

April 3, 2015

# e-News from MAG

NEWS FROM THE LEADING VOICE FOR THE MEDICAL PROFESSION IN GEORGIA



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## MAG caps banner session with passage of 'Name Tag Bill'

The Medical Association of Georgia (MAG) enjoyed another banner state legislative session in 2015, according to MAG Council on Legislation (COL) Chair Michael E. Greene, M.D. And when it comes to landmark legislation, he reports that lawmakers passed H.B. 416 – which is also known as the “Patient Consumer and Awareness Act” and the “Name Tag Bill.”

“With the exception of optometrists and chiropractors and dentists who don’t practice in hospitals or nursing homes or assisted living facilities, this bill would require every licensed health care practitioner in the state to wear an ID on lab coats or similar distinguishing clothing or uniforms that states their name and license or educational degree,” says Dr. Greene. “This has been one of MAG’s legislative priorities for the last two years.”

Dr. Greene also notes that lawmakers passed a FY 2016 budget that includes some \$23 million in additional funds to increase the reimbursement rate for select Medicaid primary care and OB-GYN codes. And he explains that legislators also approved \$199,000 to maintain the Prescription Drug Monitoring Program in the state in FY 2016.

MAG Executive Director Donald J. Palmisano Jr. applauds Dr. Greene and the rest of the COL, and he adds that, “I would like to also thank MAG Government Relations Director Marcus Downs and his team for their tireless efforts, and I would like to congratulate them on a job well done and another excellent legislative session.”

Downs says that, “We really focused on building and maintaining our relationships with our allied stakeholders.”

He is also thanking Georgians for a Healthy Future for the key role it helped to pass the aforementioned name tag bill. He says, “This consumer advocates’ group stepped up in a very big way.”

Downs notes that the group also played a pivotal role in supporting the “Insurance Omnibus Bill (S.B. 158). According to Downs, “They provided some strong and effective testimony when it came to discussing the flaws associated with today’s health insurance networks from a patient-consumer perspective.”

Downs also gives credit to the registered dietitians in the state who supported MAG in its efforts to pass H.B. 416. He explains that, “This was the focus of their day at the capitol event in 2015, and they helped legislators understand that this bill affected the full spectrum of health care providers.”

Downs says that allied medical societies in the state also made key contributions during this year’s legislative session. He believes that, “Because

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## Fast Fact

MAG has nearly 3,200 followers on Twitter (@MAG1849) and more than 350 "likes" on Facebook ([facebook.com/MAG1849](https://www.facebook.com/MAG1849)) – while MAG CEO Donald J. Palmisano Jr. has more than 500 connections on LinkedIn ([linkedin.com/pub/donald-palmisano-jr](https://www.linkedin.com/pub/donald-palmisano-jr)).

we were unified, we were especially effective in securing additional funds for Medicaid primary care and OB-GYN physicians in the state.”

And he says that the Council on Alcohol and Drugs was a strong ally when it came to MAG’s efforts to ensure that the Georgia PDMP continues to be adequately-funded.

Finally, Downs says that, “It goes without saying that we simply couldn’t accomplish what we do without our member physicians – especially the members of our Board of Directors – and MAG staff. He concludes that, “MAG’s Board demonstrated great leadership in dealing with some incredibly complex and politically-charged bills.”

MAG tracked about 140 bills during this year’s legislative session. Gov. Nathan Deal will now determine the fate of the bills that passed.

Contact Downs at 678.303.9280 or [mddowns@mag.org](mailto:mddowns@mag.org) with any questions related to the 2015 state legislative session.

While some of the legislation is still subject to a final administrative review, the following summary addresses the key bills that were related to MAG’s legislative priorities in 2015...

### MAG Priority: Preserving Physician Autonomy

**H.B. 416** by Rep. Carl Rogers (R-Gainesville) would require licensed health care practitioners in the state to wear an ID on their “lab coats or similar distinguishing clothing or uniforms” that states their name and license or educational degree. The only exceptions would be optometrists and chiropractors and dentists who don’t practice in hospitals or nursing homes or assisted living facilities. This has been one of MAG’s legislative priorities for the last two years as voted on by MAG’s Board of Directors. A number of other groups also supported the bill, including speech language pathologists, audiologists, respiratory therapists, marriage and family therapists, ophthalmic technicians, and APRNs. **MAG position:** Supported. **Outcome:** Passed.

**H.B. 350** by Rep. Tom Taylor (R-Dunwoody) would have given dental hygienists the authority to administer local anesthesia under the direct supervision of a dentist under rules and regulations that would be established by the Georgia Board of Dentistry. **MAG position:** Neutral. **Outcome:** Did not pass.

**H.B. 564** by Rep. Rick Jasperse (R-Jasper) would have required physicians to complete and document five hours of continuing education every two years to prescribe controlled substances. **MAG position:** Opposed. **Outcome:** Did not pass.

**S.B. 115** by Sen. Chuck Hufstetler (R-Rome) would have allowed PAs to prescribe a 30-day supply of Schedule II drugs under a physician protocol. MAG was the only organization to oppose the bill in its original form. Consistent with the wishes of MAG’s Board of Directors, MAG played a key role in scaling-back the scope of this legislation. The amendments that MAG proposed would have limited a PA’s prescribing authority to hydrocodone combination products, which is the same level of authority they had before the U.S. Food & Drug Administration reclassified these drugs from Schedule III to Schedule II in 2014.” **Outcome:** Did not pass.

**H.B. 179** by Rep. Sharon Cooper (R-Marietta) would have allowed certified nurse anesthetists to work at pain management clinics under a physician protocol. Rep. Tom Weldon (R-Ringgold) introduced a similar bill (**H.B. 212**).



[Georgia Drug Card](#)

**MAG position:** Neutral. **Outcome:** Did not pass.

**H.B. 482** by Rep. Wendell Willard (R-Sandy Springs) would have changed the definition of destination cancer hospitals from a certificate of need requirements (CON) standpoint to mean in-patient hospital. The measure would have also eliminated requirements for destination cancer hospitals to 1) be 50 beds or less and 2) have 65 percent of out-of-state patients for two consecutive years. MAG policy calls for the organization to support efforts to repeal the state's CON law. However, MAG did convene a task force that studied CON issues in 2014, and MAG's 2014 House of Delegates (HOD) called for the organization to continue to study the issue and to provide a report at the HOD meeting in 2015. **Outcome:** Did not pass.

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**H.B. 498** by Rep. Lee Hawkins (R-Gainesville) would have added the word "diagnose" to the scope of practice code for licensed professional counselors in the state. The existing statute uses the term "diagnostic impressions." The change would have had to take place to allow the counselors to continue to receive reimbursements from agencies and insurance companies when the codes from DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) are fully implemented. The change was made for licensed clinical social workers and marriage and family therapists in the last several years. **MAG position:** Opposed. **Outcome:** Did not pass.

**H.B. 395** by Rep. Joyce Chandler (R-Grayson) would have added "psychological testing" to the definition of "practicing psychology" in the state. Under this bill, psychological testing would have been defined as the "use of assessment instruments that measure mental abilities, personality characteristics, or neuropsychological functioning in order to diagnose, evaluate, classify, render opinions regarding, or treat mental and nervous disorders and illnesses, including, but not limited to, organic brain disorders and brain damage." **MAG position:** Neutral. **Outcome:** Did not pass.

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#### **MAG Priority: Third Party Payer/Insurance**

**H.B. 354** by Rep. Barry Fleming (R-Harlem) would have required State Health Benefit Plan (SHBP) insurers to include certain trauma centers in their network, including every Level I trauma center in their service area. The measure would have also established a panel to resolve rate and contract disputes between SHBP insurers and hospitals. **MAG position:** Supported. **Outcome:** Did not pass.

**H.B. 409** by Rep. Darlene Taylor (R-Thomasville) would prohibit health insurers from limiting or excluding coverage for burn treatments that use cadaver or non-human xenographic skin tissue. **MAG position:** Supported. **Outcome:** Passed.

