

Resident Physicians: Get involved in government

Editor's note: Three residents from Georgia joined 15 GSA members at the May 7-9, 2007 ASA Washington Legislative Conference. After a full day of visiting Capitol Hill offices, the Residents reflected on the conference and discussions with Georgia's Congressional Delegation.

**By Brian Keech, M.D.
Resident Liaison to the Government Affairs Committee**

On May 6-9th, I was fortunate to attend the ASA's annual Legislative conference held in Washington D.C. Every year around this time, concerned members and residents from all over descend upon our nation's capital for an update on the salient issues being debated in Congress that will impact health care and anesthesiology. The conference culminates in attendees visiting their congressman's Capitol Hill office to speak with him/her regarding these issues.



Staff Photo

As a resident participant and first-time conference attendee, I attended the Leadership Spokesperson Training Program for the first two days to learn effective ways to communicate ASA's message to the Georgia congressional delegation. Communication tools such as bridging, flagging and the use of anecdotes were emphasized. The training program concluded with videotaped interview sessions in which participants were able to observe themselves during mock interviews and receive feedback from program presenters.

On the final day, Georgia attendees were split into three groups to meet with as many Georgia representatives as were available. My group, consisting of Drs. C. Alvin Head, Carolyn Bannister, Peggy Duke, Howard Odom and me, visited the offices of Dr. Tom Price, Mr. John Barrow, Mr. Jim Marshall, Mr. Nathan Deal, Mr. Lynn Westmoreland and Mr. Sanford Bishop.



Staff Photo

Our primary objective was to gain support for HR 2053, the Medicare Anesthesiology Teaching Reform Rule, which would restore full payment to academic anesthesiology programs during the supervision of residents. As you can imagine, it



Staff Photo

Dr. David Nusz, an Emory Resident, joined GSA members in the offices of U.S. Representative Jack Kingston, R, GA-1. Meg Gilley, Kingston's legislative assistant, discussed the Anesthesia Teaching Rule with (l-r) Dr. Arnold Berry, Dr. Bruce Hines, Dr. Nusz, Dr. Rick Hawkins, and Dr. Tom West.

was a full day! But I believe our messages were well received and am optimistic that reform is on its way.

**David Nusz, M.D.
Secretary/Treasurer,
GSA Resident
Component**

My first trip to the ASA legislative conference was eye opening and informative. I and the two other GSA

residents were fortunate enough to complete the Legislative Spokesperson Training Program on Sunday and Monday before the conference started. This training provided helpful and interactive training in public speaking, interviewing and message development relating to a variety of topics in Anesthesia, which came in handy during our visits to members of Congress.

The conference was very helpful in emphasizing issues that affect our specialty present and future. One of the focuses of the conference was to amend the CMS teaching rule that was almost reversed last year. This bill, if passed, will restore equal payment for attending anesthesiologists at teaching institutions. It was very encouraging to see the number of anesthesiologists and residents concerned about the future of our practice. This conference set a new resident attendance record (70); I think the number of residents attending shows us that the future of anesthesia political action is bright. I do look forward to attending this conference again next year, and hopefully will make it an annual event.

**John Hackett, M.D.
President, GSA Resident Component**

HR 2053, HR 1866, and HR 1932...What do these codes mean anyway? I was also at a loss for what to make of these

Editor's Corner

Carolyn Bannister, M.D.
Editor



Hello Colleagues,
I hope this finds all of you doing well.

The recent Georgia legislative session has been of great interest to physicians and hospitals with the CON issues being debated. See Executive Secretary Jet Toney's article for the summary and next steps for physicians.

Congratulations to Dr. John Neeld who has been appointed Chair of the AMA PAC. If you are not currently a member of AMA this is an important membership and one that you should join. If anesthesiology does not have a presence at the AMA, then we cannot expect the organization to lobby for us in times of need. GSA and ASA PACs are also important memberships for each of us.

Congratulations to Dr. Carl Hug who will be honored by the ASA this year with the Distinguished Service Award. Dr. Peggy Duke is coordinating the special reception in Dr. Hug's honor at the ASA so make plans to attend. The reception will be sponsored by the Emory Department of Anesthesiology, the GSA and GASA along with the ASA, of course.

The ASA Legislative conference was in May. A sincere thanks to those who took time from their practices to lobby on our behalf at the legislative conference in Washington. Representatives and officers of our GSA Resident component attended and were enthusiastic about learning the politics of medicine.

Make plans now for the summer educational meeting of the GSA. Dr. Stan Plavin and Dr. Mark Norris are coordinating the meeting. The curriculum and speakers are outstanding. Bring your families and have fun at the beach while catching up with colleagues and gaining valuable information for your practice.

I want to thank Jet Toney and Todd Holden at Cornerstone Communications for assistance with the newsletter. We cannot thank Jet Toney adequately for all that he does as our well-respected lobbyist. The entire Cornerstone staff is knowledgeable, congenial, efficient and customer friendly whether communicating by phone or email. We are fortunate to have them as a part of GSA. Thank you also to Mrs. Vinnik, my executive assistant, who helps collect articles for the newsletter.

I hope to see many of you at the legislative conference and summer meeting!

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The Crawford W. Long Museum

William Hammonds, MD, MPH

A Status Report



I recently moved back to Georgia to take a position at the Medical College of Georgia. After I returned I contacted the Crawford W. Long Museum in Jefferson Georgia. Before moving away from Georgia I had been involved with the Museum in various capacities including serving on the Board of Directors. I soon learned that while I was gone many

things had changed!

The person who had been the Director when I left Georgia left the Museum for employment elsewhere. The Museum had problems meeting the monthly expenses and a new way to fund the Museum was being sought.



The Crawford W. Long Museum is located on the square in Jefferson, Georgia.

On the bright side, Daniel Holden has been named Acting Director of the Crawford W. Long Museum. Dan has a strong interest in the Museum and has a great deal of knowledge about Crawford W. Long and his importance to anesthesia history.

He has been very helpful in keeping me informed about the problems of the Crawford Long Museum and possible remedies for those problems.

One possible solution for the financial woes of the Museum is that the city of Jefferson, Georgia assume ownership and funding of the Museum. On April 16th the Jefferson city council voted unanimously to take over the museum and all its associated monthly expenses. The board of trustees of the CWL Museum met on Thursday, May 3rd and voted unanimously to turn control of the museum over to the city. The city and museum lawyers will be drawing up the transfer papers very soon. Once that is concluded, the legal process of turning the museum assets over to the city will be started. That will probably take at least a month.

If the transfer is approved and made by early June, the city will start the bidding process for the much needed renovation contracts. That will take 3 to 4 weeks. Several contractors with expertise in historic

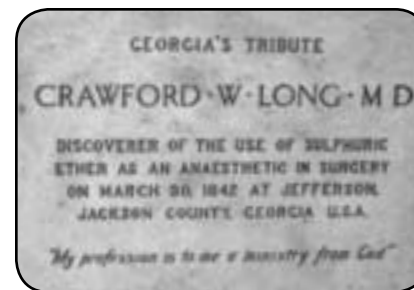
preservation have visited the museum. They have been looking the buildings over and giving the city's contact person the estimates of materials and labor to fix the buildings. It is anticipated that the Museum will be closed during renovation and open again by January or February next year of 2008.

The Museum will be incorporated with a 501c3 status in order to be eligible for non-profit grants. In order to have that status an advisory

board is being put together to oversee the Museum. I have been asked to serve on that body.

