly in 1979 (O.C.G.A. Title 31, Chapter 6); and

Whereas, major reforms to the statute were enacted during the 2008 Georgia Legislative Session with the passage of Senate Bill 433. This resulted in many improvements in the CON statute, including revised exemptions, new expenditure thresholds, an improved process, and expanded reporting requirements; and

Whereas, a CON is the official determination that a new or expanded health care service or facility is needed in Georgia. The purpose of the CON program is to ensure the availability of adequate health care services to meet the needs of all Georgians, while safeguarding against the unnecessary duplication of services that increase the costs of health care services; and

Whereas, the Medical Association of Georgia (MAG) is a membership organization; and

Whereas, MAG includes many physician members both in support of the CON program and opposed to the CON program; now therefore be it

RESOLVED, that the official policy and position of the Medical Association of Georgia (MAG) is and shall be to remain neutral on issues regarding Certificate of Need.

# # #

AMA Policy

None

MAG Policy

None

Additional Resources

None
AMA Policy

None

MAG Policy

205.989 Certificate of Need - Laws & Regulations
HD 10/17/2009 “It is the position of the Medical Association of Georgia that Certificate of Need is anti-competitive, restricts the development of physician-owned and operated ambulatory surgical procedure and imaging centers, laboratories, and ancillary services, and limits the ability of physicians’ to deliver high quality, cost-effective care to Georgia’s patients. The Medical Association of Georgia opposes Certificate of Need and supports the repeal of Certificate of Need laws in general and specifically as they apply to physician-owned and operated outpatient diagnostic centers, imaging centers, ambulatory surgical centers, laboratories and ancillary services. The Medical Association of Georgia will endeavor to educate legislators and the business community about the policy benefits of eliminating Certificate of Need. Until Georgia’s Certificate of Need laws are repealed, the Medical Association of Georgia opposes any changes to such laws that would make it more difficult for physicians to establish and operate ambulatory surgical centers, such as making it more difficult to obtain an exemption from Certificate of Need review or decreasing the capital, equipment, single-specialty physician-owned ASC, or joint venture ASC expenditure thresholds. With respect to exemptions from Certificate of Need review (and obtaining a Letter of Non-Reviewability), the Medical Association of Georgia supports expanding the exemption from Certificate of Need review for single-specialty physician-owned ambulatory surgical centers to multi-specialty physician-owned ambulatory surgical centers. In the alternative, the Medical Association of Georgia supports recognition as a “single-specialty”, for purposes of the single-specialty exemption from Certificate of Need review (and obtaining a Letter of Non-Reviewability) for physician-owned ambulatory surgical centers, any specialty or subspecialty recognized by the American Board of Medical Specialties. The Medical Association of Georgia opposes statutory or regulatory provisions that authorize a competitor of an applicant for an exemption from Certificate of Need review (and Letter of Non-Reviewability) to challenge a determination by the Department of Health that the applicant’s proposed project is exempt from Certificate of Need review. The Medical Association of Georgia will support MAG members who seek legal remedies to Certificate of Need provisions that are unfair to physicians.” (Special Report: Appendix III; Reaffirmed 10/2014).

Additional Resources

None
RESOLUTION

Resolution: 303C.17

SUBJECT: Communication and Resolution Program

SUBMITTED BY: Whitfield-Murray Medical Society
 worthless-Catoosa-Dade Medical Society
 Florence LeCraw, M.D., Medical Association of Atlanta Delegate

REFERRED TO: Reference Committee C

Whereas, the current predominant professional malpractice defense is “deny and defend”\(^1\); and

Whereas, the “deny and defend” process hinders open communication between patients and providers, resulting in the lack of transparency in hospitals of personnel and system errors. This results in an impedance of any improvement in the quality of care in our healthcare delivery system\(^2\); and

Whereas, the “deny and defend” process is increasing costs to physicians in time, preparation, and malpractice premiums; and

Whereas, physicians involved in a medical malpractice suit frequently suffer major depression, adjustment disorders, and increased morbidity with physical health\(^3\); and

Whereas, a Medscape survey found 36 percent of female physicians and 26 percent of male physicians said it was “one of the worst experiences in my life”, while 20 percent of all physicians said “it was disruptive and humiliating.”\(^4\); and

Whereas, the current malpractice environment encourages the practice of defensive medicine that results in an increase of total healthcare costs that does not contribute and can potentially hurt patients’ health outcome.\(^5\)

Whereas, the concept of alternative programs to medical malpractice suits will never completely end the principle of the “right by trial by jury” when there is a grievance. Alternative programs need to be studied and assessed as to their effectiveness in decreasing the negative consequences for patients, physicians, total health care cost, and quality of care using “deny and defend”.

Whereas, one such alternative is the Communication and Resolution program (CRP) which is typically composed of six general components\(^6\); and

1. Hospital policy requires full disclosure when an unexpected bad outcome occurs; and

2. Staff report unexpected adverse outcomes they observe to Risk Management and Quality Improvement Departments; staff also encourage patients to report to Risk Management any unexpected bad outcome the patient experienced; and

3. Risk Management reports all cases that are notified to them to the Quality Improvement Department for evaluation of errors and possible correction of system errors or personnel errors; and
4. The patient and family, with an attorney if desired, meet with Risk Management representatives and describe their concerns/experience. The hospital investigates and reports back to the patient/family. The hospital and physician makes a full disclosure of their analysis; and

5. If a medical injury occurred due to medical error by the physician, he/she will give full disclosure to the patient with an attorney if desired. If the hospital committed the medical injury, Risk Management representatives will provide the full disclosure when a hospital error occurred. Full disclosure includes an explanation, an apology, and an exploration of ways to prevent the injury from occurring in future to others. The hospital asks how the patient would like to resolve the case and pay appropriate compensation if requested; and

6. If no medical error resulting in an injury occurred, no compensation is offered. The patient may proceed to litigation if desired. The hospital vigorously defends any claim filed when there is no evidence of medical error; and

Whereas, studies of CRP show decrease defense costs, settlement costs, number of claims filed, and time interval to resolve a claim \(^6,^{7,8,9}\); and

Whereas, several studies have demonstrated that CRP is more successful in a closed system (physicians are employed and insured by hospital), than open settings (physicians are not employed nor insured by hospital). \(^7,^{8,9,10,11}\) However, one study demonstrated success in a hospital with a majority of physicians were not employed by the hospital and no physician was insured by this hospital\(^7\); and

Whereas, another study showed a reduction in diagnostic testing and imaging after implementation of CRP. These findings suggests defensive medicine practice is decreased using CRP as opposed to deny and defend\(^12\); and

Whereas, though patients still have the right to litigate, when CRP was initiated in one hospital study, in 43 percent of cases, the patient’s needs were met with an explanation and apology while the remaining 57 percent received financial compensation in addition to an explanation and apology. No health care bills were submitted to patient or their insurance company if a medical error resulted in injury to the patient\(^6\); and

Whereas, one study demonstrated a concordance rate between compensation and medical error of 99.6 percent.\(^6\)

Whereas, this system would encourage hospitals to implement patient safety initiatives. The resultant improvement in quality of care would result in less adverse outcomes due to medical error. This could result in physicians experiencing a decreased incidence in reports to NPDB, the state’s medical board, and the physician’s hospital review board; and

Whereas, more study and vetting is needed to assess if CRP has a place in lowering liability outcomes, decrease the practice of defensive medicine, improve quality of care, and decrease the stress to the patient and physicians when an adverse outcome occurs; now therefore be it

**RESOLVED**, that the Medical Association of Georgia (MAG) develops policy in support of the Communication and Resolution Program (CRP) as a viable option to settle disputes within hospital settings, prior to litigation; and be it further

**RESOLVED**, that MAG develop policy in support of federal funding for states to establish and implement effective alternative reforms, such as CRP; and be it further
RESOLVED, that the Georgia Delegation submit a resolution to the American Medical Association to amend its policy to include CRP as a viable option to settle disputes within hospital settings, prior to litigation.

# # #

AMA Policy


Our AMA: (1) reaffirms its support for investigating promising Alternative Dispute Resolution (ADR) mechanisms, including communication and resolution programs, in the context of demonstration projects designed to evaluate whether they resolve medical liability claims fairly and in a more timely and cost-effective manner. (2) The AMA strongly recommends that if cost containment goals are to be achieved, ADR proposals designed to provide greater access to legal process must incorporate effective mechanisms to: (a) identify non-meritorious claims and dispose of them; (b) decrease the proportion of cases being litigated; (c) increase the portion of any settlement payment received by the patient; and (d) identify appropriate guidelines for the payment of damages; and (3) continues to monitor and disseminate information to state and component medical societies about state and federal initiatives that address the issue of protections from liability risks for physicians who provide volunteer activities and care of the indigent, as well as the effectiveness of those initiatives. Effective medical liability reform, based on the California Medical Injury Compensation Reform Act (MICRA) model, is integral to health system reform.

Enterprise Liability H-435.968

The AMA: (1) affirms its position that effective medical liability reform based on California's MICRA model is integral to health system reform, and must be included in any comprehensive health system reform proposal that hopes to be effective in containing costs, providing access to health care services and promoting the quality and safety of health care services; (2) opposes any proposal that would mandate or impose enterprise liability concepts. Federal funding to evaluate the comparative advantages and disadvantages of enterprise liability may be best spent studying the operation, effect on liability costs and patient safety/injury prevention results of liability channeling systems that already exist and function as close analogs to the enterprise liability model (BOT Rep. I-93-53); and (3) supports strong patient safety initiatives and the investigation of alternative dispute resolution models, appropriate uses of practice parameters in medical liability litigation and other reform ideas, including communication and resolution programs, that have the potential to decrease defensive medicine costs and more fairly and cost-effectively compensate persons injured in the course of receiving health care services.

MAG Policy

165.997 Litigation Cost Reduction

435.999 Alternative Dispute Resolution
HD 4/1/1993 MAG supports legislation that will enable the resolution of medical malpractice claims by various recognized forms of Alternative Dispute Resolution. (Reaffirmed 05/2000; 10/5/2008; 10/20/2013).
**Additional Resources**

13. Injury severity score due to medical error
A. Medical error with no resultant injury but with the potential for Injury
B. Medical error that almost reached patient
C. Medical error that reached patient with no resultant injury
D. Medical error with no resultant injury but required additional monitoring
E. Medical error with resultant injury that did not require increased hospital stay or increased level of care
F. Medical error that resulted in a longer hospital stay or increased level of care
G. Medical error with resultant injury of permanent harm
H. Medical error with resultant injury requiring life-saving intervention
I. Medical error resulting in death
RESOLUTION

Resolution: 304C.17

SUBJECT: Interstate Medical Licensure Compact

SUBMITTED BY: Medical Association of Atlanta

REFERRED TO: Reference Committee C

Whereas, all states require licensure for physicians to ensure quality and safety; and

Whereas, access to physician services is de facto limited by this condition; and

Whereas, interstate medical care is becoming a beneficial mode of practice, especially in telemedicine; and

Whereas, federal licensure would likely to be detrimental to physician and patient concerns; and

Whereas, there is a demand for facilitation of licensure in multiple states; and

Whereas, the Interstate Medical Licensure Compact addresses all of these concerns by maintaining individual state licensure by facilitating application and authorization of these licenses; now therefore be it

RESOLVED, that the Medical Association of Georgia develops policy that supports legislation calling for Georgia to become a member of the Interstate Medical Licensure Compact.

# # #

AMA Policy

Facilitating Credentialing for State Licensure D-275.994

Our AMA: (1) encourages the Federation of State Medical Boards to urge its Portability Committee to complete its work on developing mechanisms for greater reciprocity between state licensing jurisdictions as soon as possible; (2) will work with the Federation of State Medical Boards (FSMB) and the Association of State Medical Board Executive Directors to encourage the increased standardization of credentials requirements for licensure, and to increase the number of reciprocal relationships among all licensing jurisdictions; (3) encourages the Federation of State Medical Boards and its licensing jurisdictions to widely disseminate information about the Federation's Credentials Verification Service, especially when physicians apply for a new medical license; and (4) supports the FSMB Interstate Compact for Medical Licensure and will work with interested medical associations, the FSMB and other interested stakeholders to ensure expeditious adoption by the states of the Interstate Compact for Medical Licensure and creation of the Interstate Medical Licensure Compact Commission.
MAG Policy

None

Additional Resources

None
RESOLUTION

Resolution: 305C.17

SUBJECT: Recognition of the National Board of Physicians and Surgeons (NBPAS)

SUBMITTED BY: Cherokee-Pickens Medical Society

REFERRED TO: Reference Committee C

Whereas, established MAG policy 230.991 reads “MAG accepts the National Board of Physicians and Surgeons (NBPAS) as an alternative to the American Board of Medical Specialties (ABMS) for recertification of physicians of GA (Resolution 101A.15).”; and

Whereas, anti-MOC GA law HB 165 is anticipated to enable physicians in Georgia to stop participating in MOC leading over time to the expiration of their “time-limited” board certification, thus becoming no longer board certified; and

Whereas, “board certification” is required in many instances to practice medicine in Georgia; and

Whereas, the NBPAS board certification requires only annual CME and an INITIAL ABMS Board Certification (but NOT MOC) to remain board certified; now therefore be it

RESOLVED, that the Medical Association of Georgia advocate to have the NBPAS Board Certification in Georgia officially recognized in order to allow physicians the ability to continue as board certified after the original certification “expires” to continue practicing medicine without having to participate in the maintenance of certification process.