**S.B. 158** by Sen. Dean Burke, M.D. (R-Bainbridge) would have addressed rental networks, all-products clauses, and other key issues. The bill would have required contracts to remain intact during the course of the first year or on the anniversary of its renewal – whichever is longer. It would have also required health insurers to maintain sufficient networks so patients know which physicians are in a particular network. And S.B. 158 would have shored up a requirement for insurers to maintain a provider list that is accessible to the public. MAG's Board of Directors voted to support this measure. The bill evolved into **S.R. 561**, which is a "study bill" – which means that a group of legislators will develop a report for the General Assembly's consideration in 2016. The Georgia Association of Health Plans opposed S.B. 158. **MAG position:** Supported. **Outcome:** Did not pass.

**H.B. 429** by Rep. Ron Stephens (R-Savannah) would require health insurers to cover autism spectrum disorders (ASD) and applied behavioral analysis (ABA) therapy for their insured patients who are under the age of six. To qualify for the coverage, the insured would have to get a licensed physician or a licensed psychologist to verify that there is an “ongoing medical necessity.” Insurers would not be able to limit the number of treatments, though they could cap the ABA therapy coverage at \$30,000 per year. **MAG Position:** Supported. **Outcome:** Passed.

#### **MAG Priority: Tort Reform**

**H.B. 407** by Rep. Ronnie Mabra (D-Fayetteville) would have required a “non-terminal” patient who receives a Schedule II or III drug prescription for chronic pain for 90 consecutive days to receive opioid education and pro-active addiction counseling every three months during the course of their treatment. This would have been provided by independent and licensed third party professional counselors with costs capped at \$100 per session. **MAG position:** Opposed. **Outcome:** Did not pass.

For the second year, Sen. Brandon Beach (R-Alpharetta) introduced the “Patient Compensation Act” (**S.B. 86**) – a measure that would replace the state’s medical malpractice system with an “administrative compensation” system. MAG opposed the bill in 2014 following a lengthy and comprehensive analysis. The measure did not receive a committee hearing in 2015. **Outcome:** Did not pass.

#### **MAG Priority: Increasing Access to Care**

**H.B. 504** by Rep. Sharon Cooper (R-Marietta) would extend the flu vaccine protocol that is in place between physicians and pharmacists and nurses for adults to pneumococcal, shingles, and meningitis. Pharmacists would be required to complete a 20-hour education requirement, including 12 hours that would be recognized by the CDC and eight hours of self study; the pharmacist or nurse who administers the vaccine would have to take a complete case history and determine whether the patient had a physical examination within the year; the pharmacist or nurse wouldn’t be able to administer a vaccine to a patient who has a condition for which such vaccine is contraindicated; the pharmacist or nurse would have to provide the patient with a Georgia Department of Public Health (DPH) form that stresses the need to see their primary care physician on a regular basis; and the pharmacist or nurse would have to provide the patient with a wallet-sized card containing information from DPH about the vaccine. MAG’s Board Directors voted to support this kind of measure given strict limits and notification requirements. MAG worked with Rep. Cooper to ensure that appropriate sanctions are in place for any violations. **MAG position:** Supported. **Outcome:** Passed.

**H.B. 505** by Rep. Sharon Cooper (R-Marietta) would change the definition of the term “physical therapy” under the Georgia Physical Therapy Act to include “examining, evaluating, and testing patients; alleviating impairments; reducing the risk of injury, impairment, activity limitations; dry needling for preventative and therapeutic purposes; instructive, consultative, educational, and other advisory services.” This legislation would allow physical therapists to examine and evaluate a patient without a prior consultation with a physician. They would have 21 days or eight visits before they would have to refer a patient to a physician, and they would also have unlimited access to patients when it came to health promotion, wellness, fitness or maintenance services under this measure. The bill was amended to require physical therapists to notify patients that their health insurers may not be required to pay for treatments that are related to their diagnosis. H.B. 505 would also expand the Georgia

Board of Physical Therapy's authority to regulate the practice of physical therapy by interpreting and enforcing the law and by issuing advisory opinions. **MAG position:** Neutral. **Outcome:** Passed.

**H.B. 1** by Rep. Allen Peake (R-Macon) would allow Georgians who obtain a physician's "recommendation" to possess cannabidiol oil. The bill would cap the amount of tetrahydrocannabinol (THC) that can be included in the oil cannot at five percent for patients who are 19 years old and older and at three percent for patients who are 18 years old and younger. In 2014, the bill was limited to patients who have cancer, glaucoma and seizures. In 2015, it was modified to include amyotrophic lateral sclerosis, Crohn's disease, Mitochondrial disease, Parkinson's disease, and Sickle Cell disease. "Certified" patients (and their caregivers) who possess the oil in its approved form would be immune from prosecution; the physician's recommendation would serve as the certification. H.B. 1 would also create a Georgia Commission on Medical Cannabis Regulation that would 1) study the effects of legalizing medical cannabis and 2) regulate the medical cannabis program in the state, including licensure, distribution, security, and production quality. MAG's Board of Directors had voted to, "Continue to support the use of marijuana in strictly controlled medical research programs for patients who have cancer or glaucoma or who suffer from seizures as a result of refractory epilepsy; support the standardization (i.e., concentration and dose) of cannabinoids; support the availability of cannabinoids for compassionate use in intractable cases; support measures that will hold physicians harmless for recommending the use of cannabinoids; and continue to oppose the recreational use of any drug or substance." MAG ended up assuming a neutral position on this bill because it wasn't limited to research and because of the additional diseases that were included. **MAG position:** Neutral. **Outcome:** Passed.

**S.B. 185** by Sen. Lindsey Tippins (R-Marietta) would have required the Board of Regents of the University System of Georgia to design, develop, implement, and administer a cannabidiol products research program. The bill would have permitted volunteers who are 18 years old or younger and who meet certain residency requirements and who have medication-resistant epilepsies to possess cannabidiol products in the context of the clinical trials. S.B. 185 was consistent with a policy that was established by MAG's Board of Directors. **MAG position:** Supported. **Outcome:** Did not pass.

**H.B. 47** by Rep. Sharon Cooper (R-Marietta) would allow pharmacists to refill topical ophthalmic products for up to 70 percent of the predicted days of use without receiving a new prescription or the approval of the patient's physician. MAG and the Georgia Society of Ophthalmology (GSO) worked to ensure that the measure wasn't modified in any ways that undermined patient safety. **MAG position:** Supported. **Outcome:** Provisions were included in S.B. 194, which passed.

**H.B. 195** by Rep. Cooper would regulate the labels that go on interchangeable biological products. Under this bill, a pharmacist who substitutes an interchangeable biological product for a prescribed biological product when they dispense a prescribed medication would have to affix a label with the name of the interchangeable biological product – as well as a note indicating that the substitution had occurred – unless the physician notes "brand necessary" on the prescription. The measure also includes an exemption for drugs that are dispensed at inpatient hospitals and drugs that require a specific dosing schedule that cannot be substituted as defined by the Georgia Board of Pharmacy. MAG supported this bill once it was modified to include MAG's suggested amendment to require pharmacists to notify prescribers of any substitutions by way of "facsimile, telephone, electronic transmission, or other prevailing mean" within 48 hours. **MAG position:** Supported. **Outcome:**

Passed.

**S.B. 109** by Sen. Nan Orrock (D-Atlanta) would revise the state's Physician Order for Life Sustaining Treatment (POLST) law – which addresses a patient's end-of-life care – by adding a “do not resuscitate order” or DNR option. In Georgia, a POLST “shall be voluntarily executed by either a patient who has decision-making capacity and a physician who knows and has provided treatment to the patient or the patient's authorized person and a physician who knows and has provided treatment to the patient.” MAG established a POLST policy in 2007 – something it reaffirmed in 2012. MAG also established a policy on end-of-life issues in 2011. **MAG position:** Supported. **Outcome:** Passed.