The Crawford W. Long Museum is an important part of the heritage of anesthesiology. I

think the recent developments with the city government of Jefferson are reasons to be optimistic about the future of the Museum. Because many members of the Georgia Society of Anesthesiologists have a strong interest in the future of the Crawford W. Long Museum, I will use my position on the oversight board to keep GSA members informed of the progress of the Museum as it enters this new era.



High Honor: The State of Georgia is recognized in the U.S. Capitol by a marble statue of Dr. Crawford W. Long.

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Update

your e-mail address

E-mail GSA Member Services Manager Cynthia Thomas at cynthia.thomas@politics.org with your preferred e-mail address. Include other personal contact information as appropriate to help GSA complete its database rebuild.

Presidential Perspective

U.S. Health Care Costs Are Rising: The Debate Is Coming

By Arnold J. Berry, M.D., MPH



As Republican and Democratic candidates line up to run for President in 2008, the domestic issue likely to prompt the greatest public debate is how to address the rising cost of health care. During the campaign, there will likely be proposals for universal health care coverage and a single payer system. What has prompted these concerns?

A recent federal study published in the journal *Health Affairs* estimates that healthcare spending in the U.S. will double to \$4.1 trillion by 2016, an amount equal to 20% of the nation's gross domestic product. At that point, the federal government will pay almost half of the nation's health care costs, up from 40% in 1990. In the past year alone, Medicare costs have increased by 22% to \$418 billion. A significant portion of that increase is attributable to the drug benefits introduced in January 2006. In fact, last year the Medicare prescription program accounted for 22% of the nation's total prescription drug spending. In addition, federal and state governments spent \$313.5 billion on Medicaid in 2006. In spite of these governmental programs and employer provided coverage, it is estimated that over 45 million individuals in the U.S. do not have health insurance.



U.S. Capitol, Washington, D.C. - GSA President Arnold Berry (right) led a delegation in May which met with several Georgia Congressmen, including U.S. Representative John Lewis (center) who serves as Chief Deputy Whip. Shown (L to R) are Dr. Bruce Hines, Dr. Tom West, Mr. Lewis, Dr. Rickard Hawkins, and Dr. Berry. Rep. Lewis has consistently supported increased fees to physicians serving Medicare and Medicaid populations.

The financial pressure on the Medicare program will continue to grow as the U.S. population ages, the "graying of America," unless Medicare benefits are reduced or greater costs are shifted to the insured. Conservative projections indicate that by 2050 the population of Americans 65 and older will more than double from 35 million today to more than 78 million. Those

aged 85 and older will quadruple. The impact on health care costs could be crippling. Although individuals over the age of 65 account for only 12% of the population, this group requires almost 40% of surgical procedures. When Congress established Medicare in 1965,

it was intended to address the significant problem that only a fraction of older Americans had adequate hospital insurance. Today, Medicare has met its goal of covering healthcare costs for elderly, but the staggering costs may threaten the nation's fiscal future.

Other problems loom as well. At the time that this article is being written, there is another financial health care crisis affecting Georgians. This year Georgia is facing a shortfall of \$131 million for funding the PeachCare for Kids Program that provides health insurance coverage for more than 270,000 low income children in our state. In 1977, the U.S. Congress created the State Children's Health Insurance Program (SCHIP) to provide insurance for uninsured children from low-income families that are not eligible for Medicaid. States administer their individual SCHIP programs, but funding comes from both state and federal governments. A complex system is used by Congress to distribute federal funds to the state programs, but the current formula has left Georgia's SCHIP program underfunded. This year, Georgia must find \$131 million to keep the PeachCare program solvent or changes must be made in coverage. The Legislature and Governor Perdue are working to find a solution, but Congress must ultimately pass legislation to correct the Federal funding formula for SCHIP.

Meanwhile, in the private sector, U.S. corporations are being adversely impacted by the growing cost of providing

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Director's Report

Steven L. Sween, M.D.
ASA Director



The ASA Board of Directors (BOD) met for their interim meeting in frigid Chicago on March 3-4, 2007. The attendance was slightly impacted by a weekend blizzard that was sweeping across the upper Midwest and the Northeast, causing flight delays and cancellations for several. However, the material for consideration at this meeting was relatively brief and rather non-

controversial, enabling the Board Committees to complete their agendas promptly.

The most contentious item involved a decision whether to keep New Orleans as the site for the 2009 and 2014 ASA Annual meetings. The discussion for 2009 was influenced by the fact that several hundred thousand dollars have already been committed to secure that location, even before the tragic storm that devastated the Crescent City in 2005. Furthermore, alternate sites have been explored and with the short notice available, good options have not materialized. As always, thoughtful and occasionally passionate deliberation resulted in the decision to honor our prior commitment, and the meeting will occur in New Orleans in 2009. A final decision for the location of the 2014 ASA Annual meeting is still open, and other options are being considered. The recommendations of the Committee on Annual Meeting Site will be reported to the BOD at its August 2007 meeting. A final commitment for the 2014 annual meeting must be made by December 2007.

Another report stimulating significant debate was from the Foundation for Anesthesia Education and Research (FAER), wherein a motion was made to increase the annual contribution from ASA to FAER by \$500,000. That is, the annual contribution from the ASA budget to FAER would increase from \$1.5 million to \$2 million. The stated purpose for the increase was to add two additional FAER training grants and to bolster the growing Medical Student Anesthesia Research Fellowship Program. It is absolutely incontrovertible that physician scientists in anesthesiology are essential (critical) to the future of this specialty, and both the number of research grants and the quality and participation in US-based anesthesiology research is severely deficient at this time.

FAER is studying and implementing several proposals to reverse this potentially destructive trend and re-establish high quality anesthesiology research and academic pursuits to their appropriately esteemed and envied positions. On the other side of this debate, it is equally difficult to ignore that FAER,

a relatively small organization, has current financial reserves of nearly 20 million and growing. The question is repeatedly asked by many voting members, how much dependence/independence should the important anesthesia foundations have from the American Society of Anesthesiologists? Obviously, there is no right answer to the question, but rather an appropriate balance and inter-dependence must be maintained between the respective organizations. The ASA BOD voted to increase its annual contribution to FAER by \$250,000. The ASA House of Delegates will also contemplate this compromise decision in October. The HOD is traditionally more frugal than the BOD.

The Saturday afternoon session of the BOD meeting was highlighted by three excellent presentations, the first by our GSA President Dr. Arnold Berry providing an ACCME update. Mr. Ron Szabat, Director of the ASA Washington office, gave a legislative update highlighting the fundamental differences in anticipated healthcare policy with the new Congress.

The third presentation, and the real eye-opening and provocative showstopper, was an update from Dr. Norm Cohen, Chair of the ASA Committee on Economics entitled, "Future Trends in the Economics of Anesthesiology Practice." For those of us who are so fortunate to serve under Norm's direction on

the Committee on Economics, his important message and high quality content and delivery came as no surprise. Norm is one of the brightest, most dedicated and competent individuals within ASA, and we all will be well served when he assumes the role of Chair of the Section on Professional Affairs in October. Dr. Cohen's Executive Summary was simple, "The next few years don't look too good!" More specifically, he characterized the viability of our current health care system as a crisis.