###

AMA Policy

None

MAG Policy

None

Additional Resources

None
RESOLUTION

Resolution: 306C.17

SUBJECT: Statewide Drone System

SUBMITTED BY: Medical Association of Atlanta

REFERRED TO: Reference Committee C

Whereas, the importance of rapidly replacing blood loss in trauma and obstetrical hemorrhage is well known and is key to avoiding preventable morbidity and mortality; and

Whereas, the EMS personnel do not bring blood and blood products to trauma sites and rural hospitals have an inadequate supply of blood and blood products to handle major trauma or multiple serious trauma cases and major obstetrical hemorrhage; and

Whereas, the Red Cross and Life South Blood Centers do not have helicopter landing or take off capabilities since they do not have helicopter pads in place; and

Whereas, drones can replace helicopters in capability and are less expensive to maintain and operate; and

Whereas, with Federal Aviation Administration approval drones can deliver blood and blood products as well as other vital medical supplies anywhere in the State of Georgia including remote trauma sites; now therefore be it

RESOLVED, that the Medical Association of Georgia will work to have introduced into the Georgia General Assembly, a resolution requesting the state to investigate the feasibility and cost of implementing a drone network to bring vital blood and blood product supplies and other vital medical supplies to Georgia trauma sites and hospitals that are in need of said supplies.

# # #

AMA Policy

None

MAG Policy

None

Additional Resources

None
RESOLUTION

Resolution: 307C.17

SUBJECT: Licensing of Surgical Assistants

SUBMITTED BY: Cobb County Medical Society

REFERRED TO: Reference Committee C

Whereas, the to amend Chapter 34 of Title 43 of the Official code of Georgia annotated, relating to physicians, acupuncture, physician assistants, and others, so as to provide for the licensing of surgical assistants; and

Whereas, a license issued by a government entity provides assurance to the public that a care giver has met a minimum pre-determined standard. The general public may not have sufficient knowledge to identify an unqualified healthcare provider, and that makes them vulnerable. Especially during a surgical procedure, patients do not have a voice. They deserve to know that the persons at their table assisting with their procedure have a pre-determined minimum of training; and

Whereas, increased access to care. Licensure will increase access to service across the state. SA’s are specifically trained in surgery and can be a vital asset to a surgeon who requires a second pair of hands. Surgeons will have greater access to providing services to patients in need and in a timely fashion. This promotes cost-effective employment of qualified individuals to assist surgeons, enabling them to provide a higher quality of care while lessening the risk of surgical procedures. Additionally, by utilizing a SA, a PA or MD is then available to see another patient that requires care. This does not increase surgical costs for the patient, intact reducing costs to patients as SA’s bill less than a second surgeon; and

Whereas, increase the workforce. Licensure could boost the workforce development as more individuals seek out training, as well as the potential for new revenue/jobs if school/s were to open in the state; and

Whereas, regulation does not diminish resources as licensure fees would offset expenses to the State to maintain licensure; and

Whereas, increase recognition. Licensure will alleviate questions about scope of practice and will allow us to perform our jobs, as trained, under the law. Having our governing body be the Board of Medicine only makes sense as we work hand in hand with the surgeon at the table, under their supervision; now therefore be it

RESOLVED, that Chapter 34 of Title 43 of the Official Code of Georgia Annotated, relating to physicians, acupuncture, physician’s assistants, and other is amended by adding a new article to read as follows:

The Composite State Board of Medical Examiners establish education, examination, and continuing education requirements for license Surgical Assistants.

The applicant be a graduate of a program approved by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), graduate from a U.S. military program that emphasizes surgical assisting, or a nationally certified surgical assistant from the Association of Surgical
Assistants (ASA), the National Surgical Assistant Association (NSAA), or the American Board of Surgical Assistants (ABSA) with currency.

# # #

**AMA Policy**

None

**MAG Policy**

None

**Additional Resources**

None
RESOLUTION

Resolution: 308C.17

SUBJECT: Organization of MAG Council on Legislation

SUBMITTED BY: Cobb County Medical Society

REFERRED TO: Reference Committee C

Whereas, The Medical Association of Georgia’s (MAG) Council on Legislation was established to review legislation and to recommend policy positions to MAG’s policy-making bodies and to communicate MAG’s positions to legislators at the state and federal levels; and

Whereas, MAG’s Council on Legislation is composed of members from each specialty society; and

Whereas, MAG’s Council on Legislation has no representation from county medical societies; and

Whereas, specialty societies comprise only 7.4 percent of delegates to the House of Delegates; and

Whereas, county medical societies are comprised of all specialties; and

Whereas, House of Delegates approve legislative priorities for the coming year before House of Delegates discussion and votes on resolutions; now therefore be it

RESOLVED, that MAG’s Council on Legislation be comprised of both county and specialty societies; and be it further

RESOLVED, that MAG’s Council on Legislation include current legislative priorities from the current House of Delegates.

# # #

AMA Policy
None

MAG Policy
None

Additional Resources
None
RESOLUTION

Resolution: 309C.17

SUBJECT: Second Dose Meningitis Vaccine

SUBMITTED BY: John S. Antalis, M.D., Whitfield-Murray Medical Society Delegate

REFERRED TO: Reference Committee C

Whereas, meningitis is usually caused by a viral or bacterial infection - viral meningitis being generally less severe than bacterial meningitis; and

Whereas, bacterial meningitis, caused by meningococcus, also referred to as Neisseria meningitides, is one of the deadliest and least understood infections in the United States; and

Whereas, meningitis is an inflammation of the brain and spinal cord that can be the result of a bacterial infection; bacterial meningitis is the most serious type of meningitis and is often associated with potentially life-threatening blood infections that affect as many as 3,000 Americans every year; and

Whereas, the two most common types of meningococcal disease are meningitis and meningococcemia; meningitis is an infection of the fluid that surrounds the spinal cord and the brain, the symptoms of which include high fever, headache, stiff neck, confusion, lethargy, vomiting, and seizures, and meningococcemia is an infection of the blood stream, the symptoms of which include a red-brown rash or purple blotches; and

Whereas, meningitis can develop rapidly and its symptoms often resemble the flu, making it difficult for doctors to diagnose; even with early and appropriate treatment, the rates of death and serious long-term effects of the disease can be high and bacterial meningitis can be fatal, sometimes within hours; and

Whereas, survivors often suffer serious long-term consequences, such as deafness, epilepsy, brain damage and limb loss. While the disease can affect people of all ages, infants, children and adolescents are at an increased risk of infection; and

Whereas, thousands of children and adults around the world have died or experienced terrible after-effects from meningitis; now therefore be it

RESOLVED, that the Medical Association of Georgia (MAG) support the requirement of a second dose of the meningococcal conjugate vaccine for 12th graders in accordance with CDC recommendations.

# # #

AMA Policy

None

MAG Policy

None
Additional Resources

None
REFERENCE COMMITTEE
F
The Finance Committee continues to be active in overseeing MAG’s budget and financial resources. The committee met three times since the last meeting of the HOD. In addition to reviewing MAG’s financials and investments at each meeting, the Committee reviewed and approved the audit of MAG and its related entities.

In 2011, the Finance Committee diligently went through a selection process and appointed Mauldin & Jenkins, CPA, as MAG’s new auditors. FY 2016 was the sixth year that Mauldin and Jenkins, CPA performed the audit and the Finance Committee is very pleased with their services. The Finance Committee reviewed and approved the audit of the FY 2016 financial statements, which were found to be accurate in all material respects. Mauldin & Jenkins, CPA continue to report to the Finance Committee and Board of Directors that the books and records of the Association are in excellent shape.

In 2009, following the significant downturn of the economy, as well as declining membership, the Finance Committee recommended to the Board of Directors that it approve the five-year strategic goal to build $1 million in reserves. In 2012, we surpassed this goal and 2014 was the fifth year of this plan.

Our first goal was to match current year operating revenues with current year operating expenses. Our next goal was to strengthen MAG’s Balance Sheet by eliminating our Long-Term Debt. In February 2014, MAG paid off the mortgage on the building at 1849 The Exchange, Atlanta GA 30339. The building was purchased in 2006 and at that time we had a 20-year mortgage at 6.15%. The payoff included a $310,000 prepayment penalty, but even with taking this into account, the early payoff of the building saved MAG over $400,000 in interest and cash flow over the remaining life of the loan which was 12 years. In 2015, the Board of Directors, with its approval of the 2020 Strategic Plan, approved a continuation of the goal to achieve at least a $200,000 surplus per year to protect the MAG brand, and to achieve and sustain its vision and strategic goals. The Finance Committee is pleased to report that FY 2017 continues with this strategic goal to build MAG’s reserves and strengthen our Association.

We are now working simultaneously on our next two goals: 1) to build a reserve of 12 months operating expenses and 2) to strengthen the financial condition of MAG’s affiliates. Management is to be commended for its successful growth in membership and continued discipline with management of expenses.

In 2016, the Board of Directors approved the Operating Budget for FY 2017, where revenues exceed expenses by $200,000, and we are pleased to report that MAG is again on target to exceed the budgeted surplus of $200,000.

This report provides delegates with a summary of MAG’s audited financial performance for FY 2016 and our projections on how MAG will end FY 2017.
MAG’s FINANCIAL PERFORMANCE IN FY 2016

This section on MAG’s financial performance in 2016 is divided into two parts. The first part compares our performance in FY 2016 with FY 2015 using Combined MAG Figures. We refer to these figures as “combined” because, in addition to the operating revenues and expenditures, which are approved by the Board of Directors, they include the revenues and expenditures of our related entities such as the MAG Foundation, the Physicians’ Institute for Excellence in Medicine, GAMPAC and the MAG Alliance, as well as those that are “restricted” to specific purposes other than general operations.

Examples of “restricted” activities include the Tort Reform Fund, the PR Media Fund, the Partnership with Medicine Fund and the Medical Reserve Corps (MRC) Fund. In contrast, the Budget approved by the Board of Directors is an Operating Budget that does not include revenues and expenditures for these “restricted” activities.

Because we do not formally budget for these restricted activities, the Combined MAG Figures (both revenues and expenditures) are greater than those found in the FY 2016 Operating Budget. The financial audit performed each year examines all of MAG’s financial activity, and therefore, includes both restricted and unrestricted revenues and expenditures. These figures are included in the Audit Report presented to the Board of Directors each year and are the ones used in this part of the report.

The second part of this section is designed to provide delegates with a more focused, strategic picture of our operating performance by using the Operating Budget figures only. The Operating Budget figures, which do not include revenue or expenditures for “restricted” activities or the revenues and expenses of related entities, allow us to compare our operating performance in FY 2016 with the operating performance in FY 2015 as well as compare our actual performance in FY 2016 with the FY 2016 budget targets approved by the Board of Directors. This part, therefore, provides delegates with a true comparison of how well we managed to the budget adopted by the Board of Directors.


FINANCIAL HIGHLIGHTS

<table>
<thead>
<tr>
<th>(Dollars in thousands)</th>
<th>2016</th>
<th>2015</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenues – Dues</td>
<td>$2,196</td>
<td>$2,174</td>
<td>1.0%</td>
</tr>
<tr>
<td>Revenues – Non dues</td>
<td>2,686</td>
<td>2,751</td>
<td>-2.4%</td>
</tr>
<tr>
<td>Total Revenues</td>
<td>4,882</td>
<td>4,925</td>
<td>-0.9%</td>
</tr>
<tr>
<td>Personnel expenses</td>
<td>2,575</td>
<td>2,546</td>
<td>1.1%</td>
</tr>
<tr>
<td>Other general and administrative expenses</td>
<td>1,989</td>
<td>2,111</td>
<td>-5.8%</td>
</tr>
<tr>
<td>Total Operating expenses</td>
<td>4,564</td>
<td>4,657</td>
<td>-2.0%</td>
</tr>
<tr>
<td>Operating results</td>
<td>318</td>
<td>268</td>
<td>18.7%</td>
</tr>
<tr>
<td>Non-operating and non-recurring items</td>
<td>(170)</td>
<td>116</td>
<td>-246.6%</td>
</tr>
</tbody>
</table>

Change in Equity

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in unrestricted equity</td>
<td>111</td>
<td>256</td>
<td>-56.6%</td>
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<tr>
<td>Change in restricted equity</td>
<td>37</td>
<td>128</td>
<td>-71.1%</td>
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<tr>
<td>Change in association equity</td>
<td>$148</td>
<td>$384</td>
<td>-61.5%</td>
</tr>
<tr>
<td>Association equity at year end</td>
<td>$4,412</td>
<td>$4,264</td>
<td>3.5%</td>
</tr>
<tr>
<td>Employees at year end</td>
<td>23</td>
<td>23</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
FINANCIAL ANALYSIS

Revenue: MAG and its related entities generated Total Revenues of $4,881,766 in FY 2016 or $43,244 (0.9%) less than FY 2015. This was primarily due to:

1) A decrease in Contributions of $300,560 (67.3%), primarily MAG Foundation, of $313,560 (77.5%).
2) A decrease in Education of $30,580 (18.6%) due to their multiyear cycle of accreditation fees, offset by
3) An increase in Grants of $287,570 (68.3%), MAG of $143,428 (297.8%), MAG Foundation of $94,537 (396.4%) and Physicians’ Institute for Excellence in Medicine (PIEM) of $49,605 (14.2%).

Membership Dues Revenue for FY 2016 was $2,196,273 or $22,388 (1.0%) more than FY 2015. We produced Non-Dues Revenue of $2,685,493 which is $65,632 (2.4%) less than FY 2015.

Expenses: MAG and its related entities spent $4,564,544 in FY 2016 or $92,615 (2.0%) less than in FY 2015 ($4,657,159). This was primarily due to:

1) An increase in Personnel costs of $29,009 (1.1%).
2) An increase in Medical Reserve Corps spending of $48,070 (291.6%) in performing the duties required under their grant agreements, offset by
3) A decrease in Education of $138,622 (27.4%). Primarily, the Physicians’ Institute for Excellence in Medicine (PIEM) expended $242,637 or $144,439 (37.3%) less than FY 2015 for education purposes in performing their duties required under their grant agreements.
4) A decrease in Health Information Exchange of $34,250. MAG wrote off the startup expenses of the Health Information Exchange in FY 2015 and there were no expenses in FY 2016.