**H.B. 429** by Rep. Ron Stephens (R-Savannah) would block health insurers from restricting coverage for prescribed treatments and drugs and devices for insured patients who have been diagnosed with a terminal condition. This would include “any disease, illness, or health condition that a physician has diagnosed as expected to result in death in 24 months or less.” **MAG position:** Supported. **Outcome:** Passed.

**H.B. 436** by Rep. Valerie Clark (R- Lawrenceville) would require physicians and health care providers to offer to test pregnant women who are in their third trimester for HIV and syphilis. This would cover, “Every physician and health care provider who assumes responsibility for the prenatal care of a pregnant woman during the third trimester of gestation.” Under H.B. 436, the provider would have to offer to conduct the tests at the time of first examination during the third trimester – and there wouldn't be any penalties or sanctions for failing to do so. The bill was amended to include the provisions of a bill (S.B 114) that would add “community service boards” to the list of exemptions for the the number of APRN's that are allowed to be supervised by a physician. **MAG position:** Neutral. **Outcome:** Passed.

**S.B. 126** by Sen. Chuck Hufstetler (R-Rome) would have allowed additional medical professionals to prescribe auto-injectable epinephrine “to an authorized entity and for other emergency purposes.” Georgia's current law – Code Section 20-2-776.2 – limits this authority to physicians, PAs and APRNs. **MAG position:** Neutral. **Outcome:** Did not pass.

**H.B. 463** by Rep. Ben Harbin (R-Evans) would have permanently extended a \$1,000 tax credit for “medical core clerkship” preceptors for “community based” nurse practitioners and physician assistants. **MAG position:** Supported. **Outcome:** Did not pass.

### State Budget

Lawmakers passed a 2016 FY budget (**H.B. 76**) that included some \$23 million in additional funds to increase the reimbursement rate for select Medicaid primary care and OB-GYN codes. This included \$17.1 million for primary care physicians (i.e., 90 percent of the 2014 Medicare fee schedule for the applicable codes) and \$5.9 million for OB/GYN physicians (90 percent of the 2014 Medicare fee schedule for the applicable codes).

Legislators also approved \$199,000 to maintain the Prescription Drug Monitoring Program in the state in FY 2016. **MAG position:** Supported. **Outcome:** Passed.

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## MAG president thanks 2015 "Doctor of Day" volunteers

Medical Association of Georgia (MAG) President Manoj H. Shah, M.D., is expressing his thanks to the MAG 'Doctor of the Day' program volunteers for 2015.

Working out of MAG's Medical Aid Station at the Capitol, MAG Doctor of the Day volunteers provide free minor medical care to legislators and their staff for one or more days during the legislative session.

The MAG Doctor of the Day volunteers for 2015 included...

Matt Astin, M.D.  
James W. Barber, M.D.  
Dingane Baruti, M.D.  
Cinnamon Bradley, M.D.  
Brett Cannon, M.D.  
Billy G. Chacko, M.D.  
Snehal C. Dalal, M.D.  
Shamie Das, M.D.  
Madalyn N. Davidoff, M.D.  
Darrell L. Dean, D.O.  
Andrew Dott, M.D.  
J. Wendell Duncan, M.D.  
David J. Faulk, M.D.  
G. Waldon Garriss III, M.D.  
Kristin Gore, M.D. (telemedicine)  
Lee L. Grose, M.D.  
Harvey "James" Hamrick Jr., M.D.  
Benjamin Hess, M.D. (telemedicine)  
Melissa Hirsu, M.D.  
Noel Holtz, M.D.  
Albert F. Johary, M.D.  
Steven M. Kane, M.D.  
Robert S. Kaufmann, M.D.  
Matthew T. Keadey, M.D.  
Harajeshwar Sing Kohli, M.D.  
Matthew Lyon, M.D.  
K. Scott Malone, M.D.  
Brooks Moore, M.D.  
Elizabeth Morgan, M.D.  
Steven A. Muller, M.D.  
Brunilda Nazario, M.D.  
Shervin V. Oskouei, M.D.  
Adetolu "Tolu" O. Oyewo, M.D.  
Randy F. Rizor, M.D.  
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Patricia J. Schiff, M.D.  
Manoj H. Shah, M.D.  
Jeffrey N. Siegelman, M.D.  
Henry J. Siegelson, M.D.  
Marvin Tark, M.D.  
Raulniña Uzzle, M.D.  
Helen M. Ward, M.D.  
Thad Wilkins, M.D.  
Michelle R. Zeanah, M.D.

Dr. Shah is also applauding the medical societies and health care providers that supported MAG's Doctor of the Day program in 2015, including...

Georgia College of Emergency Physicians  
Georgia Obstetrics & Gynecology Society  
Georgia Orthopedic Society  
Georgia Partnership for TeleHealth  
Georgia Radiological Society  
The Medical College of Georgia at Georgia Regents University  
The Southeast Permanente Medical Group

Finally, Dr. Shah is thanking nurse Ruby Butts for supporting the MAG Doctor of the Day volunteers in 2015.

"MAG's Doctor of the Day program is a great way to remind lawmakers that physicians play a vital role in maintaining a healthy and productive workforce in Georgia," says Dr. Shah. "Of course, it also reinforces MAG's role as the leading voice for physicians in every specialty and practice setting in the state."

The MAG Doctor of the Day volunteers were each recognized in the House and the Senate on the day they served.

Contact Liz Bullock at 678.303.9271 or [ebullock@mag.org](mailto:ebullock@mag.org) if you are interested in serving as a MAG Doctor of the Day in 2016.

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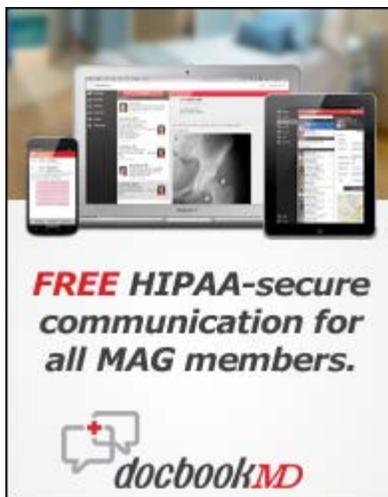
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## MAG Alert: Contact U.S. Sens. ASAP to pass H.R. 2 to repeal SGR

The Medical Association of Georgia is encouraging physicians in the state to call U.S. Sens. Johnny Isakson and Saxby Chambliss at 800.833.6354 or to [click here](#) to send them an email to urge them to pass H.R. 2 – the "Medicare Access and CHIP Reauthorization Act." The bill would permanently repeal the Medicare sustainable growth rate (SGR).

The American Medical Association (AMA) reports that, "As of (April 1) the current sustainable growth rate (SGR) patch expired, meaning the 21 percent cut in Medicare payments is in effect."

AMA says that, "Every day that the U.S. Senate does not act causes disruptions to physician practices and puts more patients at risk of not getting the care they deserve. Last week, the U.S. House of Representatives overwhelmingly passed bipartisan legislation that would permanently repeal the SGR formula, but the Senate failed to act before leaving on a two-week recess."

And AMA stresses that, "While Senate leadership has indicated they will take up the bill upon return on April 13, the clock is ticking. The administration can only hold claims until April 15, leaving a very narrow window of time for the Senate to act before Medicare claims are paid at the drastically reduced rate. We need you to keep the pressure on during the recess!"

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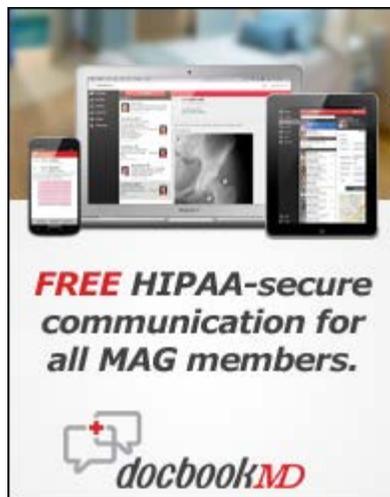
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## A message from U.S. Rep. Allen: A lasting solution for Medicare physicians & seniors

*By U.S. Rep. Rick Allen*

For the past 12 years, Congress has created very disruptive, time-consuming, and harmful uncertainty for physicians and seniors across Georgia with Medicare's Sustainable Growth Rate (SGR).