In overview, Norm explained in great detail and with extraordinary clarity why "A combination of increasing demand for expensive services, budget deficits, imminent Medicare funding shortfalls, dramatic changes in the availability of employer-supplied insurance and the resulting growth in the uninsured and under-insured populations place payments for all medical services in jeopardy. Anesthesiology is particularly vulnerable." Dr. Cohen had given essentially the same presentation at the 2007 ASA Conference on Practice Management, and he has been requested to present it again to the ASA Legislative Conference in early May. Although most of us object to the negative financial implications in the message, few can doubt the significance it brings to the

**I can only ask, what
are we thinking??**

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Director's Report

(Continued from page 6)

challenges we face as we prepare our practices and ourselves for the future.

One of the areas of significant economic concern discussed at the ASA Committee on Economics, Committee on Practice Management and by ASA leadership at many levels is the increasing involvement of anesthesia providers in the provision of anesthesia/sedation services for routine GI endoscopic procedures, both upper GI endoscopy (RVG 00740) and colonoscopies (RVG 00810). Due to the significantly increased volume of these screening procedures, especially 00810, and the relatively high base units considering the minimal work involved for a routine patient, many carriers are examining their payment policies for the anesthesia component of these procedures. Anesthesiologists' care of unstable patients undergoing these procedures, or those undergoing complex procedures will not likely pose a problem with payers, as medical necessity will be easily established. However, anesthesia care for routine procedures in healthy patients may be subject to serious scrutiny, especially by government payers.

Quite apart from a legitimate billing concern, I recently was asked by an acquaintance, a healthy 35-year-old female medical assistant with a family history of colon cancer, to evaluate her anesthesia bill for a screening colonoscopy performed in an office-based GI ASC in metro-Atlanta. The anesthesia professional charge was split between two providers, a CRNA and an anesthesiologist. The procedure lasted 21 minutes (anesthesia time). The total anesthesia charge was \$1920, split about equally between the two providers. Her insurance for this out-of-network provider paid \$393, she is being held responsible for \$1527 to include her co-pay (262) and the amount disallowed (1265). I can only ask, what are we thinking??

Based upon egregious medical billing practices such as this example, I would recommend that every patient/consumer of health care services assume nothing, but rather ask several fundamental questions. One, are you qualified and competent to provide the service or procedure being considered? Two, do you participate with my health insurance plan? And finally, approximately how much will your service cost me? I am fully aware that many providers of anesthesia are currently unable to accurately respond to these direct questions regarding participation and billing, but that is an absent excuse. Furthermore, I am certain that many physician providers will perceive questions regarding their billing as a breach in trust, and an inexcusable annoyance. My response: Deal with it! Furthermore, we all must deal with the unscrupulous members of our community who continue to tarnish our image. There is no doubt that clarity and transparency are significant areas of improvement for nearly all aspects of healthcare finance, including individual provider billing practices.

Finally, like many high quality organizations, ASA has

recently launched an Organizational Improvement Initiative (OII) in a strategic planning process to better address the challenges of a changing healthcare landscape, and to provide excellence in business practices and organizational structure. The Gordon Group, a top organizational and leadership development firm, is advising ASA in this initiative.

Mr. Ron Bruns has resigned as ASA's Executive Director in the Chicago (Park Ridge) office, and ASA Past President Dr. Gene Sinclair is serving as the President's executive in charge of the OII. In the new structure, the administrative director of the headquarters office will be referred to as COO-Park

Ridge. Though the position is now vacant, a search committee has been formed to fill this important leadership position with the most qualified person available. It should come as no surprise to any GSA member that our own Dr. John Neeld, ASA Past President, has been selected to chair the search committee for a new ASA COO-Park Ridge. John's dedicated

service and leading vision have been an invaluable resource for ASA, even well beyond his years on the Executive Council. What a fabulous and tireless resource he has been for ASA and GSA. Congratulations and best wishes to Dr. Neeld in this very important position and project.

My response: Deal with it!



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Secretary-Treasurer's Report

Jay Johansen, M.D.
Secretary-Treasurer

Minutes of General Business Meeting - January 20, 2007 Evergreen Conference Center, Stone Mountain Park, GA

Minutes - The July 30, 2006 General Business Meeting Minutes were published in the Winter 2007 *GSA Newsletter*. A motion was made and seconded to approve the minutes as published. Motion passed.

Membership/Approval of Applications - Dr. Johansen, Secretary-Treasurer, presented the following membership report:

Membership Report for 2007 (As of 01-18-07)	
Current Members	
Active	608
Affiliate	22
Life	1
Doubled	1
Resident	190
Retired	51
Student Members	3
Total	877
Pending Members	
Active	19
Affiliate	1
Resident	11
Retired	4
Student Members	0
Total	45
Details	
Paid	194
PAC Contributors	50
Educational Affiliate Members	
Educational Members Total 2007	22
Educational Members Paid	1
Educational Members Pending	1
Educational Student Membership	1
Educational Student Membership Pending	1

Dr. Johansen presented a list of names of membership applicants for approval by the full membership. A motion was made and seconded to accept the members as published in the list. Motion passed.

Treasurer's Report

- Dr. Johansen presented the following financial report: Balance Sheet as of December 31, 2006 shows Total Liabilities and Equities of \$158,363.28 compared

to the December 31, 2005 total of \$137,646.69. The Profit and Loss Comparison for 2006-2005 shows a 2005 net income of \$27,994.17 versus \$19,705.43 for 2006. A motion was made and seconded to accept the report. Motion passed.

Program and Education - Dr. Bannister, chair, presented the following schedule of meetings:

- Summer 2007, Drs. Stan Plavin and Mark Norris, Program Co-Directors, August 3-5, King and Prince Resort, St. Simon's Island, Georgia
- Winter 2008, TBD program director needed
- Summer 2008, July 25-27 Sea Pines, Hilton Head
- Summer 2009, August 1-3, King and Prince, St. Simon's Island

Director's Report/Federal Update - Dr. Sween referred members to his report published in the Winter 2007 *GSA Newsletter*. He noted for information that the AANA is supporting federal legislation on the Anesthesia Teaching Rule, a high priority of the ASA. Dr. Sween encouraged members to attend the annual ASA Washington Legislative Conference, May 7-9. He also asked larger practice groups to support partners in

their groups who choose to become politically active.

Government Affairs State Update - Dr. Richard Muench, chair, reported that contributions to the Committee for Responsible Health Care Policy are stable and that member participation is stronger. He submitted the following GSA-PAC report:

	1999	2000	2001	2002	2003	2004	2005	2006
Contributions to PAC	\$61,720	\$71,810	\$73,460	\$74,221	\$42,136	\$42,227	\$29,256	\$46,870
Number of Contributors	180	220	269	294	267	220	211	220
General Donors	\$1,024	\$6,048	\$2,701	\$681	\$694	\$3,428	\$794	\$2,846
Political Contributions	\$1,876	\$4,286	\$23,236	\$78,696	\$24,236	\$47,220	\$5,850	\$50,728
Paid Before Year End	\$12,124	\$5,444	\$75,740	\$75,144	\$42,227	\$47,645	\$76,201	\$46,901

Dr. Muench stated the position of the GSA regarding the pending legislation in the 2007 Georgia General Assembly which would repeal the Certificate of Need law which requires state approval for new construction of major health care facilities. The general position, as stated, is: *The GSA strongly opposes the repeal of Georgia's CON law. GSA supports passage of an amendment which would allow General Surgery to be considered a single specialty for purposes of realizing an exemption from CON requirements.*

Dr. Al Head recognized Dr. John Neeld as the newly elected President of AMPAC, the political action committee of the American Medical Society.

