2017 House of Delegates Handbook

Please Download this handbook prior to the Annual Meeting by going to www.scmmedical.org/am17. If you are unable to attend, give to Alternate Delegate.
SPECIAL MEMORANDUM

THE MATTERS PRESENTED IN THIS HANDBOOK ARE FOR INFORMATION ONLY AND NOTHING CONTAINED HEREIN IS OFFICIAL UNTIL FINAL ACTION HAS BEEN TAKEN BY THE HOUSE OF DELEGATES.

SIGNED:

MARCH E. SEABROOK, MD
SPEAKER OF THE HOUSE OF DELEGATES
SOUTH CAROLINA MEDICAL ASSOCIATION

HELEN STOCKINGER, MD
VICE-SPEAKER OF THE HOUSE OF DELEGATES
SOUTH CAROLINA MEDICAL ASSOCIATION
AUTHORIZATION:

SECTION 5.00 - BYLAWS

THE HOUSE OF DELEGATES SHALL MEET AT LEAST ANNUALLY DURING WHICH TIME IT IS TO COMPLETE ITS REGULAR BUSINESS, INCLUDING ELECTION OF OFFICERS.

CALL

IN ACCORDANCE WITH THE CONSTITUTION AND BYLAWS OF THE SOUTH CAROLINA MEDICAL ASSOCIATION, THE HOUSE OF DELEGATES IS BEING CALLED INTO ANNUAL SESSION AT 1:00 PM, FRIDAY, MAY 5, 2017 AT THE MARRIOTT HOTEL, CHARLESTON, SOUTH CAROLINA.

THE HOUSE WILL BE CALLED TO ORDER IN THE USUAL MANNER AND WILL REMAIN IN SESSION UNTIL ITS DUTIES ARE COMPLETED.

MARCH E. SEABROOK, MD
SPEAKER OF THE HOUSE OF DELEGATES
SOUTH CAROLINA MEDICAL ASSOCIATION

HELEN STOCKINGER, MD
VICE SPEAKER OF THE HOUSE OF DELEGATES
SOUTH CAROLINA MEDICAL ASSOCIATION
SOUTH CAROLINA MEDICAL ASSOCIATION
HOUSE OF DELEGATES

March Seabrook, MD, Speaker, Presiding
Helen Stockinger, MD, Vice Speaker
Stefanie Putnam, MD, Parliamentarian

ORDER OF BUSINESS

Friday, May 5, 2017
Crystal D, E, & F Ballroom

12:30 pm  House of Delegates Welcome – March Seabrook, MD, Speaker
          Gerald Harmon, MD – Chair-elect, American Medical Association
          Paul Mellor – Memory Power

1:00 pm   Call to Order – March Seabrook, MD, Speaker
          Invocation – Father Charles Rowland, Cathedral of St. John the Baptist, Charleston, SC
          Pledge of Allegiance – March Seabrook, MD, Speaker
          The National Anthem – Sarah Rose Taylor, Grace Church Cathedral, Charleston, SC
          Welcome – Todd Schlesinger, MD, President of the Charleston County Medical Society
          Report of the Speaker of the House and Credentials Committee – March Seabrook, MD
          Report of the Chairman of the Board of Trustees – Todd Schlesinger, MD
          South Carolina MedPAC – Robert R. Morgan, Jr., MD, Chairman-SCMedPAC
          Report of the SCMA Uninsured Patient Care Committee - John C. Ropp, III, MD
          Report of the 2016 Resolutions Actions List – March Seabrook, MD, Speaker
          Remarks from the State Board of Medical Examiners – Stephen R. Gardner, MD
          Report of the Chief Executive Officer – Marjorie L. Heggie
          Report of the President to General Membership – Alexander Ramsay, MD
          Recognition of Past Presidents – Alexander Ramsay, MD
          Report of the Delegates to the AMA – Boyce Tollison, MD
          Presentation of Awards – Todd Schlesinger, MD
          - Communicator of the Year Award
          - Educator of the Year

          Announcement of Reference Committees
          Call for Late Resolutions
          New Business
          Nominations for Offices (*See Page 3 & 4)

          (The reports of the Trustees and Committees are included in the Handbook and will not be read.)

3:00 pm-  REFERENCE COMMITTEE MEETINGS

5:00 pm   Opal One
          (A) Reports of Credentials
          (B) Trustees and Officers
          (G) Miscellaneous Business
          (H) Constitution and Bylaws
Opal Two
(C) Public and Occupational Health
(E) Medical Education and Hospitals
(F) Medical Services and Insurance

Emerald One
(D) Legislative Activities and Public Relations

Visit Exhibits in the Crystal A, B, & C Ballroom. Delegates are urged to visit exhibits throughout the convention.

Sunday, May 7, 2017

8:30 am Call to Order – March Seabrook, MD, Speaker
Nondenominational Worship Service – John C. Ropp, III, MD
Report of the Memorial Committee - Sam Stone, MD
Report of South Carolina Medical Association Alliance President – Mrs. Sherry Anne Gettys
Introduction of SCMA Alliance President-Elect – Mrs. Elizabeth Orr
Board of Trustees & Officers Awards – Todd Schlesinger, MD - Chairman of the Board

NOMINATIONS FOR SECTION OFFICERS

Young Physician
Stephanie Putnam, MD, elected in 2014 to fulfill the term of Dr. John Ropp, III. Reelected in 2016 for a ONE YEAR Term (not counted in term limit). Eligible for three additional terms. **Will not seek reelection Seat open.** *(Will seek position of Vice-Speaker)*

Resident
Saint Julian “Lash” Springs, MD, elected in 2016. Limited to two terms. **Will not seek reelection.** **Seat open.**

Medical Student
Renee Rosati, elected in 2016. **Seat open.**

REPORTS OF REFERENCE COMMITTEES

A. Reference Committee on Credentials
B. Reference Committee on Reports of Trustees and Officers
G. Reference Committee on Miscellaneous Business
H. Reference Committee on Constitution and Bylaws
C. Reference Committee on Public and Occupational Health
E. Reference Committee on Medical Education and Hospitals
F. Reference Committee on Medical Services and Insurance
D. Reference Committee on Legislative Activities and Public Relations

FAREWELL PRESENTATION TO THE PRESIDENT – Richard D. Osman, MD

SINE DIE ADJOURNMENT
NOMINATIONS FOR OFFICES

CONSENT CALENDAR
The following trustees have been re-nominated:

MEDICAL DISTRICT TRUSTEES

District 1  Marion Kent Jenkins, MD, elected in 2016 for ONE YEAR to complete the term of Erin Cooksey, MD (not counted in term limit). Eligible for four additional terms. *Will seek reelection.* (Regular election)

District 3  Henry Frederick Butehorn, III, MD, elected in 2015. Eligible for three additional terms. *Will seek reelection.* (Regular election)

District 5  John Ropp, III, MD, elected in 2014 to a ONE YEAR term due to redistricting (not counted in term limit); reelected in 2015. Eligible for three additional terms. *Will seek reelection.* (Regular election)