As a previous chair of the board for a local hospital and a small business owner for more than 37 years, I know firsthand the damaging effects of ineffective government programs and red tape, particularly for the medical community. I also know how difficult it can be to jumpstart real change in Congress and at the federal level.

That is why I welcomed the opportunity to vote to repeal the flawed SGR formula and replace it with long-overdue reforms that provide a lasting solution for our seniors and Medicare physicians.

The SGR formula was established as part of the 'Balanced Budget Act of 1997,' setting targets for the Medicare physician fee schedule. If a target was exceeded, then future payments were reduced to bring spending back in line with the target.

However, as many physicians have learned, the SGR is not a workable formula and has been "patched" 17 times since 2002 to override the cost of reductions. As a result, this inefficient system has cost \$170 billion over the years, approximately the same cost as permanently repealing the SGR entirely.

Instead of passing another temporary fix for the SGR crisis, the House voted in March to establish a better system by passing the 'Medicare Access and CHIP Reauthorization Act of 2015.' This legislation offers a bipartisan plan that protects seniors' access to quality care and provides certainty for Medicare physicians. Importantly, the bill implements a better system to eliminate ineffective government spending, saving valuable taxpayer dollars and reducing our deficit in the long-term.

I was proud to support this agreement, which includes important reforms to improve areas including Medigap. Specifically, it limits first dollar coverage on certain Medigap plans by prohibiting plans from covering the Part B deductible. This change, which will only apply to future retirees starting in 2020, has bipartisan support, in part because research from the Government Accountability Office (GAO) has shown that average total health care expenditures were higher for beneficiaries with Medigap coverage than for beneficiaries with only traditional (Parts A and B) Medicare.

Two other notable changes include replacing the scheduled market basket

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update in 2018 with a one percent update for long-term care hospitals (LTCHs), skilled nursing facilities (SNFs), inpatient rehabilitation facilities (IRFs), home health providers (HH), and hospice providers. Additionally, hospitals – which are scheduled to receive a 3.2 percentage point adjustment in addition to their base payment rate in 2018 – will now have these updates phased-in incrementally.

While there is a great deal of work to be done to strengthen and save Medicare for future generations, I was pleased this agreement also makes meaningful progress towards ensuring this program remains solvent.

The Senate is expected to consider the House-passed legislation in the coming weeks, and I am hopeful Congress can work quickly to move this bipartisan solution forward.

It's time we eliminate the SGR, which has hurt our nation's seniors and Medicare physicians for far too long, and implement a permanent solution that provides certainty and puts Medicare on sounder fiscal footing.

*Rep. Allen was elected to the U.S. House of Representatives in 2014. He represents Georgia's 12th District, which encompasses all or part of 19 counties in eastern Georgia – including Augusta, Statesboro, Vidalia, Dublin, and Douglas.*

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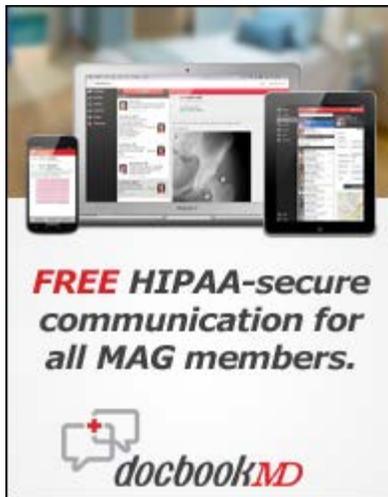
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## MAG/GHA issue report on joint effort to enhance patient care

The Medical Association of Georgia (MAG) and the Georgia Hospital Association (GHA) have released a report that addresses the results of a pilot project that the organizations conducted in 2014 to enhance patient care by developing a better framework for the communications that take place between a hospital and a patient's primary care physician once the patient has been discharged from the hospital.

In terms of key messages, the report says that, "Information about patient ED or (hospital) admissions is often not conveyed to the primary care physician until after the patient has been discharged. (The report) found that hospital policies varied with respect to the expectations of hospitalists on completing the discharge summary and medical record documentation. Another barrier (the report) identified early on is that patients do not know who their primary care physician is or do not understand the terminology of a 'primary care physician.' With missing or inaccurate physician identifiers, any system of care coordination is destined to fail."

The report also notes that, "The request from the physician practices was quite simple: Information needs to be 'pushed' and not 'pulled' from the hospital to the physician for timely patient follow up."

MAG Director of Health Policy and Third Party Payer Advocacy Susan Moore explains that, "We ultimately hope to develop a model that is replicable and sustainable." She also points out that hospitals face some lofty metrics that are tied to payment when it comes to reducing hospital-acquired conditions and readmissions.

The pilot project was funded with a grant that the GHA obtained under its Hospital Engagement Network (HEN) contract with the Centers for Medicare and Medicaid Services (CMS). It is related to a resolution (115A) that MAG's House of Delegates passed in 2013 that calls for MAG to work with GHA to create a "high performing health care system" in Georgia.

The pilot project included three different-sized pairs of practices/hospitals, including 1) Albany Internal Medicine (Joseph Stubbs, M.D.)/Phoebe Putney Memorial Hospital in Albany and 2) Augusta-Evans Medical Group (Christopher Apostol, M.D.)/University Hospital in Augusta and 3) Brooklet/Statesboro-Bohler Family Practice (W. Scott Bohlke, M.D.)/East Georgia Regional Medical Center in Statesboro.

Finally, Moore reports that MAG is working with GHA on a follow-up project – the "Transforming Care Coordination Collaborative" – that got underway in March.

MAG members can contact Moore at [smoore@mag.org](mailto:smoore@mag.org) with questions.

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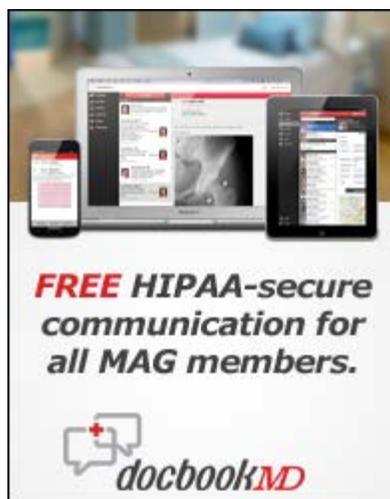
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## Recordings of MAG events on chronic care & new medical reserve corps now online



*From the left are 'TopDocs Radio' Producer Krista Berutti, MAG Director of Health Policy and Third Party Payer Advocacy Susan Moore, 'TopDocs Radio' Host C.W. Hall, MAG President-elect John Harvey, M.D., and emergency response/crisis management expert Paul Hildreth.*

A recording of a town hall conference call that the Medical Association of Georgia (MAG) hosted on March 16 that addressed the criteria for providing and billing for chronic care management (CCM) is now online.

The Centers for Medicare & Medicaid Services began to reimburse physicians for CCM services for patients with two or more chronic conditions (subject to certain criteria) beginning this year.

The call featured Lori Foley ([lfoley@pyapc.com](mailto:lfoley@pyapc.com) and 404.266.9876), who is a principal with Pershing Yoakley & Associates in Atlanta.

The forum was offered at no cost with a grant from Health Care Research, a subsidiary of Alliant Health Solutions.

A recording of the interview that MAG President-elect John S. Harvey, M.D., and MAG Director of Health Policy and Third Party Payer Advocacy Susan Moore and emergency response/crisis management expert Paul Hildreth recently conducted to discuss a medical reserve corps that is under development in the state on the 'Top Docs Radio' program on the Business Radio-X Network is also now available online.

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MAG is working with the Georgia Department of Public Health (DPH) to develop the nation's first medical society-sponsored statewide volunteer medical reserve corps (MRC) – which will supplement the official medical and public health and emergency services resources that are available in the state. The MAG MRC will train physicians to respond to emergencies in Georgia.