Old Business

- **2007 Officers** – By acclaim, the following Slate of New Officers was approved:
Arnold Berry, M.D., President
Howard Odom, M.D., President-Elect
Bruce Hines, M.D., Vice-President
Tim Beeson, M.D., Delegate
Eddie Johnston, M.D., Immediate Past-President and Alternate Delegate
- **Alternate Delegates**
Richard Muench, M.D.
Brian Thomas, M.D.
Steve Tosone, M.D.
Jordan Wetstone, M.D.
Roger S. Williams, M.D.
- **2007 committees and chairs** - Dr. Berry, President-Elect, announced the appointment of new committee chairs and officers:
Jason Williams, M.D., Chair, Practice Management

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Summer Meeting 2007

August 3-5, 2007

**King & Prince Beach & Golf Resort
St. Simons Island, GA**



Program Co-Directors

Mark C. Norris, M.D. & Stanford R. Plavin, M.D.

Ambulatory Anesthesia of Atlanta

Join us August 3-5 at the King and Prince Resort for a fast-paced and varied scientific program. Hear speakers from across the state of Georgia as well as guest lecturers from Boston, New York and North Carolina.

Speakers include Keith P. Lewis, R.Ph., M.D., Chairman, Department of Anesthesiology, Boston Medical Center. Dr. Lewis will address topics of practice management and operating room scheduling. Admir Hadzic, MD is an Associate Professor of Anesthesiology at the College of Physicians and Surgeons Columbia University and an internationally known expert on regional anesthesia. He will discuss peripheral nerve blocks and the role that ultrasound imaging can play. You can preview much of Dr. Hadzic's material on his website: www.nysora.com.

At Emory University, Peter S. Sebel MB, BS, PhD, MBA is Professor and Vice Chair of the Department of Anesthesiology. He is also a highly regarded expert on awareness and cerebral function monitoring during general anesthesia. He will be discussing the pros and cons of the routine use of cerebral function monitors in anesthetized patients.

Other speakers will address such timely topics as the anesthetic implications of intra-coronary stents, the importance of diastolic dysfunction, resuscitation from local anesthetic toxicity and the theory of high reliability organizations and how it applies to the delivery of anesthetic care.

Last (but by no means least), we are pleased to have Mark J. Lema MD, PhD, current president of the American Society of Anesthesiologists, as a very special guest. Dr. Lema will present a report on the ASA's many activities conducted on our behalf.

8 CME Hours Available

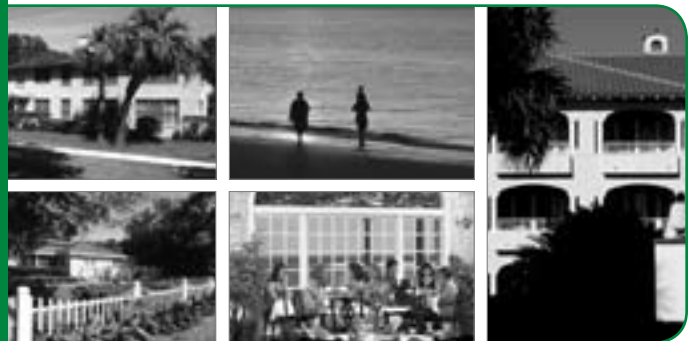
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Secretary-Treasurer's Report

(Continued from page 8)

Rajesh Arora, Vice-Chair, Practice Management
 Ellen Boney, Exhibitor Advisory
 Allen Gustin, Vice-Chair, Government Affairs
 Sanjeev Kapuria, Membership

- **By-laws amendment re:** Committee accountability
 - Dr. Arnold Berry presented.
- **By-laws amendment re:** Judicial committee membership
 - Dr. Eddie Johnston presented.

The green and underlined text below is new language proposed to be added to the current Bylaws.

Proposed Amendment No. 1

Article VIII, 8.02 Number and Election

b) Vice-President: The Vice-President shall be elected at the annual meeting of the members and shall serve as Vice-President for a term of (1) one year, beginning from the date of his/her election as Vice-President, or until his/her successor is elected, whichever is applicable, or until his/her earlier resignation, death removal or the termination of the office of Vice-President. The Vice-President shall, in the absence or disability, or at the direction of the President, perform the duties and exercise the powers of the President. The Vice-President shall perform such duties as are generally performed by vice-presidents and shall perform such other duties and exercise such other powers as the Board of Directors or the President shall request or delegate. The Vice President shall be responsible to the Board of Directors that Committees submit reports regarding their activities to the Secretary as specified in Section 9.02. The Vice President shall also serve as a member of the Board of Directors.

Proposed Amendment No. 2

Article IX, 9.03 Standing Committees:

g) Judicial Committee: ~~The Judicial Committee shall be composed of five (5) members, all of whom shall be active members in good standing and shall have been a Past-President. The Judicial Committee shall be composed of the President and the four Immediate Past-Presidents.~~ This Committee shall hear and determine disciplinary questions brought before it according to the provisions of these Bylaws. ~~Each member shall serve on the Judicial Committee for a period of five (5) years. The Chairman shall be the member serving the first year on the Committee. The Immediate Past-President shall assume a seat on the Judicial Committee immediately upon the close of his term of office as Immediate Past-President. Vacancies are filled by appointment by the President and such appointment is confirmed by approval of the Board of Directors by a majority vote; such appointee shall have been a Past-President and the appointment is for the unexpired terms.~~

A motion was made to accept both amendments. The motion was seconded and passed without opposition.

Committee Reports

- Anesthesia Care Team - Dr. Odom presented the following information:

Education Programs

Emory AA Program

Current 1st year class of 38 students
 New General-PA track of 5 students
 Presently involved in reaccreditation process
 Moving to a new 11,000 sqft off-campus facility

South University – Savannah Program

First class of 11 graduated in August 2006
 Present class of ~ 20 students

Nova Southeastern Program – Ft. Lauderdale

First class of 33 entered summer 2006

ASA Care Team Issues

Updated Statement on the Anesthesia Care Team (pg.4 of Newsletter)

- Accurate identification of Care Team Personnel
- Supervision of NA's by surgeons
- Relocation of billing terminology
- Identifies other perianesthetic care personnel

Committee on AA Education & Practice

Panel discussion on starting an AA program at the 2006 meeting in Chicago

ASA participation on ARC-AA (committee on AA education program accreditation)

AAA statements in support of ASA positions

- Anesthesia Care Team Statement
- Use of Propofol by non-anesthesiologists
- Performance of regional anesthesia
- Descriptions of qualified anesthesia providers
- Long Range Planning -- Dr. Berry announced that Dr. Beeson would chair a newly formed committee to create an institutional plan for re-organization of GSA to meet current member needs, practice demands, and realities of the health care marketplace.
- Resident Section – Dr. David Nusz, Resident Section Secretary-Treasurer, stated that the section is becoming more active and engaged in the Society's mission. He stated that residents are being encouraged to participate in ASA-PAC and GSA-PAC and to become politically involved.
- Representative to MAG – Dr. Sween stated that membership and participation in the Medical Association of Georgia is important for all physicians. He stated that MAG is a strong state medical society and that GSA members and their patients are the beneficiary of that strong, dynamic leadership in the public policy arena. Responding to questions, Dr. Sween re-iterated the GSA position on CON (see Dr. Muench's statement above). He also said that GSA is waiting to see the details of proposed CON legislation before committing to any particular advocacy action or plan.