District 7  Gregory Tarasidis, MD, elected in 2015. Eligible for three additional terms. *Will seek reelection.* (Regular election)

District 13 James McCoy, MD, elected in 2013; reelected in 2015. Eligible for two additional terms. *Will seek reelection.* (Regular election)

THE FOLLOWING SEATS ARE OPEN FOR NOMINATIONS

OFFICERS

President-Elect: Elected annually. *(March Seabrook, MD will seek position.)*

Secretary: Elected annually, limited to three consecutive terms. *(Michael T. Finch, MD, has met his 3 term limit. Seat Open. Christopher Yeakel, MD will seek position.)*

Treasurer: Nominated by the Board of Trustees. Elected annually, limited to three consecutive terms. *(Ponce D. Bullard, MD, elected in 2015 and reelected in 2016. Will not seek reelection. Michael T. Finch, MD will seek position.)*
SPEAKER OF THE HOUSE

March Seabrook, MD, elected in 2015. Position is limited to three terms. Eligible for two additional terms. Will not seek reelection. Seat open. (Dr. Helen Stockinger will seek position)

VICE SPEAKER OF THE HOUSE

Helen Stockinger, MD, elected in 2015. Position is limited to three terms. Eligible for two additional terms. Will not seek reelection. Seat open. (Dr. Stefanie Putnam will seek position)

TRUSTEES (not seeking reelection)

District 9 Christopher Yeakel, MD, elected in 2014 to a ONE YEAR term due to redistricting (not included in term limit); reelected in 2015; Eligible for three additional terms. Will not seek reelection. Seat open.

District 11 Lizina Blessing Green, MD, elected in 2016 for ONE YEAR to complete the term of Elmira Basaly, MD (not counted in term limit). Eligible for four additional terms. Will not seek reelection. Seat open.

AMA DELEGATES AND ALTERNATES (Terms expire 12/31/17)

Delegates: Gregory Tarasidis, MD, served as Alternate Delegate 2008-2013; elected in 2013 as AMA Delegate to serve ’14-’15; reelected in 2015 to serve ’16-’17. *Standard term for AMA Delegation is 4 terms or 8 years but can be extended to 5 terms or 10 years if they move from alternate to delegate. Will seek extension in 2017 for ’18-‘19.

Alternate Delegate: Richard C. Osman, MD, elected in 2015 to serve ’16-’17. *Standard term for AMA Delegation is 4 terms or 8 years but can be extended to 5 terms or 10 years if they move from alt. to del. status. Eligible for three additional terms. Will seek reelection.
# 2017 House of Delegates Seating Chart

<table>
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<tr>
<th>Reports</th>
<th>CEO Heggie</th>
<th>BOT Chair Schlesinger</th>
<th>President Ramsay</th>
<th>Vice Speaker Stockinger</th>
<th>Podium</th>
<th>Speaker Seabrook</th>
<th>Staff Chalk</th>
<th>Parl Putnam</th>
<th>President Elect Osman</th>
<th>BOT Secretary Finch</th>
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- **Past Pres**
- **District 1**
- **District 2**
- **District 2**
- **District 3**
- **District 3**
- **District 4**
- **District 5**
- **District 6**
- **District 7**
- **District 8**
- **District 9**
- **District 9**
- **District 10**
- **District 11**
- **District 12**
- **District 13**
- **District 14**
- **District 14**
- **Sergeant - At-Arms**
- **Tellers**

**Audio**

**BOME, Med School, Delegates, Hospital, YPS, Student, Resident**

**Specialty Society**

**CREDENTIALING**
MEMBERS OF THE 2017 HOUSE OF DELEGATES

COUNTY SOCIETIES

ABBEVILLE - 1 (District 7)
not available at press time

AIKEN - 4 (District 8)
Thomas E. McCullough, MD

ALLENDALE - 1 (District 12)
not available at press time

ANDERSON - 5 (District 1)
Marshall Meadors, III, MD
Harold G. Morse, MD
Zahd Zarrouf, MD

BAMBERG -1 (District 12)
not available at press time

BARNWELL - 1 (District 12)
not available at press time

BEAUFORT – 6 (District 13)
not available at press time

BERKELEY – 1 (District 11)
not available at press time

CALHOUN/ORANGEBURG - 2 (District 12)
not available at press time

CHARLESTON – 27 (District 14)
Andrew E. Davidson, MD
Andrew Joseph Pate, MD
Joseph John, MD
Steve Schabel, MD
Bobby Baker, MD
Donald Patrick Hurley, DO
Dowse D. Rustin, MD
Ettaleah C. Bluestein, MD
Forrest C. Ham, MD
Clarence Legerton, MD
Janice D. Key, MD
John K. Corless, MD
Matt Brady, MD
Shane K. Woolf, MD
Byron Williams, MD
Robert Ball, MD

CHEROKEE – 1 (District 3)
not available at press time

CHESTER – 1 (District 4)
Samuel R. Stone, MD

CHESTERFIELD - 1 (District 5)
not available at press time

COLLETON - 1 (District 5)
not available at press time

COLUMBIA - 20 (District 9)
Karl S. Snyder, MD
Helmut Albrecht, MD
Donald J. DiPette, MD
Gerald A. Wilson, MD
Ada Stewart, MD
Rick McCain, MD
Balbin Singh Minhas, MD
Chris Yeakel, MD

DARLINGTON – 2 (District 5)
not available at press time

DARLINGTON – 2 (District 5)
not available at press time

DILLON – 1 (District 6)
David Alexander Howell, MD

DORCHESTER – 1 (District 13)
Eric Stem, MD

FAIRFIELD – 1 (District 4)
Roger Gaddy, MD

FLORENCE – 8 (District 5)
not available at press time

GEORGETOWN - 3 (District 11)
Gerald Francis Congdon, MD

GREENVILLE – 20 (District 2)
John Brewer Eberly, MD
Horace E. Walpole, Jr., MD
David A. Godwin, MD
Stefanie Putnam, MD
Robert Morgan, MD
Robert O. Brown, III, MD

2017 Delegates - 1
GREENVILLE – 20 (District 2) Continued
Noel A. Brownlee, MD
Raymond V. Grubbs, MD
Donald C. Swing, MD
Carolyn Fields, MD
Charles R. Duncan, MD

GREENWOOD – 6 (District 7)
Gregory Tarasidis, MD
Tom Pritchard, MD
Richard M. Carter, MD
Marvin G. Burdette, MD

HAMPTON – 1 (District 12)
Baxter F. McLendon, MD

HORRY – 10 (District 6)
April Lou Blue, MD
Catherine Rozario, MD
Dean A. Smith, MD
Ewa Beata Marcinkowska, MD
Javaid H. Wani, MD
Rich Schmitt, MD
Jon Bornfreund, MD
Gary V. Vukov, MD