Non-Operating and Non-Recurring Items:

- **Net Unrealized Gain on Life Insurance Policies and Annuity Contracts.** The MAG Foundation recognized $43,340 in net revenue from increases in the surrender values of Universal Life Insurance policies due to interest earned, reductions in surrender charges, changes in market value adjustments and annuity payment received.

- **Change in Value of Accrued Annuity Liabilities.** The MAG Foundation recognized an increase in Accrued Annuity Liabilities which resulted in an expense of $379,735 in FY 2016.

- **Net Realized and Unrealized Gain on Investments.** The MAG Foundation recognized a $166,852 net gain on Investments.

**Assets:**

<table>
<thead>
<tr>
<th>(Dollars in thousands)</th>
<th>2016</th>
<th>2015</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cash and investments</td>
<td>$8,478</td>
<td>$8,566</td>
<td>-1.0%</td>
</tr>
<tr>
<td>Operating assets</td>
<td>256</td>
<td>286</td>
<td>-10.5%</td>
</tr>
<tr>
<td>Property and equipment</td>
<td>2,866</td>
<td>2,942</td>
<td>-2.6%</td>
</tr>
<tr>
<td>Cash surrender value of annuity and life insurance policies</td>
<td>430</td>
<td>460</td>
<td>-6.5%</td>
</tr>
<tr>
<td>Grants and Pledges receivable</td>
<td>67</td>
<td>15</td>
<td>346.7%</td>
</tr>
<tr>
<td>Student loans receivable</td>
<td>8</td>
<td>19</td>
<td>-57.9%</td>
</tr>
<tr>
<td>Total</td>
<td>12,105</td>
<td>12,288</td>
<td>-1.5%</td>
</tr>
</tbody>
</table>

MAG and its related entities’ Total Assets decreased $182,858 (1.5%) in FY 2016. This was due to:

1) A decrease of $87,618 (1.0%) in Cash and Investments. This decrease was primarily due to decreases in MAG Foundation of $203,599 and Physicians’ Institute for Excellence in Medicine (PIEM) of $63,242 for payments under the Section 170 program and payments in performing their duties required their grant agreements, offset by positive operating surplus in FY 2016 in MAG ($165,350) and GAMPAC ($23,666). Timing of cash receipts and payments is also a factor.

2) A decrease of $30,962 (10.8%) in Operating Assets. Changes in operating assets from year to year are largely due to timing of cash receipts and payments.

3) A decrease in Fixed Assets of $76,461 (2.6%), primarily due to aging of Fixed Assets.

4) A decrease of $29,776 (6.5%) in the MAG Foundations’ Cash Surrender Value of Annuity and Life Insurance Policies.

5) An increase of $52,466 (358.6%) in MAG Foundation Pledges receivable.

6) A decrease of $10,507 (56.7%) in MAG Foundation Student Loans Receivable.

**Liabilities and equity:**

<table>
<thead>
<tr>
<th>(Dollars in thousands)</th>
<th>2016</th>
<th>2015</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating liabilities</td>
<td>$498</td>
<td>$483</td>
<td>3.1%</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>1,060</td>
<td>1,499</td>
<td>-29.3%</td>
</tr>
<tr>
<td>Accrued annuity liabilities</td>
<td>6,135</td>
<td>6,041</td>
<td>1.6%</td>
</tr>
<tr>
<td>Association Net Assets</td>
<td>4,412</td>
<td>4,265</td>
<td>3.4%</td>
</tr>
<tr>
<td>Total</td>
<td>12,105</td>
<td>12,288</td>
<td>-1.5%</td>
</tr>
</tbody>
</table>
MAG and its related entities’ Liabilities decreased $330,537 (4.1%) in FY 2016. This was due to:

1) Operating liabilities increased $14,377 (3.0%) in FY 2016. Changes in operating liabilities from year to year are largely due to timing of cash receipts and payments.

2) Deferred Revenue decreased $439,089 (29.3%) in FY 2016. Changes in deferred revenue from year to year are largely due to timing of cash receipts and payments.

3) The MAG Foundation Section 170 Plan Accrued Annuity Liabilities increased $94,175 (1.6%).

Part II: FY 2016 Management of the Operating Budget

Managing of the Operating Budget: FY 2016 is the sixth year since 2010 in which we have surpassed our budget of $200,000 in surplus. In 2012 we surpassed our goal of $1 million in surplus and combining our surplus for 2010 ($239,436), 2011 (484,084), 2012 ($528,857), 2013 ($429,726), 2014 ($167,298), 2015 ($275,163) and 2016 ($295,563), we reached a cumulative surplus of $2,420,127. With these successes, we have achieved our first goal, to match current year income with current year revenues (2012), and our second goal to eliminate Long Term Debt (2014). We are working toward our third goal to build a reserve of 12 months operating expenses as well as our fourth goal to shore up the financial condition of the MAG Foundation. We are continuing to build the financial strength of the association.

Operating Revenues: Total Operating Revenue in FY 2016 was $3,772,267. This represents a decrease of $81,159 (2.1%) over FY 2015 and $173,795 (4.8%) above the budget target of $3,598,472. The excess primarily resulted from increased revenues from Membership Dues Revenue of $113,397 (6.0%), increased revenues from Government Relations of $27,500 (no budget) and increased revenues in Correctional Medicine of $33,380 (20.6%).

Dues revenue in FY 2016 was $1,988,397, down $60,139 (2.9%) from $2,048,536 in FY 2015, and above budgeted dues revenues by $113,397 (6.0%).

Non-dues revenue was $1,783,870, down $21,020 (1.2%) from $1,804,890 in FY 2015 and $60,398 (3.5%) above the budget target of $1,723,472.
Operating Expenses: Total Operating Expenses in FY 2016 were $3,476,704, representing a decrease of $101,559 (2.8%) from FY 2015. Total Operating Expenses were $78,232 (2.3%) more than the budget. Personnel Expenses, which account for approximately 65.9% of all expenses, were $2,291,128 up $21,115 (0.9%) from $2,270,013 in FY 2015 and higher than the budget by $164,098 (7.7%). Non Personnel Expenses were $1,185,576, down $122,674 (9.4%) in FY 2015 ($1,308,250) and down $85,866 (6.8%) from the budget ($1,271,442).
Net Operating Income: Net Operating Income is the net of Total Operating Revenues minus Total Operating Expenses resulting in a Net Operating Surplus or Net Operating Deficit. We ended FY 2016 with a Net Operating Surplus of $295,563, which is $20,400 (7.4%) higher than FY 2015 and is $95,563 (47.8%) higher than the surplus of $200,000 approved by the Board of Directors.

### PROJECTED RESULTS FOR FY 2017
(Based on month-end July 2017)

Our fiscal year-end projections are derived by extrapolating operating performance figures from July 2017 to the end of the year. These extrapolated figures suggest that we will come in above target, well ahead of the $200,000 operating budget surplus as adopted by the Board of Directors in 2016. It is the intent of the Board of Directors to use this surplus to continue to build reserves and shore up the financial condition of the MAG Foundation.

Total Revenues are projected to be $3,767,051, a decrease of $5,216 (0.1%) from FY 2016 and $156,629 (4.3%) higher than budget. As we near the end of our dues collection cycle, we estimate that Dues Revenues will be $1,932,434, a $55,963 (2.8%) decrease from FY 2016 and a $57,434 (3.1%) increase against the budget target of $1,875,000. Non-dues revenue is estimated to be $1,834,617, up $50,747 (2.8%) from FY 2016 and up $99,195 (5.7%) against the budget.

Total expenses are projected to be $3,405,495, a decrease of $71,209 (2.0%) from FY 2016 and $4,927 (0.1%) below budget. Personnel costs, which are projected to be $2,125,735, is a decrease of $165,393 (7.2%) from FY 2016 and $7,296 (0.3%) higher than budget. Non-personnel costs are projected to be $1,279,760, which is a $94,184 (7.9%) increase over FY 2016 and $12,223 (0.9%) lower than budgeted.

A surplus of $361,556 is projected which is $65,993 (22.3%) higher than FY 2016 and $161,556 (80.8%) higher than budget. Achieving this surplus will allow us to continue to build our reserves.
MAG’s INVESTMENT POLICY

A copy of MAG’s Investment Policy is attached hereto for information. (Attachment 1).

THANK YOU

As Treasurer, I am grateful for the opportunity to have worked with the dedicated members of the Finance Committee this year.

William P. Brooks, M.D., Macon
Rutledge Forney, M.D., Atlanta
Karunaker Sripathi, M.D., Perry
William E. Silver, M.D., Atlanta
James L. Smith, M.D., Lawrenceville
Levi M. Takle, Jr., M.D., Griffin
Arthur Torsiglieri, M.D., Conyers
Michael F. Doherty, M.D., Atlanta (ex-officio)

MAG staff:

Sally-Anne Jacobs

###
INTRODUCTION

The finances of the Medical Association of Georgia (MAG) are separated into two categories: “Operating Funds” and “Long Term Investments.” This document represents the Investment Policy for operating funds that are invested and for long-term investments.

Operating Funds: Operating Funds are generated from two sources: Dues Revenue and Non-Dues Revenue. These funds are used to finance the day-to-day operations of the association and are maintained in a “Commercial Paper Account” similar to a money market account so that they are available on a day-to-day basis. A majority, but not all, of the funds in the Commercial Paper Account are “swept” into an investment account at the end of the business day and returned to the Commercial Paper Account before the beginning of the next business day. This allows MAG to earn additional interest on these funds. Funds that are generated early in the membership year that are not needed for the day-to-day operation of the association are often invested in other instruments for use later in the year to meet cash flow needs. When cash on hand exceeds anticipated cash flow needs, the Finance Committee shall assess whether such excess funds should be invested in longer term securities to enhance return on investment.

Long Term Investments: Long Term Investments are those funds that are typically invested for the long-term growth of the association. Funds that comprise MAG’s Long-Term Investments were generated by the sale of our PPO known as Georgia Health Network. These funds are maintained in a separate account referred to as managed care funds.

Purpose

The purpose of this Investment Policy is to set forth the investment objectives and investment guidelines for the association’s Invested Operating Funds and Long-Term Investments. The Committee expects this policy statement to assist in perpetuating the decision making for both the Operating Funds and Long-Term Investments.

Investment objectives have been formulated with attention to:

- Assuring that the association has sufficient cash flow to allow its uninterrupted operation;
- Maximizing return on investment relative to the risk tolerance of the Medical Association of Georgia;
• The need to achieve prudent diversification of assets; and
• The strategic financial goals of the association.

Duties of the Board of Directors

The Board of Directors has the fiduciary obligation to ensure that the assets of the association are invested in a prudent manner. The Board of Directors will receive a report from the Treasurer at each of its meetings and approve (or disapprove) the financial statements of the association. The Board of Directors approves the budget and submits a report on the budget and management of the association’s finances to the House of Delegates.

Duties of the Treasurer and Finance Committee

The Treasurer is elected by the HOD and serves a term of two years. The Treasurer chairs the Committee on Finance, which is comprised of at least seven (7) members of the Board of Directors appointed by the Chairman of the Board.

The Committee on Finance shall cause to be audited at least annually all accounts of the association. The Committee shall propose an annual budget for the fiscal year beginning on January 1 and submit that budget to the Board of Directors at its last meeting in the last quarter of the fiscal year for Board approval.

Objectives

(a) All investments shall fall within the legal requirements and regulations governing the association’s legal status as a 501 (c) 6 corporation.

(b) Investments of current budget year’s revenue should be structured to conserve principal and earn the highest return available on short-term liquid investments.

(c) Monies in excess of amounts needed for short-term obligations should be invested to earn the highest return available on long-term investments within the risk tolerance as set in allowable ranges for asset categories.

Types of Investment and Quality Ratings

The following is a list of investment type and quality ratings:

Cash Equivalents

• Treasury Bills (T-Bills): That are guaranteed by full faith and credit of the U.S. government.

• Banker’s Acceptances (BAs): May be purchased from banks or trust companies, subject to approved FDIC guaranteed insurance limitations, organized under the
laws of Canada or the United States of America or any province or state thereof, which have combined capital and surplus of at least $1,000,000,000 in U.S. dollars.

- **Repurchase Agreement (Repos):** May be purchased from banks for trust companies, organized under the laws of Canada or the United States of or any province or state thereof, which have combined capital and surplus of at least $1,000,000,000 in U.S. dollars.

- **Commercial Paper** rated “prime” or its equivalent by either the National Credit Office, Inc. or Standard & Poor’s Corporations, or their successors, and unrated commercial paper of similar quality in which the bank is also investing funds held by it in a trust or trusts subject to the jurisdiction of the Probate Courts of the State of Georgia (including any investment in pools or mutual funds of such commercial paper owned by the bank).

- **Cash** because of their liquidity and short-term to maturity for purposes of this investment policy, treasury bills, repos, commercial paper, and many money market funds are considered cash equivalents.

**Fixed Income**

- **Certificate of Deposit (CD’s):** May be purchased from banks or trust companies, subject to approved FDIC guaranteed insurance limitations, organized under the laws of Canada or the United States of America or any province or state thereof, which have combined capital and surplus of at least $1,000,000,000 in U.S. dollars.

- **Government Bonds** or other obligations of the United States government the principal and interest of which constitute direct obligations of the United States of America.

- **Federal agency bonds,** which include obligations of the Federal National Mortgage Association, Federal Intermediate Credit Banks, Federal Farm Credit Banks and Federal Home Loan Banks, Federal Home Loan Mortgage Corporation.