MAG formed the MRC as a result of action that its House of Delegates took in 2013.

Contact Moore at [smoore@mag.org](mailto:smoore@mag.org) for additional information on the MAG MRC.

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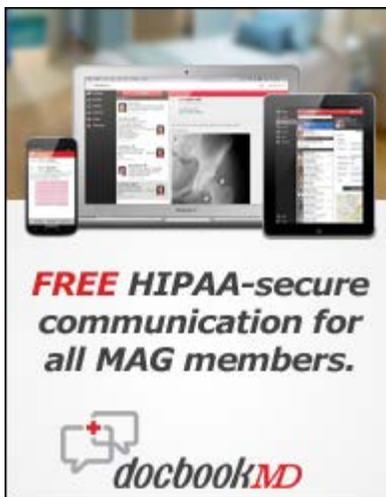
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## MAG CEO completes 100-mile run to raise \$40K for MAG Foundation 'Think About It' campaign to reduce Rx drug abuse



*Donald J. Palmisano Jr., left, and Trey Reese.*

Medical Association of Georgia (MAG) Executive Director and CEO Donald J. Palmisano Jr. and outside legal counsel Trey Reese with Hall Booth Smith, PC raised \$40,100 for the MAG Foundation's 'Think About It' campaign to reduce prescription drug abuse in the state – which the Centers for Disease Control and Prevention says has reached epidemic levels – when they each ran 100 miles during the Umstead Endurance Run that took place near Raleigh, North Carolina on March 28-29.

"I want to express my humble and heartfelt thanks to our individual and corporate sponsors," says Palmisano. "The level of support that we received was incredible and surpassed our expectations in every way, and it demonstrates that people genuinely care and want to make a difference."

In an email that he sent to those sponsors after the run, Palmisano said that, "Your contributions were a motivating factor in completing the race. I was feeling pretty beat up around mile-83, the temperature had dropped to below 30 degrees, and it was the middle of the night. (There was a big part of me that wanted to drop out of the run but) the \$40,000 on the line pushed me through the 'down' period. Without the cause and the contributions, I may not be sending this email stating we completed the race. Thank you for being part of the motivation."

Palmisano also thanked MAG President Manoj Shah, M.D., who was on hand

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to cheer him on during the race.

MAG Foundation President Jack M. Chapman Jr., M.D., applauded 'Team Think About It,' stating that, "What started as a simple concept evolved into one of our most successful fundraising events ever – and I am excited to know that we are going to use the money that was raised to purchase Naloxone (which first responders can use to offset the effects of drug overdoses) and prescription drug disposal boxes and to produce a video that will promote good prescribing practices."

Dr. Chapman also thanked an anonymous donor who accounted for \$10,000 of the funds that were raised. He says, "This was an incredible act of selfless generosity – someone who simply wanted to help the people who live in this state."

The 'Think About It' campaign is designed to reduce prescription drug abuse in Georgia by raising awareness among physicians (from a prescribing standpoint) and their patients and by promoting a comprehensive drug policy. The MAG Foundation's partners include medical societies, the Georgia Composite Medical Board, Georgia Pharmacy Association, The Council on Alcohol and Drugs, Georgia Bureau of Investigation, other law enforcement agencies, schools, businesses and community organizations.

The MAG Foundation has distributed more than one million educational leaflets at Walgreens, CVS Health, and Kaiser Permanente pharmacies – as well as the Georgia Department of Public Health, Northeast Georgia Health System, Phoebe Putney Health System, West Georgia Health System, and Children's Healthcare of Atlanta. It has also delivered its messages at more than 50 town halls and 20 physician education activities across the state. And it has funded a number of prescription drug disposal boxes in the state.

Dr. Chapman concludes that, "Of course, it's never too late to support the 'Think About It' campaign with a donation – whether that's five dollars or five thousand dollars."

Go to <http://www.rxdrugabuse.org> or contact Lori Cassity Murphy at [lmurphy@mag.org](mailto:lmurphy@mag.org) or 678.303.9282 with questions or to make a donation to the 'Think About It' campaign.

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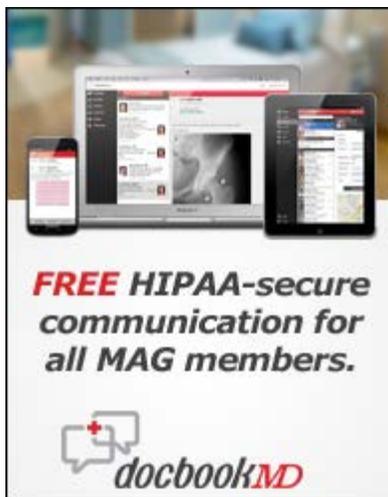
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## MAG signs letters addressing SGR & ICD-10, while CMS responds to MAG's backlogs inquiry

The Medical Association of Georgia (MAG) was one of more than 750 state and national medical associations to sign a letter that was sent to U.S. Speaker John Boehner on March 16 that urged him (and fellow lawmakers) to repeal the Medicare Sustainable Growth Rate (SGR). The letter calls for the action to take place "before the expiration of the current (SGR) payment patch (i.e., March 31, 2015)."

MAG was also one of more than 100 state and national organizations that signed a March 4 letter that was submitted to the Centers for Medicare and Medicaid Services (CMS) to express its concerns over the "implementation plans for moving to ICD-10, a code set named under the Health Insurance Portability and Accountability Act (HIPAA) that will be required for use by physicians and others starting October 1, 2015."

That letter stated that, "The transition to ICD-10 represents one of the largest technical, operational, and business implementations in the health care industry in the past several decades. Given the profound impact this will have on physicians, (the undersigned organizations) have a number of concerns that do not appear to be addressed by the Centers for Medicare & Medicaid Services' (CMS) current transition plan." The letter goes on to address a number of specific concerns.

The correspondence concluded by stating that, "The undersigned organizations remain gravely concerned that many aspects of this undertaking have not been fully assessed and that contingency plans may be inadequate if serious disruptions occur on or after October 1."

Finally, CMS recently responded to a letter that MAG President Manoj H. Shah, M.D., sent late last year that urged the agency to rectify the two-year backlog of Medicare and Medicaid appeals. The February 19 CMS letter included an enclosure that outlined the steps that CMS says it is taking to reduce the burden (associated with the Recovery Audit Contractor program) on providers.

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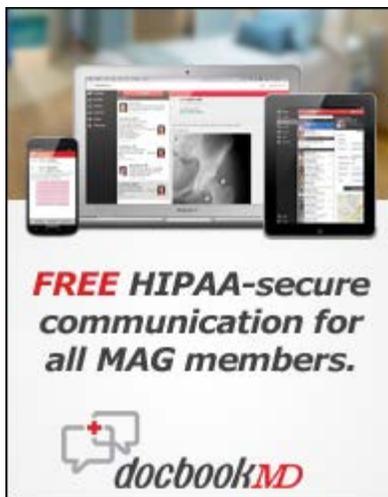
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## A resident's perspective: Is starting a private practice a dying art?

By *Eddie Fatakhov, M.D., MBA*

Going into my final few months of residency, I am somewhat puzzled knowing that so many of my colleagues are signing contracts with hospital-owned outpatient practices or are going into subspecialist fellowship training or have plans to work as a hospitalist. As someone who plans to go into solo private practice, I feel like an outlier.

Yes, I know what you might be thinking. Who goes into solo practice these days when hospitals are buying up practices, big multi-specialty groups seem like the way of the future, and patient-centered medical homes are right around the corner?

And let's not forget about my student loans, which total about \$250,000. Plus with stricter regulations, the odds are against me when it comes to getting a bank loan to open a practice. From the outside, it sounds like a real hassle to open and maintain an office rather than to go to work for a hospital, get a paycheck, and go home with no worries in sight.

Why not follow the masses and become employed rather than face the risks associated with private practice? For me the bottom line is that in a community that is screaming for more doctors – and primary care physicians in particular – we simply aren't doing enough to encourage our residents to go to private practice and provide the much-needed care.