New Business

- ASA Distinguished Service Award reception for Dr. Hug – Dr. Peggy Duke, Alternate Director from GSA to the ASA, invited members to attend a reception honoring

Continued on page 11

Resident Section

New Officer Position Created

Executive Committee approves Resident Government Affairs Liaison

By Brian M. Keech, M.D.

GSA President Arnold Berry, M.D., Resident Component President Barry Barton, M.D., Resident Component President-elect John Hackett, M.D., Resident Secretary/Treasurer David Nusz, M.D. and I have been in talks over the past few months about creating an exciting new officer position within the Resident Component of GSA. The creation of this position, the Resident Liaison to the Government Affairs Committee, and its accompanying change in the Resident Component Bylaws, was approved by the GSA Executive Committee at their March meeting. It will join the



three existing Resident Component officer positions: President, President-elect and Secretary/Treasurer.

The Resident Liaison to the Government Affairs Committee will serve to educate anesthesiology residents in Georgia about legislative affairs and its impact on our training and future practice. The idea for this position originated from a growing concern among residents about the outlook for our specialty given the future uncertainty of our national health care delivery system.

The reasons for creating this position are threefold:

1. Knowledge of political and legislative affairs and their impact on our specialty is generally lacking among residents. Residents are interested and would be receptive to learning more.
2. Residents would be willing participants in the legislative process. We would be an easy group to galvanize as far as making phone calls, sending emails, etc., on issues that impact our future.
3. The creation of this position would establish resident involvement in legislative affairs as a priority within the GSA and would facilitate interest.

Our end goal is to enhance participation in the legislative and political process, starting in residency and lasting throughout one's professional career.

The responsibilities of the position will include staying informed of state and national governmental issues that impact our specialty and disseminating this information to residents. By improving access to information, it will be easier for residents to be proactive in political and legislative affairs. This way, when an issue is being debated in the legislature, residents will be more



Resident Section met in the Professional Golfers locker room at Sea Pines Plantation (site of The Heritage Golf Tournament) at the GSA 2006 Summer Meeting.

likely to know what's at stake and where to direct their input.

likely to know what's at stake and where to direct their input.

Elections for this position will be held annually at the Summer GSA meeting, along with the other Resident Component officer positions.

Any resident anesthesiologist in the state of Georgia is eligible. The length of term is one year.

Secretary-Treasurer's Report

(Continued from page 10)

Dr. Carl Hug who will receive the ASA's Distinguished Service Award at the October 2007 Annual Meeting in San Francisco. Dr. Duke reported that GSA, Emory University Department of Anesthesiology and the Greater Atlanta Society of Anesthesiologists will jointly sponsor the reception.

- Dr. John Neeld received a significant contribution check from the MAG Mutual Insurance Company made to the GSA to support the GSA's communications and educational functions. Dr. Neeld recognized MAG Mutual's role as a major provider of insurance and business-related services to physicians and for MAG Mutual's long-time support for the GSA.
- Dr. Arnold Berry, incoming President, recognized the leadership of Dr. Eddie Johnston as 2006 President. Dr. Berry presented an etched crystal bowl to Dr. Johnston in recognition and appreciation for his service to the Society.
- Dr. Berry accepted the role of President from Dr. Johnston. Dr. Berry stated three points summarizing initiatives he intends to pursue during his term:
 1. increase membership statewide (important to have widespread participation)
 2. increase communication internally, legislatively and with the ASA
 3. engage a Long Range Plan for the Society to chart the course of the Society in a rapidly changing marketplace

Adjourn

Legislative Report

GSA in unusual position

Legislatures defers on CON repeal, prompt pay

By James E. "Jet" Toney
Executive Secretary, Lead Lobbyist



The 2007 Session of the Georgia General Assembly is one to forget, some observers have submitted. With intra-GOP party tensions high and Children's Health Insurance Plan funding running low, lawmakers faced more than their fair share of opportunities for public service.

But for the majority of GSA members, the legislative session produced results that are just what the doctor ordered. I use the qualifier "majority of members" because it is important to note that GSA members who practice wholly within ambulatory service centers or physician specialty offices probably don't agree with the stated position of the Society on the important issue of proposed CON reform. GSA's position, as verbalized for members at the January 20 Winter Meeting, is as follows:

GSA opposes the repeal of Georgia's Certificate of Need statute. GSA supports a change in the CON law which allows

General Surgery to be considered in a manner similar to how other physician-owned surgery centers enjoy exemption from CON.

This position puts GSA in an unusual position on two counts: First, GSA members who practice in hospitals and some outpatient



Sen. Jack Murphy, R-Cumming, discusses the proposed bill to expand Chiropractic scope of practice with Dr. Richard Muench, GSA Government Affairs Chair, during the 2007 legislative session.

extensions are hard-line opposed to CON reform or repeal, a position starkly different from that held by GSA members in ASCs. Secondly, GSA's generally parallel stance with that of hospital organizations puts the Society in the unusual position of opposing the Medical Association of Georgia, a long-time and frequent ally on most health care, insurance, payment and liability issues.

Even with the dissonance of policy positions, GSA demonstrated its resolve by holding firm to positions and alliances that protect the majority of members, which is part

of the mission of the organization. Neither the fact that some members probably support a repeal of CON nor the rare policy disagreement with MAG should produce any lingering emotions that harm any of the parties. However, one must be realistic and acknowledge that this issue will return in 2008.

My hope and desire is that GSA members and MAG will continue to work together on the several issues which impact patient safety and physician-led health care. It is to everyone's benefit that the strengths of each organization be melded together to protect health care policy for the benefit of consumers. I believe this will occur despite the impasse of positions on CON.

A recap of the 2007 session:

CON "Reform"

MAG and other non-hospital-based physician specialty organizations worked diligently during the legislative session for repeal of the Certificate of Need (CON) statute. GSA, hospital-based specialists, statewide organizations representing hospitals and the hospitals themselves worked diligently to fight repeal. The Special House committee (SCCON) to Study Certificate of Need Legislation considered several bills and passed three, although only one bill, HB 337, sponsored by Rep. Tom Graves (R-Ranger), treats general surgery in the same manner as a single specialty, including applicable rules and regulations of the Department of Community Health. The bill did not make it to the Senate by Crossover Day and no CON bills were considered for a vote in the Senate. General surgeons were successful in adding language to HB 147 that deals with the Health Strategies Council and gives the DCH Commissioner broad latitude in interpreting which medical specialties should be eligible for recognition as a single specialty under the physician exemption to CON.

Time and bureaucratic interpretation of HB 147 will determine whether or not the desires of General Surgeons are satisfied. Time – January 2008 to be specific – will bring all parties back to the legislature for another season of CON "reform" debate.