- **Corporate Bonds** with a quality rating of no less than A. If downgraded after purchase, then the investment manager and treasurer will monitor until it returns to A.

**Equities**

- **Stocks** or equivalent investments in mutual funds upon the advice of MAG’s investment advisor.
INVESTMENT OF OPERATING FUNDS

Purpose of Operating Funds

Operating funds are used for the day-to-day operations of the association. The primary source of operating funds is Dues Revenue. Because dues are collected in the fall of the year for the next membership year, MAG often has more funds on hand than required for operations early in the year. Surplus membership dues and Non-Dues Revenue should be invested for the primary purpose of assuring that sufficient funds are available later in the year to meet cash flow needs. Operating Funds in excess of those needed for cash flow purposes may be invested for longer terms.

Time Horizon for Investment of Operating Funds

Typically, operating funds are needed for cash flow purposes and are invested for one year or less.

Risk Aversion

Since Operating Funds are used to finance the day-to-day operations of the association and preserve cash flow, the association has a low tolerance for risk of loss in value of invested Operating Funds.

Asset Allocation

The portfolio for the invested Operating Funds should be conservative reflecting the primary need for asset preservation and a low tolerance for risk.

Asset allocation guidelines for investment of operating funds will be as follows:

<table>
<thead>
<tr>
<th>ASSET CATEGORY</th>
<th>ALLOWABLE RANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equities</td>
<td>0% - 30%</td>
</tr>
<tr>
<td>Fixed Income</td>
<td>0% - 50%</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>50% - 100%</td>
</tr>
</tbody>
</table>
INVESTMENT OF LONG-TERM FUNDS

Purpose of Long-Term Investments

Long-Term Investments are not usually needed to fund the day-to-day operations of the association. Rather, these funds are available to pursue strategic goals of the association such as the purchase of a building or financing a new project. They may also be needed to pay an unexpected debt.

This document records the Finance Committee’s logical and diligent process and study of the most suitable combination of investment risk levels and rates of return which will satisfy MAG’s long term objectives,

The Committee recognizes their duty to remain aware of conditions and developments in the investment activity of the Long-Term Investment strategy, but it is not believed desirable or productive for the Committee to react to short term events in a manner which contradicts the long-term approach underlying this policy statement.

Time Horizon for Investment of Long Term Investments

Long-term funds are invested for three (3) to five (5) years or longer.

Risk Aversion

We are willing to bear some short-term decline in value of Long Term Investments in an effort to achieve higher long-term returns.

Asset Allocation

The portfolio for the Long-Term Investments should be consistent with the goal of accumulation of capital and the preservation of its value for the economic betterment of MAG.

Asset allocation guidelines for investment of long-term funds will be as follows:

<table>
<thead>
<tr>
<th>ASSET CATEGORY</th>
<th>ALLOWABLE RANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity</td>
<td>0% - 60%</td>
</tr>
<tr>
<td>Fixed</td>
<td>0% - 60%</td>
</tr>
<tr>
<td>Cash</td>
<td>10% - 100%</td>
</tr>
</tbody>
</table>
INVESTMENT GUIDELINES

Investment Authority

The Treasurer shall have authority to make/approve investment decisions based upon the Investment Policy developed by the Finance Committee and approved by Board of Directors. This authority may be delegated to the Executive Director.

Investment Manager

MAG expects any investment manager to review the specific investments at a frequency that will ensure the highest available return on its investments reflecting changes in the economy, interest rates and other market factors and recommend changes to the Investment Portfolio if such change is indicated by these factors.

The investment manager shall meet quarterly with the Treasurer and/or Executive Director to discuss strategies and review quarterly performance and assess the overall risk of the portfolio relative to the market as a whole. The investment manager must receive approval from the Treasurer prior to making or changing investments.

The Treasurer shall be responsible for the following activities, but may delegate such authority to the Executive Director:

- Making or changing investments recommended by the investment manager;
- Opening accounts with brokers and dealers;
- Setting up safekeeping for securities;
- Signing specific documents.

The Executive Director shall report to the Treasurer any actions taken on delegated activities within 3 business days of taking such action.

Policy Amendments

Any change to this policy shall be given to the fund/investment managers in writing and such amendments shall be signed by at least two MAG officers. The Finance Committee shall review the investment policy annually.
The American Medical Association (AMA) House of Delegates (HOD) meets twice a year. The June meeting is held annually in Chicago and lasts for six days. The November meeting rotates among states where it is less likely that snow will impede transportation and lasts five days. Delegates are apportioned to organizations based on the number of AMA members within their boundaries. If there were more Georgia physicians who were members of the AMA, the Medical Association of Georgia (MAG) could elect more AMA delegates to advocate for their perspectives. MAG currently is represented by five delegates and five alternate delegates. In addition to MAG’s apportionment selection, its current president serves as an additional alternate delegate and hosts the delegation whenever it meets in the Georgia Suite to caucus.

To accomplish MAG’s priorities, the delegation divides the massive AMA HOD Handbook by reference committees and each member is assigned two reference committees 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 reference committees prior to that meeting. At the AMA meetings, delegates and alternates caucus each day to continue to review and plan strategies on additional item of business.

The following is a summary of each AMA meetings:

**AMA INTERIM MEETING – November 12-15, 2016**

The AMA held its Interim Meeting in Orlando, Florida on November 12-15, 2016. It was well attended. Tom Price, M.D., who was needed in Washington, D.C., was unable to join us but we still carried a full delegation by credentialing Steven Walsh, M.D., as an alternate delegate. With the many issues to discuss, the AMA Delegation met by telephone on Monday, November 7 and reviewed each report and resolution. Reference Committee assignments were made as followed:

- Reference Committee on C&B: Joy Maxey, M.D./Billie Luke Jackson
- Reference Committee B: Michael Greene, M.D.
- Reference Committee C: Gary Richter, M.D.
- Reference Committee F: William Clark, M.D./Steven Walsh, M.D.
- Reference Committee J: Sandra Reed, M.D./John Antalis, M.D.
- Reference Committee K: Jack Chapman, M.D./John Goldman, M.D.

Everyone was set and ready to discuss the items of business in their assigned committee. Each had the task to research MAG policies on the issues and prepare to bring MAG policies into the discussions and final actions.

The delegation attended the many meetings in addition to the HOD, including the Organization of State Medical Association Presidents (OSMAP) meeting, which held discussions on MACRA, Medicaid Expansion, MOC, the Forum for Medical Affairs, the open meeting of the Litigation Center, CEJA’s open forum, the open forum of the Council on Legislation and the events hosted by the SE Delegation of which
Georgia is a member while meeting with members of other delegations discussing mutual interest in various issues.

The AMA’s Southeastern Delegation endorsed two MAG Members to run for election for national positions in the 2018 election cycle, including Patrice Harris, M.D., for AMA President-Elect, and Sandra Fryhofer, M.D., for AMA’s Board of Trustees.

MAG member Shamie Das, M.D., served as the MAG (Young Physician Section) YPS delegate at the AMA YPS meeting prior to the AMA HOD.

The AMA presented the Distinguished Service Award to forensic neuropathologist Bennet I. Omalu, M.D. Dr. Omalu made the initial discovery of chronic traumatic encephalopathy (CTE) in NFL players. Today CTE is widely recognized as a health risk in millions of patients with histories of repetitive brain trauma, including military veterans and athletes in contact sports.

As your chairman, I came away from the meeting with pride that the Georgia Delegation made sure MAG’s voice was heard at every level. We have a very strong delegation. Our AMA Delegates and AMA Alternate Delegates are dedicated to the Medical Association of Georgia and serve it well at the AMA level.

The following is a summary of actions taken by the AMA HOD in regard to the resolutions submitted by the Georgia Delegation on behalf of the Medical Association of Georgia:

**Resolution 102A.16, Improving Communications among Health Care Clinicians, Resolves 1-2**
Resolution 102A called for AMA, in association with the American Hospital Association, to assess the national impact of communication barriers and their negative impact on direct patient care in the hospital and after discharge between physician-physician in the hospital, in-hospital and after discharge care, and physician-patients and report back by the 2017 Interim Meeting. It also called for the AMA to research and develop guidelines that physicians can initiate in their communities to improve communication between physician-physician in the hospital, hospital and after discharge care, and physician-patients and report back to the 2017 Interim Meeting. MAG’s resolution was processed and numbers as AMA Resolution 818 and sent to Reference Committee J. The Reference Committee combined the resolution with the Council on Medical Service Report 7 (Hospital Discharge Communications).

**The Council on Medical Service Report 7**
The Council on Medical Service Report 7 recommended that AMA reaffirm Policies D-478-995, H-160-942 and D-160.945; encourage the initiation of the discharge planning process, whenever possible, at the time patients are admitted for inpatient of observation services and, for surgical patients, prior to hospitalization; encourage the development of discharge summaries that are presented to physicians in a meaningful format that prominently highlight salient patient information, such as the discharging physician’s narrative and recommendations for ongoing care; encourage hospital engagement of patients and their families/caregivers in the discharge process, using outlined guidelines; support implementation of medication reconciliation as part of the hospital discharge process, using suggested strategies to optimize medication reconciliation and help ensure that patients take medications correctly after they are discharged; encourage patient follow-up in the early time period after discharge as part of the hospital discharge process, particularly for medically complex patients who are at high-risk of re-hospitalization; and encourage hospitals to review early re-admissions and modify their discharge processes accordingly.

Testimony on Report 7 and Resolution 818 was very supportive. A member of the Council on Medical Services testified that the report’s recommendations are intended to complement the AMA’s extensive policy by homing in on several critical elements of the discharge process, including hospital engagement...
use.

Reference Committee J recommended the following new recommendations: That our AMA support making hospital discharge instructions available to patients in both printed and electronic form, and specifically via online portals accessible to patients and their designated caregivers; and, that our AMA develop model guidelines for physicians to improve communications to other physicians, hospital staff and patients, and promote these guidelines to payers, hospitals and patients.

The AMA HOD final action was to adopt the Council on Medical Service Report 7 as amended in lieu of Resolution 818. This was an acceptable outcome for our resolution.

Resolution 106A.16, Distracted Driving Reduction, Resolve 1
Resolution 106 called for AMA to develop model state legislation to limit cell phone use to hands-free use only while driving. MAG’s resolution became AMA Resolution 220 and sent to Reference Committee B which was primarily monitored by Michael Greene, M.D. There was much support for Resolution 220 in Reference Committee B. Information was received indicating that the AMA Advocacy Resource Center was working with interested state medical associations and national medical specialty societies across the country in implementing AMA existing policy. It was strong anticipated that adoption of Resolution 220 would enhance AMA existing policy when advocating for such laws. The House of Delegates agreed and adopted AMA Resolution 220. This was a positive outcome for our resolution.

Resolution 107A.16, Control Cost of Brand and Generic Medications
MAG Resolution 107A became Brand and Generic Drug Costs, AMA Resolution 817 and sent to Reference Committee J which was primarily monitored by Sandra Reed, M.D., and John Antalis, M.D. Resolution 817 asked the AMA to advocate for the following: 1) Investigate the purchasing of medications from outside the country with FDA guidance, on a temporary basis until availability in the U.S. improves; 2) Advocate to permit temporary compounding with FDA’s guidance until medications are available; 3) Advocate to allow increased competition in the marketing of medications; 4) Advocate for participative pricing; 5) Advocate for accountability for outcomes; and 6) Advocate for increased regulation of the generic drug market. While testimony appreciated the intent of the resolution, speakers, including those from the Council on Legislation and Council on Medical Service, stressed that existing policy appropriately responds to the issues outlined in the resolution and noted that the resolution may not have contained necessary safeguards which have unintended consequences. Reference Committee recommended that the following policies be reaffirmed in lieu of Resolution 817. This was a neutral outcome for our resolution.