JASPER – 1 (District 13)
not available at press time

KERSHAW – 2 (District 4)
not available at press time

LANCASTER – 1 (District 4)
not available at press time

LAURENS – 1 (District 7)
not available at press time

LEXINGTON – 8 (District 8)
Lee J. Boguski, MD
Ralph Baker, MD
James Leroy Wells, III, MD
Jeffrey Alan Welsh, MD
John W. Schaberg, MD
Martin John Spalding, MD
Matthew Nash Thoma, MD
Jennifer Root, MD

MARION – 1 (District 6)
not available at press time

MARLBORO - 1 (District 5)
not available at press time

NEWBERRY -1 (District 7)
not available at press time

OCONEE - 2 (District 1)
not available at press time

PICKENS - 3 (District 1)
Jony Bolinger, MD

SALUDA-EDGEFIELD-MCCORMICK -1 (District 7)
not available at press time

SPARTANBURG – 10 (District 3)
Gregory Valainis, MD
Jeffrey Paul Cashman, DO
Ki Young Chung, MD
Richard Kenneth Orr, MD
Laura Melinda Moretz, MD
Omri Kenneth Webb, III, MD
Carla Gentry, MD
Tanya Tang, DO
Susan Hilsman, MD

SUMTER/CLARENDON/LEE– 5 (District 10)
Linwood G. Bradford, MD

UNION – 1 (District 3)
not available at press time

WILLIAMSBURG – 1 (District 11)
not available at press time

YORK - 6 (District 4)
James D. Welsh, MD
SPECIALTY SOCIETIES

SOUTH CAROLINA SOCIETY OF ADDICTION MEDICINE
*not available at press time*

SOUTH CAROLINA SOCIETY OF ALLERGY, ASTHMA & CLINICAL IMMUNOLOGY
Jonathan Gregory Black, MD

SOUTH CAROLINA SOCIETY OF ANESTHESIOLOGISTS
*not available at press time*

SOUTH CAROLINA CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS
Thomas C. Litton, MD

SOUTH CAROLINA CARDIAC & THORACIC SURGICAL SOCIETY
*not available at press time*

SOUTH CAROLINA CHAPTER OF AMERICAN COLLEGE OF CARDIOLOGY
Scott L. Woodfield, MD

SOUTH CAROLINA ACADEMY OF DERMATOLOGY AND DERMATOLOGIC SURGERY
Peter Neidenbach, MD

SOUTH CAROLINA COLLEGE OF EMERGENCY PHYSICIANS
*not available at press time*

SOUTH CAROLINA ACADEMY OF FAMILY PHYSICIANS
Jony Bolinger, MD

Alternate: Fran Kunda, MD

SOUTH CAROLINA SECTION OF THE AMERICAN COLLEGE OF OB/GYN
*not available at press time*

SOUTH CAROLINA ONCOLOGY SOCIETY
*not available at press time*

SOUTH CAROLINA OPHTHALMOLOGY SOCIETY
*not available at press time*

SOUTH CAROLINA ORTHOPAEDIC ASSOCIATION
Thomas N. Joseph, MD

SOUTH CAROLINA SOCIETY OF OTOLARYNGOLOGY, HEAD AND NECK SURGERY
Howard A. Farrell, MD

SOUTH CAROLINA SOCIETY OF PATHOLOGISTS
William W. Mims, III, MD
MEMBERS OF THE 2017 HOUSE OF DELEGATES

SOUTH CAROLINA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS
Kevin O. Wessinger, MD

SOUTH CAROLINA CHAPTER OF THE AMERICAN COLLEGE OF PHYSICIANS
Robert A. Goldsteen, DO  
Alternate: Joseph F. John, Jr., MD

SOUTH CAROLINA SOCIETY OF PLASTIC SURGEONS
not available at press time

SOUTH CAROLINA PHYSICAL MEDICINE AND REHABILITATION
not available at press time

SOUTH CAROLINA PSYCHIATRIC ASSOCIATION
Deborah D. Leverette, MD

SOUTH CAROLINA RADIOLOGICAL SOCIETY
Matthew Joseph Brady, MD

SOUTH CAROLINA NEUROLOGICAL ASSOCIATION
not available at press time

SOUTH CAROLINA UROLOGICAL ASSOCIATION
David Lamb, MD  
Alternate: Alexander Ramsay, MD

SOUTH CAROLINA VASCULAR SOCIETY
not available at press time

SOUTH CAROLINA GASTROENTEROLOGY ASSOC.
Bryan T. Green, MD  
Alternate: John K. Corless, MD

YOUNG PHYSICIANS SECTION
not available at press time

RESIDENT AND FELLOW SECTION
not available at press time

DEAN, COLLEGE OF MEDICINE MUSC
not available at press time

DEAN, SCHOOL OF MEDICINE, USC - COLUMBIA
Alternate: Tan J. Platt, MD

DEAN, SCHOOL OF MEDICINE, USC - GREENVILLE
not available at press time
DEAN, EDWARD VIA COLLEGE OF OSTEOPATHIC MEDICINE (VCOM-CAROLINAS)
Alternate: Jeffrey Cashman, DO

MEDICAL STUDENT SECTION REPRESENTATIVE, MUSC
Jennie Kwon

MEDICAL STUDENT SECTION REPRESENTATIVE, USC-Columbia
not available at press time

MEDICAL STUDENT SECTION REPRESENTATIVE, USC-Greenville
L. Taylor Lucas

MEDICAL STUDENT SECTION REPRESENTATIVE, Edward Via College of Osteopathic Medicine
not available at press time

SPEAKER OF THE HOUSE
March E. Seabrook, MD

VICE SPEAKER OF THE HOUSE
Helen Stockinger, MD

PARLIAMENTARIAN
Stefanie M. Putnam, MD

IMMEDIATE PAST PRESIDENTS
Marshall L. Meadors, III, MD
H. Tim Pearce, MD

STATE BOARD OF MEDICAL EXAMINERS REPRESENTATIVE
Stephen L. Gardner, MD

DHEC PHYSICIAN DELEGATE
Lillian Peake, MD

SERGEANT-AT-ARMS
Samuel R. Stone, MD

TELLERS
Samuel R. Stone, MD
Raymond V. Grubbs, MD
MEMBERS OF THE 2017 HOUSE OF DELEGATES

BOARD OF TRUSTEES AND AMA DELEGATION

AMA DELEGATES
Gary A. Delaney, MD
H. Tim Pearce, MD
Gregory Tarasidis MD
Boyce G. Tollison, MD - Chair

AMA ALTERNATE DELEGATES
Stephen A. Imbeau, MD
Stefanie Putnam, MD
Richard C. Osman, MD
Bruce A. Snyder, MD