It is this observer's opinion that many of the unanimously accepted recommendations of the Commission on Certificate of Need that produced its report late in 2006 will be approved in law by the General Assembly in 2008. Too many of those recommendations reflect common sense to be ignored by legislators over the long term. Parking lots should not have to be "approved" by a health care bureaucracy. But the broader issue of total repeal (or general neutering) of the CON law will

Continued on page 17

GSA Committees And Chairs For 2007

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MEMBERSHIP COMMITTEE

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PROGRAM AND EDUCATION COMMITTEE

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EXHIBITORS ADVISORY COMMITTEE

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ANESTHESIA CARE TEAM COMMITTEE

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Allen N. Gustin, Jr., M.D., Vice Chair
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REPRESENTATIVE TO MEDICARE & MEDICAID

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Raphael Gershon, M.D., Alternate Representative
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REPRESENTATIVE TO CRAWFORD W. LONG MUSEUM

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Rajesh Arora, M.D., Vice-Chair
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LONG RANGE PLANNING COMMITTEE

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NEWSLETTER EDITOR/COMMUNICATIONS COMMITTEE

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ELECTRONIC MEDIA AND INFORMATION TECHNOLOGY

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CRAWFORD W. LONG AWARD COMMITTEE

Peggy Duke, M.D.
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GSA dollars support research, education

The reach of the Georgia Society goes far beyond the state line. In addition to the political and policy advocacy many members exert at the state and federal level, membership dues support research and education in the anesthesiology and the administration of anesthetics.

Annually the Executive Committee considers and directs contributions to three organizations whose work enhances the protection of patient safety and more effective delivery of anesthesia. GSA supports the following entities whose work is well established:



Anesthesia Patient Safety Foundation

The APSF is an organization which focuses its efforts on preventing patient harm from the effects of anesthesia. APSF achieves this goal by communicating with anesthesiologists and anyone who administers anesthesia, disseminating information about issues surrounding anesthesia. www.apsf.org



Foundation for Anesthesia Education and Research

FAER promotes the acquisition of new knowledge in anesthesiology that improves patient care. FAER believes that the best way to ensure patient safety is to organize quality-mentoring programs and issuing research grants for scientists studying anesthesia and new ways to make treatment safer and more effective. www.f aer.org

GAPAN Georgia Association of PeriAnesthesia Nurses

GAPAN is an association established to act as an organizational network and to advance perianesthesia nursing with an emphasis on continuing education in the field, participating in community service projects and conducting research to gain knowledge on the ever-changing profession. GSA annually underwrites a nursing scholarship that is presented by a GSA officer at GAPAN's fall conference. www.ga-pan.org

2007 GSA-PAC Contributors

The following members have boosted GSA's public policy clout by contributing to the Committee for Responsible Healthcare Policy (GSA-PAC). During the 2006 election cycle, more than \$60,000 in contributions was presented to candidates who support civil justice reform and laws that promote patient safety.

Naureen Adam, M.D.
Robert Arasi, M.D.
Rajesh Arora, M.D.
Michael E. Ashmore, M.D.
Jaiwant M. Avula, M.B.B.S.
Daud Azizi, M.D.
Wilmer M. Balaoing, M.D.
Richard Scott Ballard, M.D.
Laurie A. Barone, M.D.
Deborah H. Bauman, M.D.
Robert C. Baumann, M.D.
Timothy N. Beeson, M.D.
Arnold J. Berry, M.D., M.P.H.
B. Donald Biggs, A.A.
Alan S. Black, M.D.
John R. Blair, M.D.
John O. Bowden, M.D.
Cordell L. Bragg, M.D.
James Braziel, III, M.D.
Kurt Stephen Briesacher, M.D.
Jerome L. Bronikowski, M.D.
Jennifer Regan Burdette, M.D.
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Frank W. DeMarino, M.D.
Donald D. Denson, Ph.D.
Sheryl S. Dickman, M.D.
Alice Lachenal Dijamco, M.D.
Lisa R. Drake, M.D.
Joel S. Dunn, M.D.
Paul E. Easley, M.D.
Henry M. Escue, Jr., M.D.
Anthony J. Fister, M.D.
Annabel R. Flunkcr, A.A.
Scott C. Foster, M.D.
Rex B. Foster, III, M.D.
Dinah L. Franklin, M.D.
James A. Froehlich, M.D.
David W. Gale, M.D.
Gregory L. Gay, M.D.
Jeffrey N. Gladstein, M.D.
Patrice Goggins, M.D.
Lawrence H. Goldstein, M.D.
Michael J. Greenberg, M.D.
Stephen C. Grice, M.D.
Kathryn A. Grice, M.D.
Matthew L. Guidry, M.D.
Allen N. Gustin, Jr., M.D.
William Cannon Hallowes, M.D.
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Yusuf Hasan Hameed, M.D.
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Rickard S. Hawkins, Jr., M.D.
Bruce A. Hines, M.D.
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Charles Stephen Hoover, M.D.
Selwynn Bryan Howard, M.D.
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Edwin D. Johnston, Jr., M.D.
Daniel M. Joseph, M.D.
David Arnold Josephson, M.D.
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Jung S. Kim-Wirsing, M.D.
Brian T. Kinder, M.D.
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Forrest J. Lane, Jr., D.O.
Thomas W. Lebert, M.D.
Lester Leggette, A.A.
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Ian Marks, M.D.
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Catherine K. Meredith, M.D.
Kenneth M. Mims, M.D.
Stanley R. Mogelnicki, M.D.
Gerald E. Moody, M.D.
Robert O. Morris, Jr., M.D.
John J. Moss, M.D.
Richard J. Muench, M.D.
Michael Patrick Muro, M.D.
Alan F. Nagel, M.D.
John B. Neeld, Jr., M.D.
Mark C. Norris, M.D.
Sydney Howard Odom, M.D.
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Richard W. Trent, M.D.
Paul Keith Turry, M.D.
Raul G. Velarde, M.D.
James Donald Vinson, Jr., M.D.
Alan S. Walters, M.D.
Deryl H. Warner, M.D.
Reuben P. Wechsler, M.D.
Thomas B. West, M.D.
Jeffrey T. Wheeler, M.D.
Martha A. Wilkins, M.D.
Charles K. Williamson, M.D., PC
Gordon S. Williford, M.D.
Robert Charles Wilson, M.D.
Stacie Linn Wong, M.D.
Joseph Cavan Woods, M.D. (R)
Frederick P. Yilling, M.D.
Kerry Trent Zottnick, M.D.

(R) denotes Resident member,
(AA) denotes Educational member

Get involved in government

(Continued from page 1)

numbers until I attended the 2007 ASA Legislative Conference in Washington, D.C. I had listened to many anesthesiologists



Staff Photo

Meeting with U.S. Representative David Scott, D-GA-11, were Dr. Eddie Johnston, Dr. Richard Muench, Dr. Rick Hawkins, Jet Toney, Rep. Scott, Dr. Tom West, Dr. Bruce Hines and Dr. Arnold Berry.

who encouraged me time and again to “write your congressman so that we can correct the Medicare teaching rule legislation,” but I never fully grasped the significance of such action until I visited “the Hill.”

Well, finally it started to come together. As I sat in on day one of the Conference and interacted with

residents from all over the U.S., I realized that every day we are affected by each of the aforementioned bills, but particularly the first.

H.R. 2053 represents legislation that sits in front of the House of Representatives awaiting ratification. It would restore full funding to anesthesiology teaching programs, which are each losing an average of \$400,000 annually. For more specific details you should visit www.asahq.org. The bottom line is that while attending physicians of surgical specialties are receiving 100% reimbursement when supervising two cases done

concurrently by residents, attending anesthesiologists receive half of the appropriate payment. The result: of 160 programs that existed in 1994 when the Medicare “Teaching Rule” went into effect, only 129 remain!

Programs are literally closing their doors amidst a rapidly growing population which demands perioperative care from anesthesiologists. This applies to metropolitan areas like Atlanta as well as Georgia’s rural areas that are so often forgotten and underserved. We also continue to lose, or are threatened by the potential loss of, some of our most gifted teachers as they look to the private sector for adequate pay.