Yes, hospital owned outpatient practices are out there – but they don't have the same continuity of care with their patients since they are employees of the hospital. Not to mention the patient will get a bigger bill because of the facility fee that the patient is being charged since the hospital owns the outpatient practice. So now patients pay more for procedures while this would not be the case in private solo practice.

A lot of my colleagues entered their residency program with the goal of going into outpatient medicine in a private practice setting. But by the time graduation came along, things changed. My colleagues tell me they are looking for job security. They want help to repay their loans. They want a flexible work schedule. And they "don't really want to get into the business side of medicine.

So why, again, would I consider private practice? An older physician would probably point out that there was a time when opening a solo private practice was the norm when they completed their residency. They would also note that they could get a bank loan without much trouble. Keep in mind, too, that these are the same physicians who are training and teaching today's residents. I believe that today's residents have a different mindset for some of the aforementioned, and important, reasons: They are concerned about the

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debt they have accumulated. They are concerned the risks associated with running a business. And they are concerned about medical malpractice.

I truly appreciate those concerns. Yet I also believe that we must find a way to change the cultural mindset within the medical profession to preserve the private practice model if we hope to facilitate the continuity of care and to have a better patient-physician relationship and to decrease health expenditures for our patients. Furthermore, we need to provide our physicians with the autonomy of running their own business with support and not despair.

At least that's why I have decided to go into private practice – and I hope that I'm not alone in that regard.

*Dr. Fatakhov is a third-year internal medicine resident at Georgia Regents University who is going into solo private practice in the Atlanta area. The MAG member and author also serves as the chair of Resident/Fellow Council for the Georgia Chapter of the American College of Physicians.*

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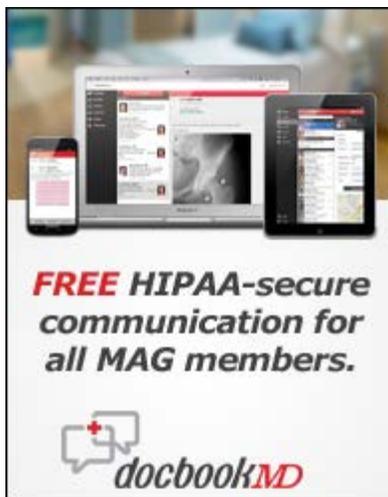
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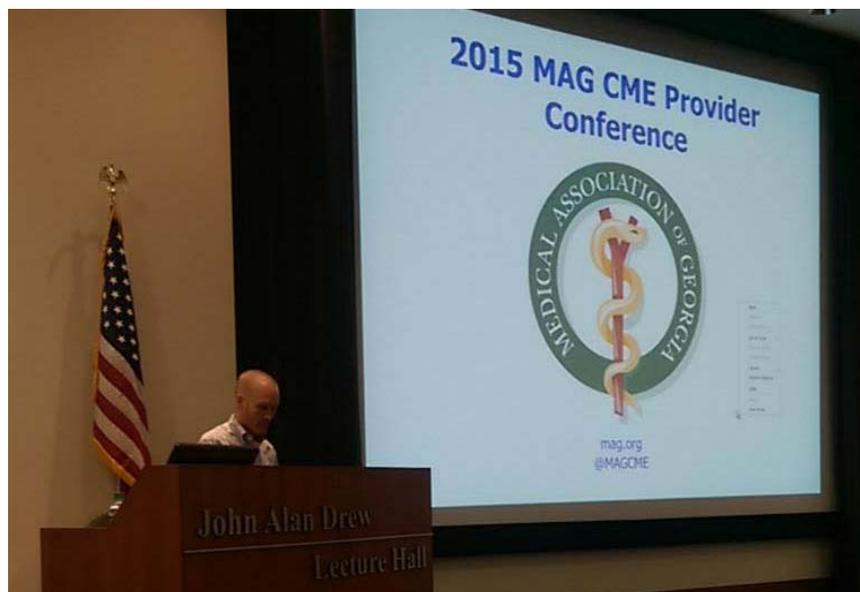
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## MAG hosts conference for 40 CME professionals



More than 40 continuing medical education (CME) professionals from Georgia and Tennessee attended a "CME Provider Conference" that the Medical Association of Georgia (MAG) hosted at Athens Regional Medical Center on March 20. MAG Director of Education Andrew Baumann says, "The conference was a great way for leading CME professionals in the region to share best practices." MAG accredits 39 CME providers in Georgia and Tennessee. Go to [www.mag.org/resources/education](http://www.mag.org/resources/education) or contact Baumann at 678.303.9286 or [abaumann@mag.org](mailto:abaumann@mag.org) with questions. Baumann is pictured during his introductory remarks.

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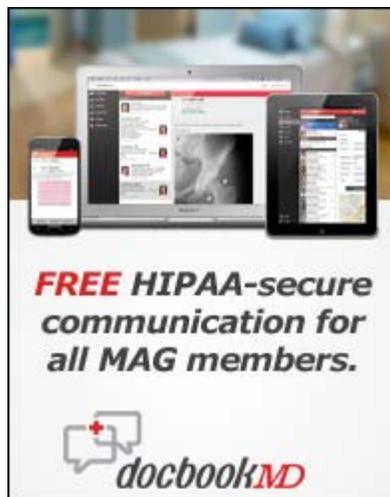
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## Georgia Drug Card flags report on medical debt/credit

The Georgia Drug Card says that, "A recent report [that was] issued by the Consumer Financial Protection Bureau (CFPB) finds that medical debt accounts for a majority (52 percent) of debt collections actions that appear on consumer credit reports. This is yet another reminder that a broader view of health insurance – not just at how many patients have coverage, but also the effectiveness of coverage – is warranted."

The Georgia Drug Card also reports that an earlier Kaiser Family Foundation report found that one in three Americans struggle to pay their medical bills even though 70 percent of them have health insurance.

The Georgia Drug Card reminds physicians in the state that their patients who have high-deductible plans or who do not have prescription coverage or who take prescription drugs that aren't covered by their health insurance plan can use the Georgia Drug Card to obtain savings of up to 75 percent off the retail price for brand and generic FDA-approved medications.

Georgians can print the Georgia Drug Card for free at [www.GeorgiaDrugCard.com](http://www.GeorgiaDrugCard.com), they can request the Georgia Drug Card savings at any CVS/pharmacy in the state, or they can request a hard card by sending an email to John Cenerazzo at [johnc@georgiadrugcard.com](mailto:johnc@georgiadrugcard.com).

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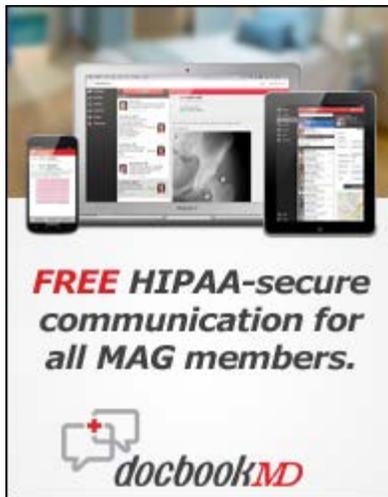
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## New MAG members

MAG welcomed the following new members during March...