BOARD OF TRUSTEES
Alexander W. Ramsay, MD, President
Richard C. Osman, MD, President-Elect,
Marshall L. Meadors, III, MD, Immediate Past President
Todd E. Schlesinger, MD, Chairman, Fourteenth District Trustee
John C. Ropp, III, MD, Vice-Chairman, Fifth District Trustee
Michael T. Finch, Jr., MD, Secretary
Ponce DeLeon Bullard, MD, Treasurer
Robert R. Morgan, Jr., MD, Executive Committee Member-at-Large, Second District Trustee
March E. Seabrook, MD, Speaker of the House
Helen Stockinger, MD, Vice-Speaker of the House
Marion Kent Jenkins, MD, First District Trustee
Henry Frederick Butehorn, III, MD, Third District Trustee
James D. Welsh, MD, Fourth District Trustee
Gary A. Vukov, MD, Sixth District Trustee
Gregory Tarasidis, MD, Seventh District Trustee
Dean A. Page, MD, FACS, Eighth District Trustee
Christopher A. Yeakel, MD, Ninth District Trustee
M. Mayes DuBose, MD, Tenth District Trustee
Lizina Blessing Green, MD, Eleventh District Trustee
Dallas W. Lovelace, III, MD, Twelfth District Trustee
James J. McCoy, MD, Thirteenth District Trustee
Stephanie M. Putnam, MD Young Physician Section and Clerk
Saint Julien "Lash" Springs, II, MD, Resident and Fellow Section
Renee Rosati, Medical Student Section
REFERENCE COMMITTEE A - COMMITTEE ON CREDENTIALS
3:00 - 5:00 p.m. – Opal One (Staff: Michelle Bolin/Ginger Chalk)

Chip Walpole, MD  CHAIR
Jeffrey Paul Cashman, MD
Donald Patrick Hurley, MD
Matthew Nash Thoma, MD

Trustees: Kent Jenkins, MD
          Gary A. Vukov, MD
          James D. Welsh, MD

REFERENCE COMMITTEE B - REPORTS OF TRUSTEES AND OFFICERS (Green)
3:00 - 5:00 p.m. – Opal One  (Staff: Michelle Bolin/Ginger Chalk)

Chip Walpole, MD  CHAIR
Jeffrey Paul Cashman, MD
Donald Patrick Hurley, MD
Matthew Nash Thoma, MD

Trustees: Kent Jenkins, MD
          Gary A. Vukov, MD
          James D. Welsh, MD

B-1  Report of the President of the South Carolina Medical Association – Alexander W. Ramsay, MD
B-2  Report of the Speaker of the House – March E. Seabrook, MD
B-3  Report of the Chairman of the Board – Todd E. Schlesinger, MD
B-4  Report of the Treasurer – Ponce DeLeon Bullard, MD
B-5  Report of the Chief Executive Officer – Marjorie L. Heggie
B-6  Report of the Secretary – Michael T. Finch, MD
B-7  Report of the Trustee, First Medical District – Marion Kent Jenkins, MD
B-8  Report of the Trustee, Second Medical District – Robert R. Morgan, Jr., MD
B-9  Report of the Trustee, Third Medical District – Henry Frederick “Fritz” Butehorn, III, MD
B-10 Report of the Trustee, Fourth Medical District – James D. Welsh, MD
B-11 Report of the Trustee, Fifth Medical District – John C. Ropp, MD
B-12 Report of the Trustee, Sixth Medical District – Gary V. Vukov, MD
B-13 Report of the Trustee, Seventh Medical District – Gregory Tarasidis, MD
B-14 Report of the Trustee, Eighth Medical District – Dean A. Page, MD
B-15 Report of the Trustee, Ninth Medical District – Christopher A. Yeakel, MD
B-16 Report of the Trustee, Tenth Medical District – M. Mayes DuBose, MD
B-17 Report of the Trustee, Eleventh Medical District – Lizina Blessing Green, MD
B-18 Report of the Trustee, Twelfth Medical District – Dallas W. Lovelace, III, MD
B-19 Report of the Trustee, Thirteenth Medical District – James J. McCoy, MD
B-20 Report of the Trustee, Fourteenth Medical District – Todd E. Schlesinger, MD
B-21 Report of the Editor of *The Journal of the South Carolina Medical Association (JSCMA)* – Joseph John, MD
B-22 Report of the Trustee, Young Physicians Section – Stephanie M. Putnam, MD
B-23 Report of the Trustee, Medical Student Section – Renee Rosati
B-24 Report of the SCMA Delegation to the AMA – Boyce G. Tollison, MD
B-25 Report of the SCMA Alliance – Mrs. Sherry Anne Gettys
B-26 Report of the Trustee, Resident and Fellow Section – Saint Julien “Lash” Springs, MD

REFERENCE COMMITTEE C - PUBLIC AND OCCUPATIONAL HEALTH (Pink)
3:00 - 5:00 p.m. – Opal Two *(Staff: Kate Crosby/Ben Homeyer/Sharron Kelley)*

John Brewer Eberly, MD CHAIR
Ki Young Chung, MD
Janice Key, MD
Thomas E. McCullough, MD

**Trustees:**
- H. Fritz Butehorn, III, MD
- James J. McCoy, MD
- Stefanie Putnam, MD

C-1 Report of the Occupational Medicine Committee
C-2 Report of the Maternal, Infant, and Child Health Committee
C-3 Report of the Medical Aspects of Sports Committee
C-4 Resolution: Promotion of Responsible Allocation Policy for Liver Transplantation
C-5 Resolution: Distracted Driving
C-6 Resolution: Polypharmacy Reduction in South Carolina
C-7 Resolution: Women Physicians Section (WPS)

REFERENCE COMMITTEE D - LEGISLATIVE ACTIVITIES & PUBLIC RELATIONS (Cream)
3:00 - 5:00 p.m. – Emerald One *(Staff: J C Nicholson/Kim Kent/Allison Speir)*

Martin John Spalding, MD CHAIR
Robert O. Brown, III, MD
Laura Melinda Moretz, MD
Eric Stem, MD
Ada Stewart, MD

**Trustees:**
- Robert R. Morgan, Jr., MD
- Gregory Tarasidis, MD
- Christopher Yeakel, MD

D-1 Report of Communications and Marketing
D-2 Report of the Interspecialty Council for Legislative Activities
D-3 Report of SCMedPAC
D-4 Resolution: Designated Medication Disposal Site
D-5 Resolution: Opposition to Physician Assisted Suicide (PAS)
D-6 Resolution: Wet-Bulb Globe Temperature or Heat Index
D-7 Resolution: Reimbursement for Medical Interpretation
D-8 Resolution: Consolidation and Reconciliation of the South Carolina Medical Association Policy
D-9 Resolution: Recommended SCMA Sunset Policy on Resolutions

REFERENCE COMMITTEE E - MEDICAL EDUCATION AND HOSPITALS (Blue)
3:00 - 5:00 p.m. – Opal Two (Staff: Kate Crosby/Ben Homeyer/Sharron Kelley)

John Brewer Eberly, MD CHAIR
Ki Young Chung, MD
Janice Key, MD
Thomas E. McCullough, MD

Trustees: H. Fritz Butehorn, III, MD
          James J. McCoy, MD
          Stefanie Putnam, MD

E-1 Report of the SCMA Committee on Continuing Medical Education
E-2 Report of the SCMA Foundation
E-3 Resolution: Advance Care Planning Education