This year, Georgia had three residents attend the conference, which was strong representation for our state. Many states had no resident representation at all. However, nationwide resident attendance was significantly up from previous years, perhaps a reflection that we are starting to “get it.” I was proud to be a resident from the great state of Georgia where anesthesia was first administered by Crawford W. Long.

The above is just one example of approximately five core issues addressed this year during the visits with our Senators and Representatives. It is also an example of how our profession, centered on perioperative patient care, is affected by legislation. So I urge you to get involved! Contribute to the GSA Political Action Committee and attend next year’s conference. Most importantly, don’t ignore these political issues that face our specialty, no matter how daunting they may initially seem.

Presidential Perspective...

(Continued from page 5)

health insurance for employees. As a result of wage freezes implemented by the government during World War II, corporations began offering health insurance as an employee benefit to attract and retain workers. After the War, employers continued to offer health insurance benefits, and employees grew to expect this as part of their employment package. Now, for most individuals, health insurance is provided by and tied to their employment. As the cost of health care and health insurance have increased, the financial burden to pay for this coverage has made it extremely difficult for U.S. corporations to compete with their international rivals. To maintain profit margins, business leaders are continually trying to find ways to reduce health care costs or to shift more of the expenses and risks to the employee.

As the public debate regarding health care costs and insurance begins to take shape, it seems inevitable that we are reaching a “tipping point.” Presidential candidates, Congressional leaders, health economists, and others will propose solutions in various forms. Some will likely advocate a free-market approach, while others will recommend

universal coverage with a single-payer system under which the government pays for all health care through taxes and premiums paid by individuals. Some states have begun to tackle these issues themselves. For example, Massachusetts established the goal of insurance for everyone in the state and has implemented a new plan that covers uninsured residents through a combination of subsidies and state pools.

Since the introduction of Medicare in the 1960’s, there have been a series of incremental changes to the program, but these have created a system that many experts believe is unsustainable. In the private sector, there have been changes to address the health care needs of the population, but in many instances these have produced a reduction in coverage and shifted costs to the insured. As the Presidential candidates position themselves for the election in 2008 and begin discussing their priorities for our country, will they advocate a comprehensive approach to health care coverage for all? What approach will they take? As physicians, we must take part in this public debate and ensure that our voices are heard.

Recognitions

Neeld to head AMPAC fund

(from AMA news desk)

GSA member and former ASA president John B. Neeld, Jr., has been elected chair of AMPAC, the political action committee of the American Medical Association.

Neeld will chair one of the most influential PAC's in the nation. The 2006 election cycle demonstrated just how effective is AMPAC, which contributed more than \$2 million directly to candidates, 91% of whom won election.

The 2008 election cycle will present new challenges for AMPAC. AMPAC, under the leadership of Neeld, will aggressively seek significant increases in physician donations to the fund. This will enable AMPAC to become more effective in electing candidates who are supportive of medicine's



Chad Wyatt Photography

GSA was well represented at the annual ASA Washington Legislative Conference in May. The Society was represented by 18 attendees, including members, residents, staff and practice managers. The group posed for a photo commemorating Dr. John Neeld's receipt of the ASA's "Excellence in Government" Award.

Attendees also visited each of the 13 Congressional and two senatorial offices of the Georgia delegation.

agenda, in particular replacement of the SGR (Sustainable Growth Rate) formula for physician reimbursement under Medicare.

This should be no problem for Dr. Neeld who is a proven leader. In addition to being the former president of ASA, Neeld chaired Northside Hospital's Board of Directors from 1995-1997. His leadership at Northside was further showcased with his nomination to receive the John McCoy Physician of the Year Award for 2007.

In addition to his private practice, Dr. Neeld is also a member of the Board of Directors of MAG Mutual Insurance Company and the Wood Library-Museum of Anesthesiology and serves as Vice-Chair of the Council on Legislation of the Medical Association of Georgia. He is also the immediate past-president of the Vanderbilt Medical Alumni Association.

Dr. Neeld and his wife Gail reside in Atlanta.

ASA's 'Excellence' award goes to Neeld

(from ASA news desk)



Chad Wyatt Photography

John B. Neeld, Jr., M.D. has been selected as only the fourth ASA member to receive the organization's "Excellence in Government Award." Recipients are those physicians who make exemplary contributions to the medical specialty of anesthesiology, its practitioners and their patients.

Neeld was an obvious choice for the award, according to ASA President Mark J. Lema, M.D., Ph.D. Lema presented the award at the recent annual ASA Legislative Conference in Washington, D.C. Neeld served as ASA President in 1999 and continues to be an active member in the Society.

"He continues to be instrumental in ASA's advocacy efforts by supporting existing programs and working to create new channels for disseminating ASA's messages to members, Congress and the Administration," Lema said.

Neeld is the head of the Society's delegation to the AMA. He works to advance resolutions within the AMA House of Delegates to highlight ASA's priority issues, particularly relating to scope of practice.

"Through his dedicated leadership in AMA, Dr. Neeld helps ensure that anesthesiology's messages are fully presented and supported by medicine as a whole," Lema said.



Staff Photo

Dr. Neeld acknowledged his wife Gail's important role as a co-laborer in advocacy.

A case in point, Dr. Neeld was elected chair of the AMA's political action committee (AMPAC). AMPAC, under the leadership of Neeld, will aggressively seek significant increases in physician donations to the PAC. This will enable AMPAC to become more effective in electing candidates who are supportive of medicine's agenda, in particular replacement of the SGR (Sustainable Growth Rate) formula for physician reimbursement under Medicare.

Neeld is also active locally where he has served on the executive committee of the Georgia Society of Anesthesiologists as well as the Greater Atlanta Society of Anesthesiologists. He also serves on the board of directors of the Wood Library Museum and is chair of the AMA Section Council.

Legislative Report

(Continued from page 12)

be fought again next year in the hand-to-hand combat style of professional lobbyists, special interest groups and emotionally-engaged legislators. How the big issue resolves is anyone's speculation at this point.

Prompt Pay

SB 109 was introduced at the request of MAG. It passed the Senate by a vote of 48-1. However, the House Insurance Committee amended the bill and the prompt pay language was removed. There is an opportunity to reinstate the language in SB 109 or a similar bill during the 2008 session. SB 109 did not pass the House and is now re-committed to the House Insurance Committee for possible action next year.

Tort Reform

SB 286 was not heard on the floor of the Senate during the 2007 session. Sponsored by attorney Sen. Seth Harp (R-Midland), it revises the definition of limitation on a health care liability claim to gross negligence in emergency medical care. "Gross negligence" would be replaced with "the health care provider failed to meet the applicable standard of care." No other attempts were made by the Georgia Trial Lawyers Association to unravel tort reform this session.

GSA acknowledges the leadership that the Medical Association of Georgia demonstrates daily on these critical issues. Without the strong, daily presence of MAG and the work of lobbyists and staff representing other physician specialty societies, and our opposition, non-physician providers and plaintiffs' lawyers, would rapidly persuade lawmakers to reduce health care to a very low common denominator.