D-100.983 Prescription Drug Importation and Patient Safety
Our AMA will: (1) support the legalized importation of prescription drug products by wholesalers and pharmacies only if: (a) all drug products are Food and Drug Administration (FDA)-approved and meet all other FDA regulatory requirements, pursuant to United States laws and regulations; (b) the drug distribution chain is "closed," and all drug products are subject to reliable, "electronic" track and trace technology; and (c) the Congress grants necessary additional authority and resources to the FDA to ensure the authenticity and integrity of prescription drugs that are imported; (2) oppose personal importation of prescription drugs via the Internet until patient safety can be assured; (3) review the recommendations of the forthcoming report of the Department of Health and Human Services (HHS) Task Force on Drug Importation and, as
appropriate, revise its position on whether or how patient safety can be assured under legalized
drug importation; and (4) educate its members regarding the risks and benefits associated with
drug importation and reimportation efforts. (BOT Rep. 3, I-04; Reaffirmation A 09)

H-120.934 Appropriate Use of Compounded Medications in Medical Offices
Our American Medical Association supports regulatory changes to improve access to (1) the
compounding and repackaging of manufactured FDA-approved drugs and substances usually
prepared in the office-based setting and (2) purchasing from compounding pharmacies of FDA-
approved drugs, repackaged or compounded for the purpose of in-office use. (Res. 207, A-15

H-120.945 Pharmacy Compounding
Our AMA: (1) recognizes that traditional compounding pharmacies must be subject to state board
of pharmacy oversight and comply with current United States Pharmacopeia and National
Formulary (USP-NF) compounding monographs, when available, and recommends that they be
required to conform with USP-NF General Chapters on pharmaceutical compounding to ensure
the uniformity, quality, and safety of compounded medications; (2) encourages all state boards of
pharmacy to reference sterile compounding quality standards, including but not limited to those
contained in United States Pharmacopeia Chapter 797, as the standard for sterile compounding in
their state, and to satisfy other relevant standards that have been promulgated by the state in its
laws and regulations governing pharmacy practice; (3) supports the view that facilities (other than
pharmacies within a health system that serve only other entities within that health system) that
compound sterile drug products without receiving a prescription order prior to beginning
compounding and introduce such compounded drugs into interstate commerce be recognized as
compounding manufacturers subject to FDA oversight and regulation; (4) supports the view that
allowances must be made for the conduct of compounding practices that can realistically supply
compounded products to meet anticipated clinical needs, including urgent and emergency care
scenarios, in a safe manner; and (5) in the absence of new federal legislation affecting the
oversight of compounding pharmacies, continues to encourage state boards of pharmacy and the
National Association of Boards of Pharmacy to work with the United States Food and Drug
Administration to identify and take appropriate enforcement action against entities that are
illegally manufacturing medications under the guise of pharmacy compounding. (BOT Action in
response to referred for decision Res. 521, A-06; Revised: CSAPH Rep. 9, A-13)

D-120.949 Ensuring the Safe and Appropriate Use of Compounded Medications
Our AMA will: (1) monitor ongoing federal and state evaluations and investigations of the
practices of compounding pharmacies; (2) encourage the development of regulations that ensure
safe compounding practices that meet patient and physician needs; and (3) report back on efforts
to establish the necessary and appropriate regulatory oversight of compounding pharmacy
practices. (Sub. Res. 923, I-12; Reaffirmed: Res. 204, A-16)

H-110.987 Pharmaceutical Cost
1. Our AMA encourages Federal Trade Commission (FTC) actions to limit anticompetitive
behavior by pharmaceutical companies attempting to reduce competition from generic
manufacturers through manipulation of patent protections and abuse of regulatory exclusivity
incentives. 2. Our AMA encourages Congress, the FTC and the Department of Health and Human
Services to monitor and evaluate the utilization and impact of controlled distribution channels for
prescription pharmaceuticals on patient access and market competition. 3. Our AMA will monitor
the impact of mergers and acquisitions in the pharmaceutical industry. 4. Our AMA will continue
to monitor and support an appropriate balance between incentives based on appropriate
safeguards for innovation on the one hand and efforts to reduce regulatory and statutory barriers
to competition as part of the patent system. 5. Our AMA encourages prescription drug price and cost transparency among pharmaceutical companies, pharmacy benefit managers and health insurance companies. 6. Our AMA supports legislation to require generic drug manufacturers to pay an additional rebate to state Medicaid programs if the price of a generic drug rises faster than inflation. 7. Our AMA supports legislation to shorten the exclusivity period for biologics. 8. Our AMA will convene a task force of appropriate AMA Councils, state medical societies and national medical specialty societies to develop principles to guide advocacy and grassroots efforts aimed at addressing pharmaceutical costs and improving patient access and adherence to medically necessary prescription drug regimens. 9. Our AMA will generate an advocacy campaign to engage physicians and patients in local and national advocacy initiatives that bring attention to the rising price of prescription drugs and help to put forward solutions to make prescription drugs more affordable for all patients, and will report back to the House of Delegates regarding the progress of the drug pricing advocacy campaign at the 2016 Interim Meeting. (CMS Rep. 2, I-15)

H-110.989 Pay for Delay Arrangements by Pharmaceutical Companies
Our AMA supports: (1) the Federal Trade Commission in its efforts to stop "pay for delay" arrangements by pharmaceutical companies and (2) federal legislation that makes tactics delaying conversion of medications to generic status, also known as "pay for delay," illegal in the United States. (Res. 520, A-08; Appended: Res. 222, I-12; Reaffirmed: CMS 2, I-15)

H-155.962 Maximum Allowable Cost of Prescription Medications
Our AMA opposes the use of price controls in any segment of the health care industry, and continues to promote market-based strategies to achieve access to and affordability of health care goods and services. (CMS Rep. 2, A-07; Reaffirmed in lieu of Res. 201, I-11; Reaffirmed: CMS Res. 2, I-15)

H-110.988 Controlling the Skyrocketing Costs of Generic Prescription Drugs
1. Our American Medical Association will work collaboratively with relevant federal and state agencies, policymakers and key stakeholders (e.g., the U.S. Food and Drug Administration, the U.S. Federal Trade Commission, and the Generic Pharmaceutical Association) to identify and promote adoption of policies to address the already high and escalating costs of generic prescription drugs. 2. Our AMA will advocate with interested parties to support legislation to ensure fair and appropriate pricing of generic medications, and educate Congress about the adverse impact of generic prescription drug price increases on the health of our patients. 3. Our AMA encourages the development of methods that increase choice and competition in the development and pricing of generic prescription drugs. 4. Our AMA supports measures that increase price transparency for generic prescription drugs. (Sub. Res. 106, A-15; Reaffirmed: CMS 2, I-15)

Resolution 111A.16, Nonpayment for Unspecified Codes by Third Party Payers
Resolution 111A called for the AMA to advocate to the Centers for Medicare & Medicaid Services and the America’s Health Insurance Plans for insurance reform that would not penalize physicians and other health care practitioners financially or otherwise from using unspecified codes when appropriate. This resolution became AMA Resolution 819 and was placed on the Reaffirmation Consent Calendar prior to reference committee hearings. The HOD adopted the following existing policy in lieu of Resolution 819.

H-70.914 Opposing Coverage Decisions Based Solely on ICD-10 Code Specificity
Our AMA opposes limitations in coverage for medical services based solely on diagnostic code specificity. (Res. 110, A-16)
H-70.958 Medicare ICD-10 Coding Requirements
Our AMA will: (1) request that the Centers for Medicare & Medicaid Services ensure that its Medicare carriers fully understand and implement the distinction between coding to the "highest level of specificity" within a code category, and that coding for the condition(s) to the "highest degree of certainty" for that visit. For this purpose, symptoms, signs, abnormal test results or other reason for the visit are appropriate and acceptable diagnoses; and (2) will use all appropriate vehicles to communicate to physicians the correct method to report ICD-10-CM codes to describe diagnoses and other reasons for the physician-patient encounter. (Sub. Res. 803, I-96; Reaffirmed: CMS Rep. 8, A-06; Modified: CMS Rep. 01, A-16)

This is not the outcome for which we advocated and the Delegation will continue to advocate for enhanced consideration for usage of unspecified codes, in accordance with MAG policy.

Resolution 112A.16, Electronic Medical Records Recovery Fees
Resolution 112A called for AMA to work to created legislation to be introduced to the U.S. Congress that would eliminate the costs to physicians associated with recovering patient health care records from a previous electronic medical records (EMR) vendor, when they upgrade to a new EMR vendor. This resolution became AMA Resolution 221 and sent to Reference Committee B for a hearing. The Reference Committee several points of view on the issue. Supporters of the resolution argued that the prohibitive costs associated with recovering health care records from a previous electronic health record vendor significantly impact physicians, and that the inability to move patient records to a new system, prohibited physicians from changing health record vendors. Others suggested that a penalty should be imposed on electronic health records system when they do not support interoperability. Some testimony suggested that the resolution should be expanded to include reporting to registries. On the other side, there was compelling testimony that AMA has extensive policies on data migration, data portability and reducing electronic health record costs for physicians. The final outcome was to recommend that AMA Policy D-478-972 as restated below be reaffirmed in lieu of Resolution 221:

EHR Interoperability D-478.972
Our AMA: (1) will enhance efforts to accelerate development and adoption of universal, enforceable electronic health record (EHR) interoperability standards for all vendors before the implementation of penalties associated with the Medicare Incentive Based Payment System; (2) supports and encourages Congress to introduce legislation to eliminate unjustified information blocking and excessive costs which prevent data exchange; (3) will develop model state legislation to eliminate pricing barriers to EHR interfaces and connections to Health Information Exchanges; (4) will continue efforts to promote interoperability of EHRs and clinical registries; (5) will seek ways to facilitate physician choice in selecting or migrating between EHR systems that are independent from hospital or health system mandates; and (6) will seek exemptions from Meaningful Use penalties due to the lack of interoperability or decertified EHRs and seek suspension of all Meaningful Use penalties by insurers, both public and private.

The AMA HOD agreed and final action was that AMA Policy D-478-972 was reaffirmed in lieu of Resolution 221. This is not the outcome for which we advocated and the Delegation will continue to advocate for minimal to no costs for physicians as they transition to future EMR platforms.

MAG Resolution – 2015 – IOM “Dying in America”
At its 2015 Interim Meeting, AMA referred to the Board of Trustees Resolution 6-1-15 “IOM ‘Dying in America’ Report,” introduced by the Medical Association of Georgia. Resolution 6 asked the AMA to “support and advocate for the recommendations of the Institute of Medicine “Dying in America” report, which will improve the quality of end-of-life care received by all patients. Testimony for the resolution supported the spirit of the IOM report in light of the recognized need to improve quality of care at the end
of life. However, testimony noted that the AMA had not had the opportunity to vet the report thoroughly in light of existing AMA policies on relevant issues and noted that endorsing the report in its entirety could have unintended consequences for AMA.

Board of Trustees Report 5 reviewed the Institute of Medicine’s “Dying in America” report and examined the ways in which the report’s analysis and recommendations compare to the policies and programs of the AMA. Based on the findings of the examination, the report recommended that the AMA reaffirm existing AMA policies, which effectively promoted high-quality, patient-centered care for all patients at the end of life. Testimony was overwhelmingly in favor of adoption of the report. Reference Committee on Constitution and Bylaws returned a recommendation to the HOD to adopt Board of Trustees Report 5.

The HOD agreed with the recommendation and Board of Trustees Report 5 was adopted. In consultation with the author of this MAG resolution, this outcome was acceptable.

Co-Sponsorship of Other Resolutions

Resolution 901 – Disclosure of Screening Test Risk and Benefits, Performed Without a Doctor’s Order.
The Virginia Delegation, a member of the Southeastern Delegation submitted Resolution 901 and requested other members in the SED to co-sponsor the resolution. Georgia, Alabama, Kentucky, District of Columbia, Mississippi, West Virginia, South Carolina, and the American College of Radiology signed on as co-sponsors. Resolution 901 asked the AMA to advocate that if a screening test is being marketed as having a medical benefit and is offered and performed by a wellness program vendor without a specific order by the individual’s physician or other licensed provider, they must provide the patient with a test specific evidence based guidance that supports the utility of the tests; that AMA advocate that if the procedure is not supported by specific evidence based guidance as a screening test for that patient and the patient still would like the screening test, the Wellness Program Vendor must offer the patient the opportunity to discuss the risks, benefits, and alternatives with a physician licensed to practice medicine in the state in which the test is being performed; that AMA engaged with federal regulators on whether vendors of health and wellness programs are in compliance with regulations applicable to marketing to patients in view of the impact of such programs on patients; and that AMA continue to work with state medical societies, interested medical specialty societies and state agencies to provide public education regarding appropriate use of vendor wellness programs. There were multiple viewpoints expressed on the resolution in Reference Committee K including those who felt that commercial vendors not connected with the patient’s treating physician based the product on profit-seeking motives. Others felt that such screen tests may be the only option available for underserved populations. Because of the complexity and importance of the issue, considerable support was offered for referral. The Reference Committee agreed and emphasized the urgency of addressing the issue in a comprehensive manner. The HOD agreed and Resolution 901 was referred.

AMA ANNUAL MEETING – June 10-14, 2017

The AMA Annual meeting was held in Chicago from June 10-14, 2017. In February 2017, your Chairman was delighted to accept the resignation of Dr. Tom Price from the delegation as the result of his recent appointment to become the Secretary of the U.S. Department of Health and Human Services. In June, Billie Luke Jackson, M.D., was credentialed to serve as MAG’s fifth delegate and MAG President Steven M. Walsh, M.D., served as alternate delegate allowing for a full Georgia Delegation to be seated in the AMA House of Delegates. In addition, AMA sections were well represented and the following MAG members attended the meeting: Manoj H. Shah, M.D., AMA IMG Section; Shamie Das, M.D., AMA YPS Section; Zachary Lopater, M.D., AMA YPS Section; Tracey Henry, M.D., AMA YPS Section; Vinita M. Alexander, M.D., AMA RFS Section; and Kunj Patel, M.D., AMA RFS Section. In addition,
other MAG members attended the annual meeting, including: Edmund Donoghue, M.D., for the American Society for Clinical Pathology, Sandra Fryhofer, M.D., for the American College of Physicians, Patrice Harris, M.D., for the AMA Board of Trustees and American Psychiatric Association, J. Leonard Lichtenfeld, M.D., for the American College of Physicians, and C. Alvin Head, M.D., for the American Society Anesthesiologists.

The Delegation held its semi-annual teleconference to prepare for the annual meeting on June 5. Reports and resolutions contained in the AMA Handbook were reviewed. Caucuses were held throughout the AMA meeting to continue the discussions and strategies to bring forth MAG’s positions and policies on each item of business. In accordance with the AMA Delegation policy, on Tuesday, June 13, the delegation held elections for Georgia Delegation Chair and Vice Chair. I am honored to have been re-elected chair and Sandra Reed, M.D., re-elected vice chair of the AMA Delegation.

Members attended the OSMAP meeting on Friday, June 9 and discussed such topics as an update from the Litigation Center of which MAG is a member, a report from the Physicians Research Institute (PRI). MAG is a Class A member of PRI and Mr. Donald Palmisano sits on the PRI Board of Directors. Its mission is to defend the rights of physicians to determine the best therapy for their patients free from legislative and third party payer interference and to allow doctors to prescribe and/or dispense such medicines as they deem appropriate and necessary for the health, welfare and care of their patients.