REFERENCE COMMITTEE F - MEDICAL SERVICES AND INSURANCE (Canary)
3:00 - 5:00 p.m. – Opal Two (Staff: Kate Crosby/Ben Homeyer/Sharron Kelley)

John Brewer Eberly, MD CHAIR
Ki Young Chung, MD
Janice Key, MD
Thomas E. McCullough, MD

Trustees: H. Fritz Butehorn, III, MD
          James J. McCoy, MD
          Stefanie Putnam, MD

F-1 Report of SCMA Financial Services, Inc.
F-2 Report of the SCMA Members Insurance Trust

REFERENCE COMMITTEE G - MISCELLANEOUS BUSINESS (Gray)
3:00 - 5:00 p.m. – Opal One (Staff: Michelle Bolin/Ginger Chalk)

Chip Walpole, MD CHAIR
Jeffrey Paul Cashman, MD
Donald Patrick Hurley, MD
Matthew Nash Thoma, MD

Trustees: Kent Jenkins, MD
          Gary A. Vukov, MD
          James D. Welsh, MD

G-1 Report of the Physicians’ Advocacy and Assistance Committee
G-2 Report of the Memorial Committee
G-3 Report of the Bioethics Committee
REFERENCE COMMITTEE H - CONSTITUTION AND BYLAWS (Gold)
3:00 - 5:00 p.m. – Opal One (Staff: Michelle Bolin/Ginger Chalk)

Chip Walpole, MD  CHAIR
Jeffrey Paul Cashman, MD
Donald Patrick Hurley, MD
Matthew Nash Thoma, MD

Trustees: Kent Jenkins, MD
          Gary A. Vukov, MD
          James D. Welsh, MD

H-1 Report of the Constitution and Bylaws Committee

PARLIAMENTARIAN: Stefanie Putnam, MD

SERGEANT-AT-ARMS: Samuel R. Stone, MD

TELLERS: Raymond V. Grubbs, MD
          Samuel R. Stone, MD
The good news – the term is only one year. The bad news – it’s frequently over before you know it. As I pass the gavel to the next President, I wish to thank the membership for their support and trust this year. I want to recognize Margie Heggie and Todd Atwater for their help and support. Your Executive Committee is comprised of a diverse group of hard working and dedicated medical doctors (MDs) and I thank them for their work and support. We also have an excellent Board of Trustees who represent the local societies well.

I want to give you a little insight into your organization and discuss some changes which we believe will make us a stronger and more responsive unit.

I like to think of our South Carolina Medical Association (SCMA) as three interlocking units. Our primary goal is to support and assist the states doctors and county societies. In the past that may have been one of our poorer efforts.

Second is our lobbying efforts. As most of the laws which affect South Carolina doctors are made in Columbia this is a very important function and we have done well over the last years. Tort reform and tobacco legislation comes to mind.

Lastly, our subsidiaries are our business side. We have developed businesses that help MDs with insurance (liability and health) office management lobbying. We have developed Continuing Medical Education and are working on Electronic Medical Record support. Not only do these services help South Carolina doctors but keep our membership dues down and
allow us capital to develop new services.

Todd Atwater who has lead us as Chief Executive Officer (CEO) for years has moved to a position to manage the subsidiaries. This is his strength and I expect wonderful and exciting results from this move to focus him on our business side.

Margie Heggie who has worked with Todd for many years is now the CEO and will focus on our membership and county organizations among much more. Many have already seen her in local visits and new program development. I expect you will see a more responsive and energetic organization with these changes. Personnel changes frequently place new pressure and challenges on the staff and I want to acknowledge and thank our wonderful staff for their cooperation and support during this year.

Statewide we continue to support physician led medical care in spite of efforts from extenders to move to independent practice. The key is for our MDs who have extenders to understand and honor their responsibility to supervise. Poor supervision is the main argument the extenders use to ask for independent practice.

We have been working with models for access of care and currently the Arkansas model seems the most reasonable. This will take a major political effort in Columbia probably partnering with the hospitals. With the current uncertainty in Washington with OBAMACare/repeal and replace, we are waiting for the right time to proceed.

Finally, as a veteran for 30 years in private practice, I will tell you now is a critical time for you and your partners and your competitors to unite as a voice of medicine. The hospitals don’t fight (except on Certificate of Need issues) and PHARMA and the insurance industry have developed incredible power and influence. Now it the time to speak as one voice.

May 2017

B-1.2
REPORT NUMBER: B-2

REFERRED TO: Reference Committee on Reports of Trustees and Officers

SUBJECT: Report of the Speaker of the House

SUBMITTED BY: March Seabrook, MD

The 168th Annual Meeting of the South Carolina Medical Association (SCMA) was held in Myrtle Beach, South Carolina on April 28 – May 1, 2016. In accordance with the Constitution, the “SCMA shall hold an Annual Meeting, during which time there shall be a meeting of the House of Delegates.” The House of Delegates shall be the “legislative and policy making body of the SCMA.” A quorum was present to conduct the business of the House and 64 reports and resolutions were presented for deliberation and action.

Resolutions discussed involved topics such as: participation in local medical societies, non-physician providers, advance care planning, funding for medical education, and prior authorization. The Reference Committee on Legislative Activities and Public Relations vetted a number of timely issues. These included: the use of “medical marijuana,” vaccinations, the Interstate Medical Licensing Compact, and step therapy. In addition, there was a significant concern regarding our ability to cover the uninsured patients in our state. There were resolutions aimed at addressing this concern. Following the Annual Meeting and in response to the problem of the uninsured, members of the SCMA have communicated with leaders in other states trying to identify workable solutions for this problem. At the time of this report, we have a new administration in Washington and a new Governor in South Carolina. There are likely to be changes in in the Affordable Care Act and it is currently unknown how this will impact our state. In addition, the Board of Trustees and SCMA staff continue to prioritize and address the different resolutions that were passed by the House of Delegates.
A summary of the reports and resolutions from the 2016 Annual Meeting and their actions is available on the website at www.scmedical.org/annualmeeting.

In addition to the House of Delegates, there were a number of opportunities for Continuing Medical Education (CME). There were over 15 hours of CME offered at the Annual Meeting. The Thursday afternoon “Hot Topics” included the Patient Centered Medical Home, ACA Expansion in South Carolina, and New Drug Update. The Friday morning session was devoted to Domestic Violence and the Ethics Symposium discussed the Ethical Issues of Prescriptive Authority. Once again the Resident and Student Poster Presentation was a way to showcase the talents of our soon-to-be and resident physicians. The highlight of the CME offerings was the President’s Session entitled Start the Conversation: Living Better, Dying Better. This session touched on a variety of important issues including Alzheimer’s Disease, Healthy Aging and Advance Care Planning. Congratulations to Dr. Marshall Meadors and the CME Committee for their outstanding efforts!

The South Carolina Gastroenterology Association (SCGA) held its Annual Meeting on Saturday morning, and in addition to over a dozen gastroenterologists, they had a number of practice administrators present as well. Discussions included the Center for Colon Cancer Research and the statewide screening program for the uninsured along with presentations about Inflammatory Bowel Disease and different practice related issues.