Peter Jay Abramson, M.D., Atlanta  
Tanya Gail Marie Bigby, M.D., Conyers  
Jim Alphonso Brooks II, M.D., Ft. Benning  
Kitty Brigitta Carter-Wicker, M.D., East Point  
Kenneth Chen, M.D., Conyers  
Connie Templet Dupre, M.D., Griffin  
Kimone Monet James, M.D., Marietta  
Samuel A. Johnson, M.D., Alpharetta  
Faria Memnun Khan, M.D., Suwanee  
Christina Macaluso, M.D., Senoia  
Mitchell Scott Nudelman, M.D., Marietta  
Betsy Nell Perry Thacker, M.D., Valdosta  
Randall E. Peterson, M.D., Evans  
Dyapa Surender Reddy, M.D., Douglas  
Deborah Kay Richardson, M.D., Augusta  
James Fentem Small III, M.D., Albany  
Christal Lee Thomas, M.D., Evans  
Lawrence Steven Weiss, M.D., Marietta

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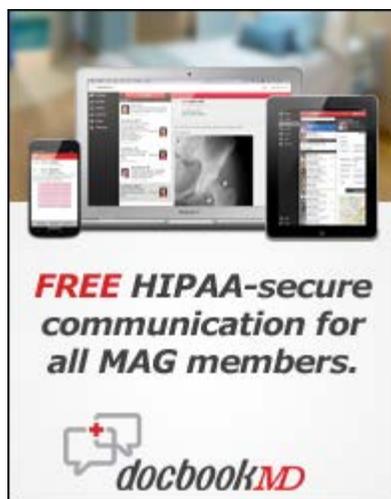
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### New MAG Medical Reserve Corps web page now online

The Medical Association of Georgia (MAG) is encouraging physicians in the state to visit a new web page that it developed for its mag.org website to address MAG's Medical Reserve Corps.

MAG and is working with the Georgia Department of Public Health (DPH) to develop the nation's first medical society-sponsored statewide volunteer medical reserve corps (MRC) – which will supplement the official medical and public health and emergency services resources that are available in the state. The MAG MRC will train physicians to respond to emergencies in Georgia.

MAG formed the MRC as a result of action that its House of Delegates took in 2013.

Contact MAG Director of Health Policy and Third Party Payer Advocacy Susan Moore at [smoore@mag.org](mailto:smoore@mag.org) for information on MAG's MRC.

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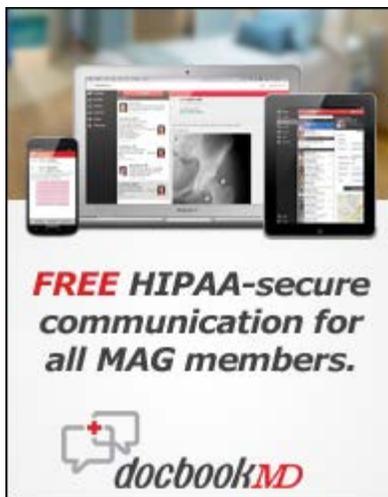
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### SCOTUS: NC board "suppressed competition" in non-dentists/teeth whitening case

*The following article was published by Modern Healthcare on February 25...*

"State professional regulatory boards may seek out more state supervision or even change their membership makeup because of a U.S. Supreme Court decision Wednesday against a North Carolina dental board accused of illegally suppressing competition.

"The decision...is quite significant," said Jeffrey Brennan, a partner in the antitrust practice at McDermott Will & Emery in Washington and a former head of the Federal Trade Commission's healthcare division. "It impacts a lot of state boards across the country."

The court ruled Wednesday that the North Carolina dental regulatory board, composed mostly of dentists, illegally suppressed competition when it told non-dentists to stop offering teeth-whitening services."

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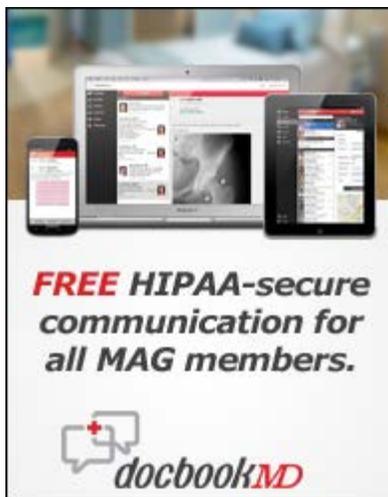
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### MedPAC issues report with 2016 Medicare FFS recommendations

In its most recent (and mandatory) "Medicare Payment Policy" report to Congress, the Medicare Payment Advisory Commission (MedPAC) is recommending no fee-for-service (FFS) updates for 2016 for five FFS payment systems, including ambulatory surgical centers, outpatient dialysis, long term care hospitals, inpatient rehabilitation facilities, and hospice.

As for "skilled nursing facilities and home health agencies, (MedPAC reiterated its previous) recommendations calling for an 'array' of reforms, including creating incentives to improve program quality and program integrity."

And MedPAC repeated "its prior recommendation to repeal the sustainable growth rate (SGR), and makes the following recommendations with respect to SGR reform: 1) Repeal the SGR and replace it with a 10-year path of legislated updates, with higher updates for primary care services than for other services and 2) Collect data to improve the relative valuation of services and 3) Identify overpriced services and rebalance payments and 4) Encourage accountable care organizations by creating greater opportunities for shared savings."

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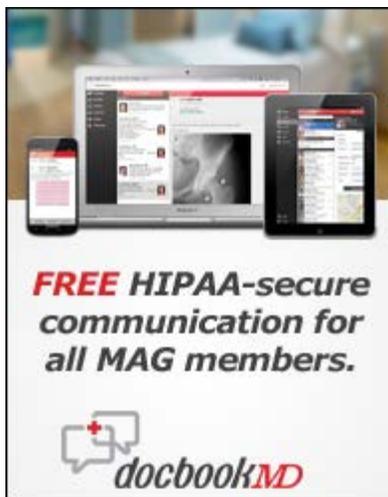
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### CDC/AMA unveil joint effort to prevent type 2 diabetes

The Centers for Disease Control and Prevention (CDC) and the American Medical Association (AMA) have announced a joint "Prevent Diabetes STAT" initiative that is designed to prevent type 2 diabetes in the U.S.

A March 12 press release says that, "As an immediate result of this partnership, the AMA and CDC have co-developed a tool kit to serve as a guide for physicians and other health care providers on the best methods to screen and refer high-risk patients to diabetes prevention programs in their communities."

The release also notes that, "Over the past two years, both the CDC and the AMA have been laying the groundwork for this national effort. In 2012, the CDC launched its National Diabetes Prevention Program (National DPP) based on research led by the National Institutes of Health, which showed that high-risk individuals who participated in lifestyle change programs, like those recognized by the CDC, saw a significant reduction in the incidence of type 2 diabetes. Today, there are more than 500 of these programs across the country, including online options." AMA, meanwhile, launched its Improving Health Outcomes initiative to prevent type 2 diabetes and heart disease in 2013.

Patients can go to [www.preventdiabetesstat.org](http://www.preventdiabetesstat.org) for an online screening tool that can help them determine their risk for type 2 diabetes.

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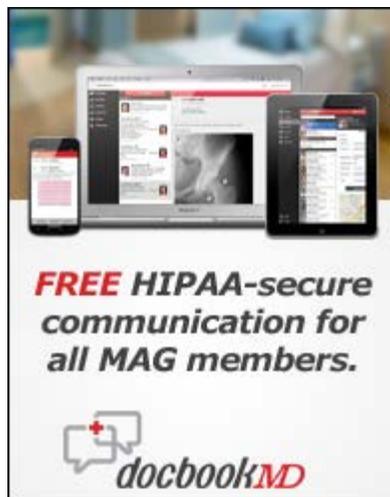
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### MAG Foundation encouraging physicians to attend Rx Drug Abuse Summit

The MAG Foundation is encouraging physicians in Georgia to attend the National Rx Drug Abuse Summit that will take place at the Westin Peachtree Plaza Hotel in Atlanta on April 6-9. The event will feature breakout sessions on key issues like heroin, marijuana, Neonatal Abstinence Syndrome, and Hepatitis C among abusers who inject drugs.

Organizers say that, "The National Rx Drug Abuse Summit is the largest national collaboration of professionals from local, state and federal agencies, business, academia, clinicians, treatment providers, counselors, educators, state and national leaders, and advocates impacted by Rx drug abuse."