Members interacted with other delegations during the entire meeting including meetings of the Southeastern Delegation (SED), of which I now serve as Chairman being installed during the annual meeting. The SED is a self-directed coalition of 16 states and territories within the American Medical Association for communication and action on relevant issues and projects. The SED is currently made up of sixteen states that include: Alabama, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, New Jersey, North Carolina, Puerto Rico, South Carolina, Tennessee, Virginia, and West Virginia. Its mission is to promote the Southeastern Delegation interests, resolutions, candidates and perspectives.

Reference Committee hearings were held on Sunday, June 11. Several reference committees were held during the morning while others were convened in the afternoon. To cover both the morning and afternoon, members were assigned to two committees. As done in November 2016, each member was tasked to research MAG policies on the issues and prepare to bring MAG policies into the discussions and final actions. The following assignments were made:

Reference Committee A – Medical Service: Dr. Reed/Dr. Greene/Dr. Goldman
Reference Committee B – Legislation: Dr. Greene/Dr. Walsh/Dr. Chapman
Reference Committee C – Medical Education: Dr. Jackson/Dr. Richter
Reference Committee on Constitution and Bylaws: Dr. Maxey/Dr. Jackson
Reference Committee D – Public Health: Dr. Goldman/Dr. Richter
Reference Committee E – Science and Technology: Dr. Chapman/Dr. Antalis
Reference Committee F – Grand Ballroom Governance and Finance: Dr. Clark/Dr. Walsh
Reference Committee G – Medical Practice: Dr. Antalis/Dr. Reed

The AMA House of Delegates convened its business session to consider a high volume of reports and resolutions. The following is a summary of the actions taken including the items of which MAG submitted:

**Resolution 108A.16, Access to Cosmetic Product Ingredients**
This resolution from MAG 2016 House of Delegates called for MAG to submit a resolution to the AMA to encourage the Food and Drug Administration to mandate that all manufacturers of cosmetics, skincare
products, nail polish, and sunscreens make their full ingredient lists available on the package and online to consumers, and for the AMA to prepare a report to increase awareness of acrylate allergy, update potential sources of occupational and non-occupational exposure, and provide an update as to the best ways and barrier methods to avoid acrylate exposure by susceptible individuals.

Resolution 108A.16 was submitted to the AMA at its 2017 annual meeting. Now numbered Resolution 502 (A-17), the resolution called for the AMA HOD to report back to the AMA HOD at the 2017 Interim Meeting. It was assigned to Reference Committee E and recommended for reaffirmation of current policy.

Mixed testimony was offered for this item. Sensitivities to certain cosmetic ingredients were noted, as well as difficulties in identifying the ingredients in some products. The FDA testified that the Federal Food, Drug, and Cosmetic Act already requires manufacturers to list ingredients on product packaging in descending order of predominance. Your Reference Committee also noted that Policy H-440.855 supports the creation of a publicly available registry of all cosmetics and their ingredients. Some questioned whether the resolution language should refer to “personal care products” rather than “cosmetics” so that it would also apply to sunscreens, which are regulated as over-the-counter (OTC) drug products. However, the FDA noted that OTC drug products also are required to list active and inactive ingredients on their labels. Reference Committee E was made aware of draft legislation requiring ingredient lists for personal care products. Regarding acrylate, testimony pointed out the large number of products that contain acrylates. Testimony was given from the Dermatology Section Council noting that acrylate awareness efforts are already a part of dermatology practice. Additionally, Reference Committee W was aware of several other existing regulatory and educational efforts intended to limit acrylate exposure including the Occupational Safety and Health Administration and the Environmental Protection Agency. Since current law already requires ingredient lists for cosmetics and sunscreen, and current policy supports a registry of cosmetics and ingredients, Reference Committee E recommended that the following policy be reaffirmed in lieu of Resolution 502. Final Action: reaffirmed Policy H-440.855 in lieu of Resolution 502.

H-440.855 National Cosmetics Registry and Regulations
1. Our AMA: a) supports the creation of a publicly available registry of all cosmetics and their ingredients in a manner which does not substantially effect the manufacturers: proprietary interest and b) supports providing the Food and Drug Administration with sufficient authority to recall cosmetic products that it deems to be harmful. 2. Our AMA will monitor the progress of HR 759 (Food and Drug Administration Globalization Act of 2009) and respond as appropriate.

Board of Trustees Report 10-A-17, Creation of an AMA Fund for Physician Candidates
In 2014, the Georgia Delegation introduced Resolution 606 I-14 calling for the creation of an American Medical Association (AMA) super political action committee (PAC) to make independent expenditures for or against candidates to federal office and to provide significant ongoing funding for this activity. The resolution was referred to the Board of Trustees with instructions to report back at the 2015 Annual Meeting. Board of Trustees Report 18-A-15 provided background information on the growth of federal super PACs, their funding sources, common characteristics of these organizations, and identified benefits and risks associated with the creation of a super PAC for AMA. The report was referred back to the Board for further study. In 2016, Board of Trustees Report 16-A-16 detailed additional research that was undertaken to assess the advantages and disadvantages for creating an AMA super PAC. Based on a comprehensive review by a preeminent federal election law expert and polling of AMA member and nonmember physicians, the report concluded that there was no precedent for professional organizations establishing a super PAC would have the potential to meaningfully impact federal elections and there was no interest by physicians in making monetary contributions to or otherwise supporting an AMA super PAC. During testimony at the 2016 Annual Meeting, the original resolution sponsors asked that the Board study a new proposal that the AMA create and fund with AMA reserves an “AMA Fund for Physician Candidates.” The proposed fund would be dedicated to conducting federal independent expenditures
(political advertising) solely on behalf of qualifying physician candidates for the U.S House of Representatives and Senate. Based on the deviation from the original resolution, the new proposal was referred to the Board for another study.

While the Board fully understood the goals of enhancing the AMA’s advocacy efforts in Congress, it continued to have significant concerns about expending corporate treasury funds for the purpose of influencing federal elections and the reaction that the activity might have among portions of its membership dues to their own personal partisan and ethical viewpoint and after a second membership poll concluded that it would be unlikely that members would contribute to it, indicated little support for the creation of an AMA super PAC. Reference Committee F recommended that “our American Medical Association not use AMA corporate treasury funds to engage in partisan political activity. Final Action: Adopted Board of Trustees Report 10 and the remainder of the Report filed. This was a negative outcome from MAG’s perspective, but it was decided not to continue to insist on further study on this issue at this time, as there were other important issues upon which we felt we needed to expend our limited political resources.

The follow two resolutions were supported by Georgia:

**Resolution 316 A-17, Action Steps Regarding Maintenance of Certification (MOC)**
The Florida delegation asked Georgia to co-sponsor it resolution regarding MOC. In reviewing the resolution, it was determined to be consistent with MAG policy. Therefore Georgia, along with Pennsylvania, California, New York, Arizona, Texas, American College of Radiation Oncology, and American Society of Interventional Pain Physicians signed on to Resolution 316 A-17. It was assigned to Reference Committee C and recommended adoption as amended.

Resolution 316 asked 1) that AMA affirm that lifelong learning is a fundamental obligation of our profession; 2) that AMA recognize that lifelong learning for a medical physician is best achieved by ongoing participation in a program of high quality continuing medical education (CME) course appropriate to that physician’s medical practice as determined by the relevant specialty society; 3) that AMA develop model state legislation that would bar hospitals, health care insurers, and the state medical licensing board from using non-participation in the ABMS sponsored MOC process using lifelong, interval, high stakes testing as a exclusionary criteria for credentialing; 4) that AMA join with state medical associations and specialty societies in directly lobbying state medical licensing boards, hospital association, and health care insurers to adopt policy supporting the use of satisfactory demonstration of lifelong learning with high quality CME as specified by a physician’s specialty society for credentialing and bar these entities from using the ABMS sponsored MOC process using lifelong interval high stakes testing for credentialing; 5) that AMA partner with state medical associations and specialty societies to undertake a study with the goal of stabilizing a program that will certify physicians as satisfying the requirements for continuation of their specialty certification by successful demonstration of lifelong learning utilizing high quality CME appropriate for that physician’s medical practice as determined by their specialty society with a target start date of 2020 or before, with a report back biannually to the HOD and AMA members. Final Action: Adopted as amended.

There was overwhelming support for the first and second resolves, which are consistent with existing HOD policy that recognizes the need for lifelong learning. Current HOD policy defines a physician as “an individual who has received a ‘Doctor of Medicine’ or a ‘Doctor of Osteopathic Medicine’ degree or an equivalent degree following successful completion of a prescribed course of study from a school of medicine or osteopathic medicine.” Therefore, the qualifier “medical” was stricken from the second Resolve. In accordance with existing policy, AMA had already developed model state legislation that would bar hospitals, health care insurers, and state medical boards from requiring participation in MOC processes as a condition of credentialing, privileging, insurance panel participation, licensure,
or licensure renewal. This model legislation, which was released in 2016, is on file with the AMA Advocacy Resource Center and available upon request. AMA has also focused on educating state medical associations about activity around the country, as well as on the risks and benefits of legislating the use of MOC. During the testimony, it was noted that enacted and defeated state legislation related to the use of MOC is complex and its potential impact on professional self-regulation is unknown. It was therefore recommended that the fourth and fifth resolves be referred for study with a report back to the HOD on the current status of such legislation. This is a positive outcome for MAG, as the issue continues to be in play.

It is worth noting that on Monday, June 12 at 9:00 a.m. the Pennsylvania Medical Society hosted a special meeting to facilitate discussions and strategy on the MOC issue. The agenda included state legislation, insights on the pitfalls and successes in enacting state level MOC legislation and AMA/HOD resolutions, a strategy discussion on ABIM/MOC related resolutions and reference committee reports. MAG President Steven M. Walsh, M.D., was one of the speakers and it was very successful with members of the House of Delegates.

Resolution 115 A-17, Out-of-Network Care
Georgia was asked by the Section Council on Emergency Medicine to co-sponsor Resolution 115, Out-of-Network Care. Georgia agreed and signed on as a co-sponsor with the American Academy of Orthopaedic Surgeons, American College of Radiology, American Society of Anesthesiologists, Colorado, Pennsylvania, Washington, and College of American Pathologists. The resolution was assigned to Reference Committee A. Resolution 115 was combined with several similar resolutions including Resolution 108, 118, and 127. There was extensive dialogue in Reference Committee A regarding this issue and finally recommended language that incorporated many of the concerns and expectations of each resolution including unexpected out-of-network care, physician payments and patient reimbursements. The House adopted the following resolution in lieu of Resolutions 108, 115, 118, and 127.

Out-of-Network Care

Resolve 2, that our AMA adopt the following principles related to unexpected unanticipated out-of-network care: 1) Patients must not be financially penalized for receiving unexpected unanticipated care from an out-of-network provider; 2) Insurers must meet appropriate network adequacy standards that include adequate patient access to care, including access to hospital-based physician specialties. State regulators should enforce such standards through active regulation of health insurance company plans; 3) Insurers must be transparent and proactive in informing enrollees about all deductibles, copayments and other out-of-pocket costs that enrollees may incur; 4) Prior to scheduled procedures, insurers must provide enrollees with reasonable and timely access to in-network physicians; 5) Patients who are seeking emergency care should be protected under the “prudent layperson” legal standard as established in state and federal law, without regard to prior authorization or retrospective denial for services after emergency care is rendered; 6) Out-of-network payments must not be based on a contrived percentage of the Medicare rate or rates determined by the insurance company; 7) In lieu of balance billing of patients in these circumstances, a minimum coverage standard for unexpected unanticipated out-of-network services should be identified. The minimum coverage standards should pay out-of-network providers at the usual and customary out-of-network charges for services, with the definition of usual and customary being based upon a percentile of all out-of-network charges for the particular health care service performed by a provider in the same or similar specialty and provided in the same geographical area as reported by a benchmarking database. Such a benchmarking database must be independently recognized and verifiable, completely transparent, independent of the control of either payers or providers and maintained.
by a non-profit organization. The non-profit organization shall not be affiliated with an insurer, a municipal cooperative health benefit plan or health management organization; 8) Physician-triggered mediation should be permitted in those instances where a physician’s unique background or skills (i.e. e.g. the Gould Criteria) are not accounted for within a minimum coverage standard. (New HOD Policy).

Resolve 3, that our AMA develop model state legislation addressing the coverage of and payment for unexpected, unanticipated, out-of-network care. (Directive to Take Action)

This is a positive outcome for our efforts.

For other AMA highlights, please use the following link to our eNews from MAG at https://t.e2ma.net/webview/gu2ju/39d1371295061d0237cd35b60d205a12.

You can also access the AMA Web site at http://www.mag.org/AMA and review all reports and resolutions that were considered at the AMA Annual Meeting. As well as see items of business that will be considered at the AMA Interim Meeting in November.

Conclusion

In conclusion, I am very excited at the opportunity to elect two MAG members to national office in the AMA at next year’s annual meeting. Dr. Patrice Harris of Atlanta, endorsed by MAG and the Southeastern Delegation to the AMA, who is immediate past chair of AMA Board of Trustees will run for AMA president-elect in June 2018. If she is elected, she will become the first MAG member to serve as AMA’s president since Jack Rogers, M.D., in 1985. In addition, Dr. Sandra Fryhofer, who is also from Atlanta, past chair of the AMA Council on Science and Public Health and past president of the American College of Physicians--also endorsed by MAG and the SED--will run for a position on the AMA Board of Trustees.

Your AMA Delegation works very hard all year long to accomplish MAG priorities at the national level, not just at two lengthy and exhausting meetings. With our increased leadership advantage for the next two years in the Southeastern Delegation, we have the opportunity to forward MAG perspectives to the AMA--not just from the perspective of a five-member delegation but from one of over 100 (in an AMA HOD of over 500).