The other main function of the House of Delegates is to elect the officers of the SCMA and select the Board of Trustees. There are now 14 Trustee Districts and each Trustee serves for a two-year term and may serve up to four terms. The even numbered districts are elected on even numbered years and the odd number districts are elected on the odd numbered years. Dr. Alexander Ramsey (Urology) from Charleston was installed as president prior to the
Presidents’ Gala Awards Dinner. Dr. Richard Osman (ENT) from Myrtle Beach was elected as president-elect. Sherry Anne Gettys was elected as the SCMA Alliance President.

During the House of Delegates luncheon, Dr. Gerald Harmon (Family Medicine) from Georgetown who currently serves as the secretary of the American Medical Association gave an update regarding the activities of the AMA. In addition, Dr. Stephen Gardner gave an update from the South Carolina Board of Medical Examiners.

The Friday evening “Meet and Greet” and President’s Gala Awards Dinner on Saturday evening highlighted the social part of the Annual Meeting and were both well attended.

The 169th Annual Meeting and Scientific Assemble will be held May 4 – 7, 2017 at the Marriott in Charleston. Once again the House of Delegates will convene after the Delegates luncheon at 1:00 p.m. on Friday and will reconvene on Sunday at 8:30 a.m. to hear the report of the Reference Committees. The Reference Committees will meet following the Friday session.

The President’s Session on Saturday will focus on medical education. There will be the Resident and Student Poster Presentation and a Bioethics Session regarding the ethical issues of education in medicine.

This year we will inaugurate Dr. Richard Osman as President and that will occur Saturday evening immediately following the conclusion of the Kentucky Derby.

I encourage all Delegates to review the handbook and participate in the Reference Committee meetings. It is the detailed and deliberate discussion in these committees that allow the SCMA to develop and adopt policy that is consistent with our mission and vision.

I would like to thank the SCMA staff for their hard work in preparation and production of the Annual Meeting. It is a privilege to be a physician and an honor to serve as your Speaker of the House.

May 2017
It is an honor to serve as the chairman to the South Carolina Medical Association (SCMA) Board of Trustees and represent each of you. Through the experience of serving as chairman, I have become honored and humbled to be in the position that allows me to serve my passion for the house of medicine and the SCMA to the best of my ability. Many of you may wonder what the role of the chairman entails. To give you some insight, the role of the chairman of the SCMA Board of Trustees is responsible for engaging and actively leading the board. This is accomplished through oversight of Board Meetings (held five times per year) and SCMA Executive Committee Meetings (held four times per year), planning of the SCMA Annual Board Strategic Planning Weekend, and interaction with the SCMA's chief executive officer to fulfill both the mission and priorities at all levels of the organization. My interaction with the Board of Trustees, SCMA Chief Executive Officer Margie Heggie and SCMA Business Subsidiary Chief Executive Officer Todd Atwater has given me the opportunity to closely observe the hard work of our talented Board Members, our American Medical Association Delegates, and the staff of the SCMA. I can tell you first-hand that everyone connected to the SCMA works hard for you, the member, every day of the year.

As your chairman, I am happy to once again report to you that our organization is strong and sound. Your leadership continues to be responsive and effective. The past year has been busy as usual, but also successful as usual. I would like to take this opportunity to provide you with the major highlights from the past year:
Staff Changes

This year, the SCMA had a very big change. Chief Executive Officer Todd Atwater, having served us for 11 years, moved into a new role. As our organization continues to grow and the professional medical and business environment continues to change, the demands placed on our organization continue to increase both from a membership standpoint as well as from a financial view. Due to this, Mr. Atwater felt it was time to divide the responsibilities of the CEO into two staff positions. For as long as I can remember, the SCMA CEO oversaw all SCMA activities of which there are many. To name a few, there is our amazing staff, an effective board, our membership, the AMA delegation, and all of the SCMA subsidiaries.

In September 2016, previous Chief Operating Officer of nine years, Ms. Margie Heggie, was appointed by the Board of Trustees to serve as the SCMA Chief Executive Officer and oversee the SCMA. Additionally, Mr. Atwater was appointed to serve as CEO of the SCMA Business Subsidiaries and oversee Financial Services, Members’ Insurance Trust, and Practice Management Services. This re-alignment positions the SCMA for success and allows two talented individuals to focus their expertise. Although many of you know Ms. Heggie personally, I am excited for you to continue to get to know her in her new role. In the past six months as she has adapted to the role of Chief Executive Officer, she has already impressed us beyond measure as she has traveled the state developing relationships, meeting with physicians and stakeholders, to bring new, innovative ideas to the SCMA.

SCMA Mission (Bob Harris and new Strategic Plan)

The SCMA continues to fulfill its mission daily. In September last year, Robert Harris, of the Harris Management Group in Tallahassee, Florida led the SCMA Board of Trustees and

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senior staff through a comprehensive strategic planning process. Your Board of Trustees approved the resulting plan in February.

Included in your House of Delegates packets is a document outlining the Mission, Vision and Goals of the SCMA 2017-2020 Strategic Plan. The corresponding comprehensive work plans are available for your review in a booklet at the registration desk. Staff are currently integrating the work plans into daily functions, working with appropriate parties to achieve the outlined goals and promoting it to both our internal and external audiences.

Progress will be tracked and the BOT will receive coordinated updates on the overall plan annually throughout 2017-2020 and finally, a conclusive three-year update in 2020.

Through this process, we learned that one of our key goals, Healthy Communities, needed more focus and coordination. Therefore, I am excited to announce today that the SCMA is hiring a Director, Community Engagement to ensure that the objectives outlined for that goal will receive appropriate attention. There will be an increased emphasis on working with partners with similar concerns, translating into a dramatic improvement of the health of South Carolina’s citizens now and for decades in the future.

**SCMA Rebranding**

This year, SCMA marketing and communications staff embarked on a complete overhaul of the SCMA’s brand. This included updates to our color scheme, logo, and an overhaul of the SCMA’s website. In collaboration with the strategic plan, the re-branding also includes a new mission, vision, and tagline:

**Mission:** To serve and support the physicians of South Carolina.

**Vision:** Improving the health of South Carolina.

**Tagline:** The Voice of Healthcare.
Public Health Efforts

The SCMA continues to be involved in a number of public health initiatives, and with the addition of a Director of Community Outreach, this will be an area where we continue to grow. The SCMA continues to be heavily involved in childhood obesity efforts, diabetes prevention, and end of life care planning.