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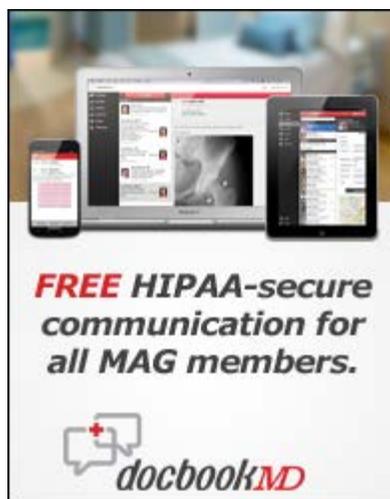
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### Population Health Symposium to take place in Atlanta on April 14-15

VHA Georgia, Inc. is encouraging Georgia health care professionals who have "responsibility for population health-based initiatives" to register for a "Population Health Symposium" that it will host with the Jefferson School of Population Health at the Renaissance Concourse Atlanta Airport Hotel on April 14-15.

VHA Georgia says that, "Over the course of the symposium, you will hear health care thought leaders, as well as leading practice organizations, share their insights and strategies around successful population health-based initiatives. Leading health care organizations will present case studies focused on post-acute care management and non-traditional options for population health."

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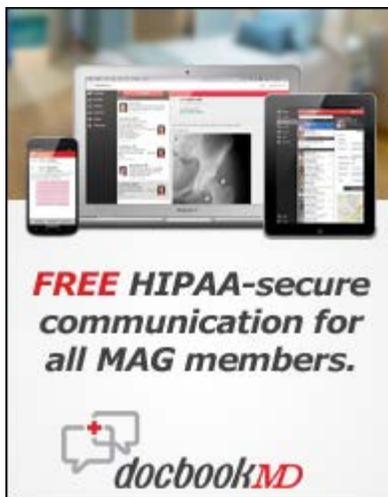
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### DCH stressing need for GAMMIS, promoting Medicaid fair

The Georgia Department of Community Health (DCH) is stressing that, "As of January 1, 2015, newly enrolled Medicaid providers and institutions must enroll in Electronic Fund Transactions/Direct Deposit with their financial institutions to receive payment." And DCH says that beginning on May 1 the "submission of all claims, appeals, forms, prior authorizations (PA), provider enrollment documents, DMA-520, DMA-520A and other forms must be done via the GAMMIS (Georgia Medicaid Management Information System) Web Portal." Call 800.766.4456 or go to [www.mmis.georgia.gov](http://www.mmis.georgia.gov) for additional information on GAMMIS.

DCH is also promoting a Georgia Medicaid Fair that will take place at the Gwinnett Convention Center in Duluth on Wednesday, May 6. Contact HP Enterprise Services at [georgiamedicaidfair@hp.com](mailto:georgiamedicaidfair@hp.com) with questions.

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### MAG Alliance applauds lawmakers for recognizing 'Doctor's Day'

The Medical Association of Georgia Alliance (MAG Alliance) is applauding legislators in the state for passing H.R. 665, which recognized March 30 as "Doctor's Day" at the Georgia State Capitol.

H.R. 665 says that, "WHEREAS, the first Doctor's Day observance was March 30, 1933, in Winder, Georgia, when Eudora Brown Almond started the tradition in honor of the anniversary of the first use of general anesthetic in surgery, which occurred on March 30, 1842, in Jefferson, Georgia, when Dr. Crawford Long used ether to remove a tumor from a patient's neck; and WHEREAS, the Barrow County Medical Society Auxiliary proclaimed the day 'Doctor's Day,' which was celebrated by mailing cards to physicians and their wives and by placing flowers on the graves of deceased doctors, including Dr. Long's grave; and WHEREAS, the United States House of Representatives adopted a resolution commemorating Doctor's Day on March 30, 1958; and WHEREAS, in 1990, the United States Congress overwhelmingly approved legislation establishing a National Doctor's Day, President George H. W. Bush signed the resolution, and the first national Doctor's Day was celebrated on March 30, 1991; and WHEREAS, the Medical Society Alliance is an organization of physician spouses who support the family of medicine in building healthy communities through various projects on a county, state, and national level and supporting various causes such as prevention of bullying, Stop America's Violence Everywhere, prescription drug abuse prevention, and safe disposal of medicine. NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES that the members of this body recognize March 30, 2015, as Doctor's Day at the capitol."

Mal Hollander, who is the president of the Laurens County Medical Society Alliance and the MAG Alliance president-elect, worked with House Majority Caucus Chairman Matt Hatchett (R-Dublin) to introduce H.R. 665. Co-sponsors included Rep. Bubber Epps (R-Dry Branch) and Rep. Jimmy Pruett (R-Eastman).

Hollander says, "This was a great way to recognize and honor physicians of Georgia and Laurens County for their positive impact on society."

The MAG Alliance is a volunteer network of physician spouses who are dedicated to improving the health of all Georgians, especially children. It supports several key MAG Foundation programs, including the 'Think About It' campaign to reduce prescription drug abuse and the W.R. Dancy, M.D., Student Loan Fund for medical students. MAG member spouses can contact Nancy Brant at [nbrant@mindspring.com](mailto:nbrant@mindspring.com) or 770.336.9799 to join the MAG Alliance for free in 2015. Also go to <http://www.mag.org/organizations/mag->

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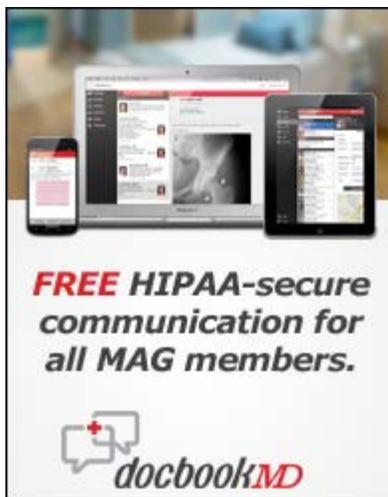
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April 3, 2015

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### Georgia POLST Conference to take place in Atlanta on April 23

The Georgia POLST Collaborative and the Healthcare Ethics Consortium of Georgia will host the "2015 Georgia POLST Conference" at the Hyatt Atlanta Perimeter at Villa Christina from 9 a.m. to 3 p.m. on Thursday, April 23. The event will feature a talk by Ira Byock, M.D., who is a "leading palliative care physician, author, and public advocate for improving care through the end of life." The registration fee is \$125.

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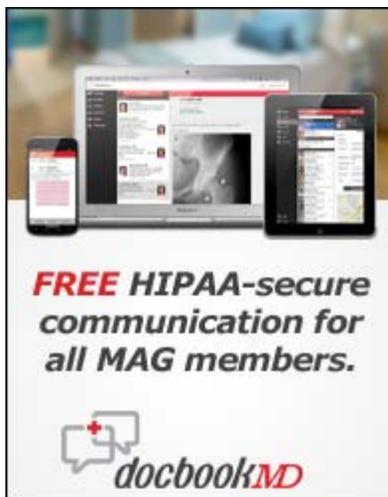
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### MAG encouraging members to be on lookout for tax scam

The Medical Association of Georgia (MAG) is encouraging its members to be on the lookout for an Internal Revenue Service (IRS) tax scam that targets physicians. The perpetrators are reportedly filing fraudulent federal income tax returns using physicians' names, addresses, and Social Security numbers in an effort to obtain tax refunds.

The IRS is encouraging physicians who suspect they have been victimized by the scam to call 800.830.5084. The U.S. Secret Service is also recommending that physicians and physician assistants register for a 90-day credit fraud alert at [www.experian.com/fraud](http://www.experian.com/fraud).

MAG members should contact Trish Yeatts at [pyeatts@mag.org](mailto:pyeatts@mag.org) if they have information about the fraud being perpetrated in Georgia.

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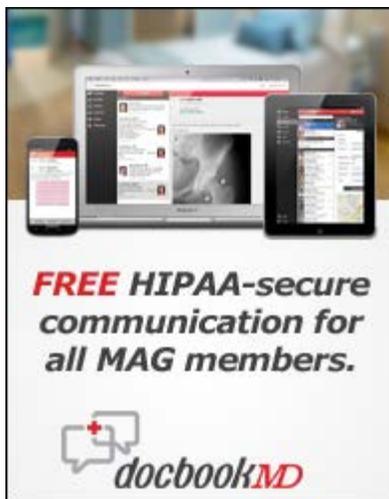
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