Twenty five years ago, when there were half as many physicians in Georgia as there are now, MAG was represented by eight delegates and alternates (as opposed to five now), based on AMA membership per thousand physicians. In order for the Georgia Delegation to advocate more forcefully at the national level for MAG’s perspective, we strongly believe that more Georgia physicians should join MAG and the AMA. Our current Georgia (MAG and non-MAG) AMA membership leaves us with less than 50 AMA members to elect an additional delegate and alternate. Now is the time for Georgia physicians to strengthen our impact on the AMA, by joining or re-joining.

Finally, I want to thank all the MAG AMA delegates and alternates who serve with me for all their continuing hard work on the Delegation: Sandra Reed, M.D. (Vice-Chair), Joy Maxey, M.D., Michael Greene, M.D., Billie Luke Jackson, M.D., John Antalis, M.D., Jack Chapman Jr., M.D., Gary Richter, M.D., and John Goldman, M.D. We look forward to the HOD elections this coming October when we will elect a delegate to the vacant seat formerly held by Tom Price and the alternate delegate seat that may be opened by that election.

To keep you updated on our yearly activities, attached is our Service Record for the 2016 AMA Interim Meeting and the 2017 AMA Annual Meeting.
All of us on the AMA Georgia Delegation look forward to serving you at the upcoming AMA 2017 Interim Meeting and 2018 Annual Meeting.

Respectfully submitted,

Spurgeon William Clark III, MD
Chair, Georgia Delegation to the AMA

RECOMMENDATIONS:

1. That members of the MAG House of Delegates approve the actions of the MAG AMA Delegation.

2. That MAG strongly encourages its members to become members of the AMA and to promote AMA membership through its various publications.

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Joy Maxey
16D  Could not log on; Material reviewed and presented at teleconference

Tom Price
10E  Presented to Youth Leadership Institute
11E  Presented to 6th District GOP Convention
25E  Departed AMA Convention to participate in US Congress
37E  Unable to Attend

John Antalis
23A  Served on Refcom B, was preparing report
24A  Still preparing final Refcom B report

John Goldman
11K  Attended his 50th reunion, University of Cincinnati Medical School
# MAG AMA Delegation Attendance Record

**Key**

- **P** (Present)
- **A** (Absent)
- **Y** (Yes)
- **N** (No)

*Reasons for absence are on next sheet*

<table>
<thead>
<tr>
<th>Event Description</th>
<th>2017 MAG BOD January meeting</th>
<th>2017 MAG BOD April meeting</th>
<th>2017 MAG BOD October meeting</th>
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Reed
C11 Teaching at ACOG

Antalis
G11 GA Composite State Board meeting

Chapman
H16 returning from trip out of country
H19 detained elsewhere

Goldman
J11 National Rheumatology meeting
RESOLUTION

Resolution: 401F.17

SUBJECT: L.E.A.D.S. Medical Student Program

SUBMITTED BY: Medical Student Section

REFERRED TO: Reference Committee F

Whereas, the need for competent physician leaders has increased in our society; and

Whereas, current research supports the implementation of leadership training during medical school; and

Whereas, there is a desire of current medical students to obtain medical leadership and management training to prepare for their future careers; and

Whereas, many undergraduate education programs, including those in our state, lack formal curriculum and programs in leadership, organized medicine, and advocacy outside of those willing to obtain additional degrees; and

Whereas, various state medical associations and individual medical institutions have created programs for medical students to engage with organized medicine; and

Whereas, MAG has engaged in a formal training programs for physician and offers organized medicine elective for Georgia residents; now therefore be it

RESOLVED, that the Medical Association of Georgia adopts the L.E.A.D.S. (Lead, Engage, Advocate, Develop, Serve) Medical Student Program to…

(1) Increase education in organized medicine and advocacy amongst medical students across the state and;

(2) Provide opportunities for engagement in organized medicine and advocacy without creating additional financial burdens or distractions from student education and training.

# # #

AMA Policy

Development of Courses to Prepare Medical Students and Residents for the Political, Legal and Socioeconomic Aspects of Practice and Physician Advocacy D-295.992

Our AMA will assist local and state medical societies to develop education programs on the political, legal, and socioeconomic aspects of medical practice and physician advocacy, to be offered to medical students and physicians in residency training throughout the country to supplement their clinical education and prepare them for practice. (Res. 322, A-99 Reaffirmed: CME Rep. 2, A-09)
Medical Student, Resident and Fellow Legislative Awareness H-295.953
1. The AMA strongly encourages the state medical associations to work in conjunction with medical schools to implement programs to educate medical students concerning legislative issues facing physicians and medical students.
2. Our AMA will advocate that political science classes which facilitate understanding of the legislative process be offered as an elective option in the medical school curriculum.
3. Our AMA will establish health policy and advocacy elective rotations based in Washington, DC for medical students, residents, and fellows.
4. Our AMA will support and encourage institutional, state, and specialty organizations to offer health policy and advocacy opportunities for medical students, residents, and fellows.

Systems-Based Practice Education for Medical Students and Resident/Fellow Physicians H-295.864
Our AMA:
(1) supports the availability of educational resources and elective rotations for medical students and resident/fellow physicians on all aspects of systems-based practice, to improve awareness of and responsiveness to the larger context and system of health care and to aid in developing our next generation of physician leaders;
(2) encourages development of model guidelines and curricular goals for elective courses and rotations and fellowships in systems-based practice, to be used by state and specialty societies, and explore developing an educational module on this topic as part of its Introduction to the Practice of Medicine (IPM) product; and
(3) will request that undergraduate and graduate medical education accrediting bodies consider incorporation into their requirements for systems-based practice education such topics as health care policy and patient care advocacy; insurance, especially pertaining to policy coverage, claim processes, reimbursement, basic private insurance packages, Medicare, and Medicaid; the physician's role in obtaining affordable care for patients; cost awareness and risk benefit analysis in patient care; inter-professional teamwork in a physician-led team to enhance patient safety and improve patient care quality; and identification of system errors and implementation of potential systems solutions for enhanced patient safety and improved patient outcomes.

Improving Medical Student, Resident/Fellow and Academic Physician Engagement in Organized Medicine and Legislative Advocacy G-615.103
Our AMA will:
(1) study the participation of academic and teaching physicians, residents, fellows, and medical students in organized medicine and legislative advocacy;
(2) study the participation of community-based faculty members of medical schools and graduate medical education programs in organized medicine and legislative advocacy; and
(3) identify successful, innovative and best practices to engage academic physicians (including community-based physicians), residents/fellows, and medical students in organized medicine and legislative advocacy.
(Res. 608, A-17)

MAG Policy

530.925 Advocacy Activities
HD 8/22/2003 MAG continues to place its greatest emphasis on advocacy activities for patients and physicians. These activities should include an emphasis on issues related to quality of care, reimbursements and costs of practice (Committee 18F.03; Reaffirmed 10/5/2008; 10/20/2013)
**300.991 Educational Focus HD**

The educational programs offered by MAG should emphasize legal, legislative and regulatory areas that affect the practice of medicine. (Committee 18, Strategic Planning/Finance) (Reaffirmed 10/5/2008; 10/20/2013)

**Additional Resources**

REFERENCE COMMITTEES
RESOLUTION

Resolution: 601S.17

SUBJECT: Creation of Detoxification Units in Medical Centers

SUBMITTED BY: Richmond County Medical Society

REFERRED TO: Reference Committee S

Whereas, this country is now experiencing an opioid epidemic of enormous social and economic impact; and
Whereas, treatment of opioid addiction is effective and improving; and
Whereas, implementing this treatment remains often inadequate and poorly organized; and
Whereas, access to treatment remains difficult for addicted patients; and
Whereas, addicts must often go through a process of detoxification prior to enrolling in an addiction treatment program, and;
Whereas, detoxification units are scarce in Georgia; now therefore be it

RESOLVED, that the Medical Association of Georgia (MAG) promote the creation of detoxification units in medical centers to both expertly detoxify the patients and distribute them to appropriate rehabilitation facilities.

###

AMA Policy
None

MAG Policy
None

Additional Resources
None
RESOLUTION

Resolution: 602S.17

SUBJECT: Opposing the Expansion of Legalization of Medical Cannabis

SUBMITTED BY: Richmond County Medical Society

REFERRED TO: Reference Committee S

Whereas, legislative efforts will continue to be made in Georgia to expand the legalization of medical cannabis; and

Whereas, legislators or voters should not decide what medical conditions should be treated by a non-standardized, un-tested, un-dosed drug, namely artisanal THC Oil and related marijuana products, and then base treatment on non-scientific anecdotal information; and

Whereas, a superior approach to the medical use of the chemical components of marijuana is currently before the U.S. Congress urging easing of some of the barriers to medical research to identify new medicines proven safe and effective in clinical trials and approved by the FDA; and

Whereas, the following medical associations oppose the use of artisanal medical cannabis: American Academy of Pediatrics, American Cancer Society, American College of Physicians, American Academy of Neurology, American Epilepsy Society, American Glaucoma Foundation, American Medical Association, American Psychiatric Association, American Society of Addiction Medicine, Georgia Society of Addiction Medicine, National Eye Institute, National Institutes of Health, and the National Multiple Sclerosis Society, and many more; and

Whereas, THC has been contraindicated for use in treatment of conditions of children in studies by Children’s Hospital Colorado, Boston Children’s Hospital, Harvard Medical School and Duke University; and

Whereas, physicians in Georgia do not need to possess a DEA license to certify patients for marijuana; and

Whereas, calling marijuana “medical cannabis” or “low THC oil” does not alter its psychoactive, neurotoxic, and addictive effects. Marijuana at THC levels of 3 percent, 4 percent, or 5 percent has resulted in hundreds of thousands of Americans experiencing cannabis use dependence since the 1980s; and

Whereas, fatal road crashes involving marijuana doubled in Washington state between 2013 and 2014 following recreational legalization there (AAA Foundation for Safety, 2016) and increased by 51 percent in Colorado between 2012 and 2015 (Colorado HIDTA, Supplement to the Legalization of Marijuana in Colorado: The Impact, 2016); now therefore be it

RESOLVED, that the Medical Association of Georgia oppose the expansion of the legalization of medical cannabis in Georgia and educate physicians and other clinicians on the risks of artisanal medical cannabis products lacking FDA approval; and be it further
RESOLVED, that the Georgia Delegation submit a resolution to the American Medical Association to work with the National Institutes of Health to ease some of the barriers to medical research regarding chemical components of marijuana such as cannabidiol that show great promise.

# # #

AMA Policy

Cannabis for Medicinal Use H-95.952
(1) Our AMA calls for further adequate and well-controlled studies of marijuana and related cannabinoids in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease. (2) Our AMA urges that marijuana's status as a federal schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods. This should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product. (3) Our AMA urges the National Institutes of Health (NIH), the Drug Enforcement Administration (DEA), and the Food and Drug Administration (FDA) to develop a special schedule and implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research involving cannabis and its potential medical utility. This effort should include: a) disseminating specific information for researchers on the development of safeguards for cannabis clinical research protocols and the development of a model informed consent form for institutional review board evaluation; b) sufficient funding to support such clinical research and access for qualified investigators to adequate supplies of cannabis for clinical research purposes; c) confirming that cannabis of various and consistent strengths and/or placebo will be supplied by the National Institute on Drug Abuse to investigators registered with the DEA who are conducting bona fide clinical research studies that receive FDA approval, regardless of whether or not the NIH is the primary source of grant support. (4) Our AMA believes that effective patient care requires the free and unfettered exchange of information on treatment alternatives and that discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions.

Cannabis - Expanded AMA Advocacy D-95.976
1. Our AMA will educate the media and legislators as to the health effects of cannabis use as elucidated in CSAPH Report 2, I-13, A Contemporary View of National Drug Control Policy, and CSAPH Report 3, I-09, Use of Cannabis for Medicinal Purposes, and as additional scientific evidence becomes available.

2. Our AMA urges legislatures to delay initiating full legalization of any cannabis product until further research is completed on the public health, medical, economic and social consequences of use of cannabis and, instead, support the expansion of such research.

3. Our AMA will also increase its efforts to educate the press, legislators and the public regarding its policy position that stresses a "public health", as contrasted with a "criminal," approach to cannabis.

4. Our AMA shall encourage model legislation that would require placing the following warning on all cannabis products not approved by the U.S. Food and Drug Administration: "Marijuana has a high potential for abuse. It has no scientifically proven, currently accepted medical use for preventing or treating any disease process in the United States."
MAG Policy

460.999 Marijuana – Cancer Treatment
BD 01/25/2014 MAG supports the current law in Georgia that permits the use of marijuana in strictly controlled medical research programs for testing the effectiveness of the substance in the care of patients with cancer, seizures or glaucoma. MAG strongly condemns the use of marijuana and any of its cannabinoid derivatives such as delta9-tetrahydrocannabinol (THC) for general (recreational) use or for any purpose other than medical research.

Additional Resources

None
RESOLUTION

SUBJECT: Placement of Drug Drop Boxes in Retail Pharmacies

SUBMITTED BY: Richmond County Medical Society

REFERRED TO: Reference Committee S

Whereas, 1.3 million hospitalizations involving opioids occurred in 2014, a 64 percent increase in inpatient stays and a doubling of emergency room visits compared to 2005 across all age groups. The drugs included all opioids, both prescription and illegal; and

Whereas, a known common gateway, resulting in four out of five new addictions is through accumulated prescriptions found in the home; and

Whereas, removing unneeded drugs from the home with convenient drug drop boxes could greatly contribute to the prevention of drug abuse, particularly in young adults; and

Whereas, current Georgia Pharmacy Board policy makes placement of these drug drop boxes in neighborhood pharmacies extremely difficult; now therefore be it

RESOLVED, that the Medical Association of Georgia (MAG) work to make changes in the Georgia Board of Pharmacy’s restrictive policies to ensure the safe, convenient placement of drug drop boxes in neighborhood retail pharmacies; and be it further

RESOLVED, that MAG work with the Georgia Board of Pharmacy to facilitate these changes to their policy (480-50-.02) to allow efficient destruction of these drugs by local law enforcement officials; and be it further

RESOLVED, that if MAG is unable to work with the Georgia Board of Pharmacy to update their policies on destruction of drugs, then MAG should work with the legislature to establish state law ensuring the safe, convenient placement of drug drop boxes in neighborhood retail pharmacies.