Childhood Obesity

The SCMA Childhood Obesity Taskforce, led by Drs. Janice Key and Michael Finch, continues to meet quarterly where leaders discuss their ideas for the tools, resources, and methods of education needed in our state. Projects that have developed from the Taskforce thus far include: A Toolkit for South Carolina pediatricians and family medicine practitioners, Prescription for Parks, multiple educational sessions, implementation of obesity coding through Medicaid, partnerships with DHEC to eliminate obesity in more rural areas, and a journal symposium issue detailing obesity-related activities in the state, to name a few. Last year, both a Spanish and Adult version of the Childhood Obesity Toolkit were developed and implemented. Due to the focus on adult obesity, the Taskforce is in the midst of being renamed The SCMA Council on Obesity with both pediatric and adult workgroups. This will allow the group to focus on all facets of obesity and be even more successful.

Diabetes Initiative

In the summer of 2015, the SCMA was invited by the American Medical Association to participate in a statewide diabetes initiative. The SCMA continues to work with The Department of Health and Environmental Control (DHEC), The Diabetes Advisory Council of South Carolina (DAC), the American Medical Association (AMA), Centers for Disease Control and Prevention (CDC), and the National Association of Chronic Disease Directors
(NACDD) to develop and implement a state-wide Diabetes Prevention Comprehensive Plan to focus on offering resources to individuals that have prediabetes or those who may be at greater risk for developing type 2 diabetes. Board Member Dr. Gerald Wilson has been a key player in the Diabetes Advisory Council that has been leading this initiative.

Further, the SCMA received grant money in late 2016 to aid in the promotion and education of diabetes prevention. Through this grant, multiple learning sessions will be hosted throughout the state this spring as well as a special issue of The Journal featuring several physicians who are leading the way in eliminating the diabetes epidemic.

**End-of-Life Care Initiative**

Dr. John Ropp continues to promote our organization as the voice in Advance Care Planning (ACP). The Physician's Foundation ACP grant to the South Carolina Medical Association (SCMA) Foundation continues to strengthen the association’s initiative to help physicians work with patients in identifying, documenting and honoring their healthcare choices. More specifically, The Physicians Foundation grant supports a training partnership with Respecting Choices®, an internationally recognized, evidence-based ACP program owned by the Center to Transform Advance Care (C-TAC). Additional partners include the USC Office for Aging (research), Roper/St. Francis Health Care (nurse educator), and the South Carolina Office of Revenue and Fiscal Affairs (RFA). RFA will assist in a comprehensive evaluation to help document patient and family satisfaction with ACP and will assess the physician and patient education component that will be used. Grant activities include educational outreach to physicians and their staff members, to allied medical and social service providers and to the general public. There are four pilot sites in family practice offices where a comprehensive intervention will test best practices and refine education and
outreach strategies around the topic. The offices include Dr. Morris Brown (Lake City), Dr. Mayes Dubose (Sumter), Dr. Marshall Meadors (Anderson), and Dr. John Ropp (Hartsville).

Bioethics

The South Carolina Medical Association (SCMA) Bioethics Committee continues to meet monthly to explore some of the complicated ethical issues in the healthcare arena.

The committee continues to maintain its interest on end-of-life treatment, specifically seeking a uniform process that would be applicable statewide concerning chronically and seriously ill patients, and end-of-life treatment considerations. The committee continues to address concerns about medically ineffective care during end-of-life treatment from ethical, economic and political contexts.

The topic of the annual retreat was: “Issues of Education in Medicine.” Guest speakers included Steve Williams, JD, who discussed the legal issues of education in medicine.

The committee continues to serve as a resource for hospitals and local medical societies desiring to establish or enhance their ethics committees. The goal of the committee is to provide South Carolina physicians with information useful to them, and applicable to their daily practice of medicine.

Legislative Arena

The 2017 legislative session of the South Carolina General Assembly is already well underway and proving to be both busy and successful, thanks to the talented work of our legislative team, the Interspeciality Council, and physician volunteers. Our goal continues to be advocating on the behalf of you and the practice of medicine, while fighting hard to ensure that the role of the physician remains key in the decisions that affect the delivery of healthcare.

Regarding the 2017 legislative agenda, House of Delegates resolutions, scope of practice
issues, and patient safety issues remain of chief importance to the association. In specific
regards to House of Delegates resolutions, the SCMA continues to monitor the following areas
as voted upon at the 2017 House of Delegates: prior-authorizations; vaccinations; cannabidiol
oil and reclassification of Marijuana as a Schedule II Drug; the Federation of Medical
Licensure's Interstate Medical Licensure Compact; APRN oversight; Physician Orders for
Scope of Treatment (POST) in South Carolina; increased funding for Graduate Medical
Education; and covering the South Carolina's uninsured.

Legislation continues to impact physicians daily at the South Carolina State House. The
SCMA continues to encourage physicians to join and voice their concerns so that our
legislators are hearing from the physicians who have the knowledge and expertise needed to
better healthcare in our state. It is vital for physicians to be involved whether as Doctor of the
Day, responding to calls to actions, or calling upon our own legislators. New this year, the
SCMA hosted its first ever Physician's Day event, held on National Doctors' Day, which is
March 30. During this day of advocacy, numerous physicians attended the State House for a
day of learning, meeting their legislators, and taking part in the ceremonial signing of the
Physicians' Day proclamation. Having numerous physicians flood the State House lobby in
their white coats made a real impact.

At the time this report is being written (late March), the following three bills are taking
the most precedent in the State House:

- **APRN Bill (S.345, Sponsored by Sen. Tom Davis):** To date there have been
two Senate subcommittee hearings and the bill is still in subcommittee. The bill,
sponsored by Sen. Tom Davis, would allow APRNs to practice independently
in South Carolina. Currently, we await Sen. Davis' proposal for a compromise.
The SCMA has played a very active role in the hearings on this bill by providing numerous physicians to testify and encouraging the membership to reach out to their legislators with their concerns.

- **Medical Marijuana Bill (S.212, Sponsored by Sen. Tom Davis):** To date there have been three Senate subcommittee hearings and the bill remains in subcommittee. The SCMA had an active role in testifying at the hearing for this bill and at this time there has not been an update on if the bill will move forward.

- **Prescription Monitoring Program Bill (H.3824, Sponsored by Rep. Phyllis Henderson):** This bill continues to be ongoing and passed the House. It is currently before the Senate Medical Affairs Committee. The bill, with some exceptions, requires usage of the SCRIPTS program.

**Trending Issues**

As your professional organization, we continuously monitor issues outside of the legislative arena. This year, MIPS/MACRA and related changes have been an area that we have provided a lot of communication and education. Other trending issues this past year have included end-of-life care, domestic violence, public health issues, the patient-centered medical home and more.

**SCMedPAC**

While the SCMA continues to encourage physicians to get involved in the legislative process, we also encourage physicians to give to physician-friendly candidates, which is vital. SCMedPAC, the official political action committee of the SCMA, makes this possible. Under the direction of Chairman Robert Morgan, MD, much of 2016 was spent reforming and strengthening our PAC, which was newly named SCMedPAC. Dr. Morgan, along with the
SCMedPAC Board and staff, have already implemented many innovative ideas and creative strategies for giving in the years to come.