Chiropractic Scope Expansion

SB 102, sponsored by the powerful Senate Rules Chair, Don Balfour (R-Snellville), would have grossly expanded the scope of practice for Chiropractors to include authority to use X-ray and refer patients for diagnostic imaging, neurodiagnostic studies and laboratory tests. The bill would also have added chiropractors to the list of providers who



Dr. Richard Muench found common ground with freshman state Sen. Lee Hawkins, R-Gainesville, in opposing SB 102, Chiropractic scope expansion. Dr. Hawkins is a practicing dentist and was active for two decades in the Georgia Dental Association's public affairs program prior to being elected to the legislature.

occupational therapists. Ultimately, a largely innocuous bill passed.

However, as history proves, non-physician providers have everything to gain by going to the legislature and asking lawmakers to make them "equal" to physicians in the marketplace without mandating the education and training necessary to make it true. We will see chiropractors again each year as they seek to broaden their access to patients without broadening patient access to the best medical diagnosis and treatment.

For more information on the Georgia General Assembly, go to www.legis.state.ga.us.

To determine which state and federal elected officials represent you, your family and your patients, go to the newly designed GSA website, www.gsaHQ.org, and log on to the Members Only section. Then click "Government Affairs."

can do health physicals for athletic teams and other organizationally-sponsored activities. A healthy group of opponents mustered to fight this language, including GSA, MAG, other specialty physician societies and groups representing physical and

High honor for Dr. Crumrine



Dr. Robert S. Crumrine and his wife Pat display the etched crystal bowl representing the Crawford W. Long Award presented to him at the GSA Winter Meeting on January 20, 2007.

The CWL Award is the highest honor which members of the Society can award one of their own. It is given in recognition to those physicians who have made exceptional contributions to the GSA and done so in the tradition of service as exemplified by the life and medical practice of Dr. Crawford W. Long, the originator of medical use of anesthesia and who practiced in Georgia. The Award is not an annual award but is reserved for those times when a person of special merit is identified. The award has been presented only seven other times in GSA's history.

Dr. Crumrine presided over the GSA in 1996 and was instrumental in establishing the Society's headquarters current structure and services. His focus advanced the organization from its strictly volunteer status to a model which today includes paid professional staff and increased outreach to members and affiliated organizations.

In Memoriam

Miles McDonald, M.D.

1955-2007

Miles McDonald, M.D., 56, of Milledgeville, Georgia died January 29 in an aviation accident. Dr. McDonald graduated from Mercer University Medical School. He remained a member of the academic world helping with the development of young physicians; he was an Assistant Professor of Anesthesiology at Mercer University School of Medicine. In addition to his contributions as a professor, McDonald was Staff Anesthesiologist at the Medical Center of Central Georgia and at the Oconee Regional Medical Center. He was also a partner in the Nexus Medical Group in Macon. Dr. McDonald was a veteran of the U.S. Army and a member of St. Stephens Episcopal Church.

He is survived by his wife, Valray Hauser McDonald of Milledgeville; his children, Amanda Harrison of Warner Robins; Logan McDonald, Logan Brown and Maisy McDonald, all of Milledgeville; and sister, Partice Orand of Athens.

Tom Roberson, M.D.

1938-2007

Tom Roberson, M.D. of Roswell, Georgia passed away at his home on Tuesday, January 30, 2007. Dr. Roberson graduated medical school at LSU becoming a general practitioner of medicine before he was drafted for service during the Vietnam War. He received his residency training in anesthesiology from the Bethesda Naval Hospital in Maryland. He was honorably discharged with the rank of Lt. Commander. Dr. Roberson served as an anesthesiologist in the Atlanta area hospitals for 30 years before retiring. One of his greatest joys was spending time in the kitchen cooking with his wife (his best friend) preparing family dinners.

He is survived by his wife, Mary Ellen Roberson; daughter Karen M. Golden of Knoxville, TN; sons Scott D. Roberson of Ft. Lauderdale, FL and Chris Stanko of Cumming, GA; 4 grandchildren, Stephen Stanko, Christian Stanko, Emily Golden and Sarah Golden; brothers Mickey Roberson of Dunwoody, GA and Ernie Roberson of Shreveport, LA.

George C. Motchan, M.D.

1954-2007

George C. Motchan, 53, of Atlanta and formerly of New York, died June 3, 2007 from injuries sustained in an automobile accident. Dr. Motchan worked as an anesthesiologist at Piedmont Hospital and Fayette Community Hospital. He was also an avid gardener, photographer and a Citroen car enthusiast.

He is survived by his wife, Lois Motchan; daughters, Brooke Motchan, Jaye Motchan, Tori Motchan; mother, Dolly Motchan; and sister, Kathy Dory.

Proposed Bylaws Amendment

The proposed amendment (below) to the GSA Bylaws will be considered at the General Business Meeting on Sunday, August 5, 2007, at the GSA Summer Meeting on St. Simon's Island. This publication of the proposed amendments serves as timely notice to GSA members of such vote. The purpose of the amendment is to allow persons elected to a newly created position in the Resident Component, Resident Liaison to the Government Affairs Committee, to participate with the GSA Government Affairs Committee and the GSA Board of Directors.

The duties of the Resident Liaison to the Government Affairs Committee are detailed in the Resident Component Bylaws which state:

The Resident Liaison to the Government Affairs Committee will be responsible for being informed of the state and national government issues that impact anesthesiology and disseminating information to residents. The Resident Liaison will encourage greater resident participation in the legislative process.

"APPENDIX A

CHARTER FOR THE RESIDENT SECTION OF THE GEORGIA SOCIETY OF ANESTHESIOLOGISTS, INC. ("GSA")

ORGANIZATION:

The Resident Section will be responsible for establishing bylaws and policies pertinent to the Resident Section, but at no time should these be contrary to this charter or the bylaws and articles of incorporation of the GSA.

The Resident Section may appoint two three representatives to act as liaisons with the GSA Board of Directors. The Resident Section may participate with other committees and boards of the GSA when provided in the GSA bylaws or after invitation by the committee chairman. A liaison may be appointed by the GSA to the Resident Section. Other representatives may be appointed to other organizations as provided by the bylaws."

Enjoy a GSA Committee!

contact Arnold Berry, MD, GSA President

404-778-3937 or arnold.berry@emoryhealthcare.org

By Michael McPherson
Cornerstone Communications Group, Inc.

Good-bye old, hello new - website!



The Society has recently completed reconstruction of www.gsahq.org, the organization's cyber town square. The former web software platform had been in force for four years – an eternity in a digital age. With much of the Society's internal communication being conducted electronically, the executive committee determined that a more

powerful and flexible website is warranted to serve members through the end of the decade, at a minimum.

Artwork, design layout, and features are new and improved. Internal communication will be conducted by members behind a secure login. External communications will center on exhibitor/vendor relations, anesthesia history and patient safety. A section of the site honors the discipline's progenitor, Dr. Crawford W. Long, with a timeline & biography.

Other features include an updated content publisher for the homepage and a members section which boasts the ability to query member information by group or by name,

as well as post information pertinent to the interests of the members. Members will be able to manage their own personal information within the database. An email feature within the member area will allow those who are permitted access to send selective group mail to members.

Along with the ability to easily contact other members is the site's new polling feature. The survey forms have unique addresses on the internet which allow the staff to email a link to the form to all attendees of events, or to the general membership. This survey tool dynamically tabulates responses providing the staff with instant statistical data as well as text comments.

Membership will be tracked through another new feature that manages events and dues. Online payment is a possibility! And to help keep everyone up-to-date, a new calendar feature has been installed which will allow a number of different displays of important events.

Go to www.gsahq.org to test drive the new features. Your feedback will be a valuable resource for headquarters staff.

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