# # #

AMA Policy

Medications Return Program H-135.925
1. Our AMA supports access to safe, convenient, and environmentally sound medication return for unwanted prescription medications
2. Our AMA supports such a medication disposal program be fully funded by the pharmaceutical industry, including costs for collection, transport and disposal of these materials as hazardous waste.
3. Our AMA supports changes in federal law or regulation that would allow a program for medication recycling and disposal to occur.
Proper Disposal of Unused Prescription and Over-the-Counter (OTC) Drugs H-135.936

1. Our AMA supports initiatives designed to promote and facilitate the safe and appropriate disposal of unused medications.

2. Our AMA will work with other national organizations and associations to inform, encourage, support and guide hospitals, clinics, retail pharmacies, and narcotic treatment programs in modifying their US Drug Enforcement Administration registrations to become authorized medication collectors and operate collection receptacles at their registered locations.

3. Our AMA will work with other appropriate organizations to develop a voluntary mechanism to accept non-controlled medication for appropriate disposal or recycling.

**MAG Policy**

None

**Additional Resources**

None
RESOLUTION

SUBJECT: Promotion of Drug Awareness Curriculum

SUBMITTED BY: Richmond County Medical Society

REFERRED TO: Reference Committee S

Whereas, more than 6 million Americans, age 12 and older, have misused a prescription pain killer (OxyContin, Percocet, Vicodin), sedative (Valium, Xanax) or stimulant (Ritalin, Adderall) in the past month. Approximately 5,500 people do so each day; and

Whereas, our country comprises less than 5 percent of world’s population, Americans consume 80 percent of the world’s supply of prescription painkillers; and

Whereas, about two –thirds of those misusing these drugs report that they obtained the medications from family members or friends most often for free; and

Whereas, many Americans have misperceptions of the safety and legality when misusing prescription medications. Some incorrectly believe that prescription medications cannot cause addiction and that they are safer to misuse than illicit street drugs and that it is legal to use medications that have not been prescribed to us; and

Whereas, drug overdose is now the leading cause of accidental death in the U.S.; and

Whereas, there are prepared drug prevention talks intended for young students, which are interesting, informative, and effective that are readily available; now therefore be it;

RESOLVED, that the Medical Association of Georgia will encourage Georgia’s medical societies to promote drug prevention presentations to middle and high school students and facilitate the incorporation of these programs into school curriculums.

# # #

AMA Policy

Drug Abuse H-95.967
Our AMA encourages every physician to make a commitment to join his/her community in attempting to reduce drug abuse and that said commitment encourage involvement in at least one of the following roles:

(1) donation of time to talk to local civic groups, schools, religious institutions, and other appropriate groups about drug abuse;

(2) join or organize local groups dedicated to drug abuse prevention;

(3) talk to youth groups about brain damage and other deleterious effects of drug abuse; and
(4) educate and support legislators, office holders and local leaders toward ending the drug abuse crisis.

**Addressing Emerging Trends in Illicit Drug Use H-95.940**

Our AMA: (1) recognizes that emerging drugs of abuse, especially new psychoactive substances (NPS), are a public health threat; (2) supports ongoing efforts of the National Institute on Drug Abuse, the Drug Enforcement Administration, the Centers for Disease Control and Prevention, the Department of Justice, the Department of Homeland Security, state departments of health, and poison control centers to assess and monitor emerging trends in illicit drug use, and to develop and disseminate fact sheets, other educational materials, and public awareness campaigns; (3) supports a collaborative, multiagency approach to addressing emerging drugs of abuse, including information and data sharing, increased epidemiological surveillance, early warning systems informed by laboratories and epidemiologic surveillance tools, and population driven real-time social media resulting in actionable information to reach stakeholders; (4) encourages adequate federal and state funding of agencies tasked with addressing the emerging drugs of abuse health threat; (5) encourages the development of continuing medical education on emerging trends in illicit drug use; and (6) supports efforts by federal, state, and local government agencies to identify new drugs of abuse and to institute the necessary administrative or legislative actions to deem such drugs illegal in an expedited manner.

**Substance Use and Substance Use Disorders D-95.984**

Our AMA:

(1) will continue to seek and participate in partnerships designed to foster awareness and to promote screening, diagnosis, and appropriate treatment of substance misuse and substance use disorders;

(2) will renew efforts to: (a) have substance use disorders addressed across the continuum of medical education; (b) provide tools to assist physicians in screening, diagnosing, intervening, and/or referring patients with substance use disorders so that they have access to treatment; (c) develop partnerships with other organizations to promote national policies to prevent and treat these illnesses, particularly in adolescents and young adults; and (d) assist physicians in becoming valuable resources for the general public, in order to reduce the stigma and enhance knowledge about substance use disorders and to communicate the fact that substance use disorder is a treatable disease; and

(3) will support appropriate federal and state legislation that would enhance the prevention, diagnosis, and treatment of substance use disorders.

**MAG Policy**

**15.995 Driving Under the Influence Prevention Support**

HD 4/1/1993 MAG supports efforts to prevent individuals from driving while under the influence of mind-altering substances. (Reaffirmed 05/2000; 10/5/2008; 10/20/2013).

**170.991 Programs and Forums**

HD 10/4/2008 MAG encourages local school systems to develop health education programs and to consider the promotion of health forums, media presentations and other means of disseminating health information to the public. (Special Report 05.08, Attachment III) (Reaffirmed 10/20/2013).
Additional Resources

1. Data from the Substance Abuse and Mental Health Services Administration’s National Survey on Drug Use and Health.
RESOLUTION

RESOLUTION

Resolution: 605S.17

SUBJECT: Rescheduling of FDA-Approved Cannabidiol Products

SUBMITTED BY: North Georgia Mountains Medical Society

REFERRED TO: Reference Committee S

Whereas, almost 500,000 children in the United States suffer from epilepsy and approximately thirty percent of those children’s seizures are not adequately controlled by current anti-convulsant medications; and

Whereas, childhood-onset, encephalopathic epilepsies, such as Dravet syndrome and Lennox Gastaut syndrome, are even more treatment resistant, with as many as 80-90 percent of children’s seizures resistant to available anti-convulsant medications; and

Whereas uncontrolled seizures result in cognitive impairment, behavioral and developmental problems, and premature death from SUDEP (sudden unexpected death in epilepsy) and other causes, such as falls and drowning; and

Whereas, as many as 20 percent of children with uncontrolled seizures due to Dravet syndrome will die before the age of 18 and the remainder will required life-long care, thereby imposing a significant burden on the patients and their families; and

Whereas, there is an urgent need for new treatment options for these childhood encephalopathies; and

Whereas, when other new anti-convulsant medications that have abuse potential are approved by the Food and Drug Administration (FDA) and subsequently placed in a schedule in the Controlled Substances Act (CSA) by the Drug Enforcement Administration (DEA), those medications are immediately available to patients in all the states; and

Whereas, recent controlled clinical trials with cannabidiol (CBD) suggest that CBD may be a promising treatment option for these encephalopathies; and

Whereas, CBD is classified in Schedule I or is defined as marijuana under virtually all of the states’ laws and, therefore, upon FDA approval and DEA rescheduling, each state must make changes to state law in order for physicians to be permitted to prescribe and pharmacists to dispense a CBD prescription medication; and

Whereas, the need to make such changes to state law may result in a delay in access for children suffering from such encephalopathies; and

RESOLVED that the Georgia Delegation submit a resolution to the American Medical Association to urge state controlled substance authorities, boards of pharmacy, other state agencies and legislative bodies to take the necessary steps to reschedule FDA-approved cannabidiol products as expeditiously as possible so that they will be available to patients immediately after rescheduling by the DEA.

# # #
AMA Policy
None

MAG Policy
None

Additional Resources
None
RESOLUTION

Resolution: 606S.17

SUBJECT: Banning Indoor Smoking in the City of Atlanta

SUBMITTED BY: Medical Association of Georgia Resident Fellow Section
Kunj Patel, M.D., Medical Association of Atlanta Delegate

REFERRED TO: Reference Committee S

Whereas, since 1964, approximately 25 million nonsmokers have died from health problems caused by exposure to secondhand smoke; and

Whereas, it has been found that there is an 82 percent increased risk of stroke associated with passive smoking in both men and women; and

Whereas, approximately 3,000 lung cancer deaths occur each year among adult nonsmokers in the U.S. as result of secondhand smoke exposure; and

Whereas, secondhand smoke is the third leading cause of preventable death in this country, killing 53,000 nonsmokers in the U.S. each year; and

Whereas, secondhand smoke exposure impairs a child's ability to learn. It is neurotoxic even at extremely low levels; and

Whereas, more than 21.9 million children are estimated to be at risk of reading deficits due to secondhand smoke exposure, and higher levels of exposure are also associated with greater deficits in math and visuospatial reasoning; and

Whereas, several published studies have found that laws making indoor workplaces and public places smoke free are associated with sizable, rapid reductions in hospital admissions for heart attacks; and

Whereas, eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke (separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposure of nonsmokers to secondhand smoke); and

Whereas, MAG policy 490.99 recognizes that environmental tobacco smoke is a major threat to public health, and endorses legislation by the state of Georgia to stop or severely limit the use of tobacco in all public buildings and enclosed work areas in the state; and

Whereas, MAG policy 490.996 supports enactment of public smoking restrictions and urges local medical societies to become active in educating their communities about the health hazards of secondhand smoke, and also encourages businesses and individuals to provide smoke-free environments for their employees and families; and

Whereas, the law of Georgia expressly prohibits smoking in all enclosed public places in the state, with several exemptions, including certain hotel and motel rooms, long-term care facilities and outdoor locations in workplaces, and is also allowed in bars and restaurants, where access is denied to anyone under the age of 18, and where no person under 18 is employed; and
Whereas, smoking is also permitted in convention facility meeting rooms and public and private assembly
rooms in convention facilities as well as in common work areas, conference and meeting rooms, and
private offices in private places of employment; and

Whereas, these policies prohibit tobacco use at school-sponsored or school-related events both on and off
campus; as of now, 116 out of 181 public school districts in the state have adopted tobacco-free school
policies; and

Whereas, much progress has been made at state and local levels in the adoption of comprehensive smoke-
free laws in indoor public places over the past two decades. However, even after considering the recent
change in smoke-free status in California, state comprehensive smoke-free adoption progress has stalled
in recent years, and no states in the southeast have a statewide comprehensive smoke-free law; and

Whereas, Georgia is only one of 16 states in the US that still allows smoking inside bars and restaurants; and

Whereas, 60 percent of the 50 biggest cities in the country have comprehensive anti-smoking laws
including New York, NY; Chicago, IL; Houston, TX; Seattle, WA; Boston, MA; Baltimore, MD, but not
Atlanta; and

Whereas, currently, only five cities and one county in Georgia have adopted a comprehensive smoke-free
ordinance, and 33 University of Georgia campuses have adopted tobacco-free campus policies, and the
state has partnered with the Georgia Hospital Association and now 132 hospitals are tobacco-free and 31
are smoke-free; now therefore be it

RESOLVED, that the Medical Association of Georgia (MAG) advocate to the municipalities
governing the city of Atlanta to adopt regulatory standards prohibiting smoking in all indoor
public places and worksites; and be it further

RESOLVED, that MAG reaffirms its policies on tobacco smoke and smoke-free environments.

# # #

AMA Policy

Banning Smoking in All Workplaces D-490.979: The AMA will (1) actively support national, state,
and local legislation and actively pursue regulations banning smoking in all workplaces; and (2) work to
ensure that federal legislation banning smoking in all workplaces does not prohibit or weaken more strict
state or local regulations.

491.000R Smoke Free Residential Housing: That our AMA-RFS shall encourage health care
institutions that provide employee housing to make such housing smoke free to the extent allowed
applicable by local laws. (Resolution 2, A-15)
MAG Policy

490.994 Tobacco Smoke HD 5/1/1998: MAG recognizes that environmental tobacco smoke is a major threat to public health, and endorses legislation by the state of Georgia to stop or severely limit the use of tobacco in all public buildings and enclosed work areas in the state. (Resolution 302C-98; Reaffirmed 10/2005; 10/16/2010; 10/17/2015)

490.996 Smoke-Free Environments HD 4/1/1992: MAG supports enactment of public smoking restrictions and urges local medical societies to become active in educating their communities about the health hazards of secondhand smoke. MAG also encourages businesses and individuals to provide smoke-free environments for their employees and families. (Reaffirmed 05/2000; 10/5/2008; 10/20/2013)

Additional Resources

Decatur, April 1, 2005, banned in all enclosed workplaces, including restaurants but exempting bars[4]
DeKalb County, February 17, 2003, banned in all enclosed workplaces, except bars and restaurants[4]
Dunwoody, December 1, 2008, banned in all enclosed workplaces, except bars and restaurants[4]
Peachtree City, October 18, 2004, banned in all restaurants, but not bars or all other enclosed workplaces[4]

Source: http://www.no-smoke.org/pdf/100ordlisttabs.pdf

CDC website

Bonita R, Duncan J, Truelson T, Jackson RT, and Beaglehole R. Passive smoking as well as active smoking increases the risk of acute stroke. Tobacco Control 8:156-160 (1999)


Id.