**Uninsured Committee**

Tasked at the 2016 House of Delegates to develop a plan for the uninsured in South Carolina, the SCMA Board of Trustees established the SCMA Uninsured Patient Care Committee chaired by Dr. John Ropp. The committee is tasked with developing an action plan for the uninsured in South Carolina and reaching out to appropriate parties for collaboration.

Shortly after the Annual Meeting last year, a series of meetings with SCMA staff and committee ensued to address the issue. Some of the practical actions that occurred next included a meeting in Chicago with state medical association representatives from Utah, Connecticut, and Arkansas, each of whom had themselves wrestled with this issue in their own states. Next, medical student summer intern Harry Rockower, through the Health Policy Fellowship Initiative, was assigned to research and study the issue under the direction of SCMA General Counsel, JC Nicholson. Harry and JC did an outstanding job comparing many states' actions, sought options, and developed a report. This report was presented to the Board at our Annual Strategic Planning Weekend. The report focused on the Arkansas model as the plan most likely to provide the most access and best coverage for our state's uninsured.

Of course, the November elections caused unexpected uncertainty with the future direction of healthcare access and funding. In January, the physician group that regularly meets with South Carolina Department of Health and Human Services (DHHS) Director Christian Soura discussed the uninsured patient issue with him and his staff at length, but with the current uncertainty, it seems no realistic plan for providing increased access to quality care can be determined right now. Director Soura said as much in saying that he himself would have to
wait until at least April or May before he could plan ahead, pending any changes to the health
law. However, in mid-April Director Sours resigned from DHHS and we await his
replacement.

Where does this leave us? We remain in an environment, like everyone else, where it
is impossible to know what the law will look like in another couple of months and how that
will affect access in the coming years. We do have a well-considered option (the Arkansas
model) that may be feasible if the law keeps certain provisions intact. Of note, there is a bill
in our state, H.3115 "South Carolina Access to Care Act" (Cobb-Hunter, D-Orangeburg) that
would direct DHHS to design a coverage option comparable to the Arkansas option. I am not
clear on how this bill arose, but it is interesting to consider the possibility of how we might get
involved with this bill. The SCMA continues to be heavily involved in this issue will continue
to keep its members updated.

**Continuing Medical Education**

Continuing Medical Education continues to be a very strong area of the South Carolina
Medical Association through many of its programs and benefits offered to our members. The
SCMA currently accredits 11 organizations. Those 11 organizations are: AnMed Health, Bon
Secours St. Francis Health System (Greenville), Carolinas Hospital System (Florence), Grand
Strand Regional Medical Center, Greenville Hospital System, The Hawkins Foundation,
McLeod Regional Medical Center, Roper St. Francis Healthcare, Self Memorial Healthcare,
Providence Hospitals, and Spartanburg Regional Medical Center.

The SCMA sponsored 35 direct provided CME activities this past year and jointly
provided 22 CME conferences. I encourage you to read the CME House of Delegates Report
for more information on the activities offered.
In the fall of 2015, the SCMA CME Department reported to the South Carolina Board of Medical Examiners the following:

- Number of SCMA Members – CME Compliant: 1,317
- Number of all South Carolina physicians who completed the SCMA’s online controlled substance training course – both members and non-members – 8,544

However, I am most excited to announce that this past year, our Continuing Medical Education program received Accreditation with Commendation status for six years (2016-2022) from the Accreditation Council for Continuing Medical Education. As background, only approximately twenty percent of CME providers that have been evaluated under the new accreditation criteria have achieved this status. The ACCME rigorously evaluates the overall CME programs of institutions according to standards adopted by all seven member organizations of the ACCME.

**AMA Delegation**

Your AMA Delegation, led by Dr. Boyce Tollison, traveled to Chicago and Orlando this year to participate in the AMA House of Delegates at the annual and interim meetings. As always, the Delegation continues to represent South Carolina medicine and works hard on our behalf. We are fortunate to have delegates that not only serve, but go above and beyond and represent you in other leadership roles at the AMA. Last year, Drs. Gerald Wilson and Terry Dodge rolled off the Delegation. We thank them both for their invaluable service.

**MSS/RFS/YPS**

The SCMA’s Medical Student Section (MSS), Resident and Fellow Section (RFS) and Young Physician Section (YPS) continue to be successful. They continue to be actively involved in the SCMA Poster Competition at the Annual Meeting and have begun having a
leadership series each year. Last year, Dr. Mayes Dubose discussed the importance of being a leader in end of life care. This year, Dr. Marshall Meadors will speak to the groups on the importance of being a leader through community activism. The SCMA and several board members also traveled to several medical schools this past fall to participate in lunch and learn and educate students on the benefits of joining. Lastly, the SCMA hosted its second medical student fellow last year. We will again be hosting a medical student fellow this year.

Alliance

Led by Mrs. Sherry Anne Gettys, the SCMA Alliance again had a very successful year. The Alliance has always been tremendously helpful by promoting and supporting many of the valuable programs and missions of the SCMA. Mrs. Gettys’ presidential focus this year was on end of life care planning which greatly added to the SCMA’s work on this issue in South Carolina. The SCMA thanks the Alliance for their involvement and continued support of our missions.

Financials

Financially, our organization continues to be very sound. Dr. Leon Bullard’s Report of the Treasurer to the House of Delegates includes all of the financial highlights and details, but here are two things of chief importance: (1) Our independent audit was completed by Elliott Davis Decosimo and all entities received a clean opinion. The SCMA continues to serve the membership debt free and maintain sufficient reserves and net assets; and (2) The SCMA Foundation continues to actively work to decrease the debt from 20 years ago with experts in the field and reduce the number of plan participants in CGAP, the annuity program.
SCMA Subsidiaries and Partners

Members’ Insurance Trust, Financial Services and Carolina eHealth Network continue to grow, and, through its services, support our members and the mission of the SCMA. These subsidiaries have seen significant changes in staff leadership. Todd Atwater has fully devoted his leadership and business expertise to these companies in an effort to continue to grow revenue for each subsidiary and further business development.

SCMA Members’ Insurance Trust (MIT) provides health coverage to the medical and healthcare community, physicians, their families and staff. It completed the last fiscal year with a gain of $1,690,023 compared to $1,049,276 in 2015. Currently, MIT has posted a gain of $1,727,706 through February 2017. This is an increase of $140,274 when compared against February 2016.

SCMA Financial Services, Inc. (Financial Services) is our fully owned agency providing insurance and related services. Financial Services completed the last fiscal year with a gain of $164,928 after tax provisions. Through February 2017, Financial Services has posted a gain of $70,665, a nearly three-fold increase compared to the same period the previous fiscal year. Additionally, Financial Services continues to support the SCMA and SCMA Foundation through increased contributions and dividends. As a part of its success, Financial Services has, for the first time, qualified for a 25% override from MIT due to the significant increase of new business in January 2017. Financial Services will begin collecting this higher override in March 2017.

One of the most significant developments this year has been our partnership with KaMMCo, a Kansas Medical Society company, to bring Carolina eHealth Network to our state. Carolina eHealth Network is the new physician-led health information network in

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South Carolina built upon a proven technology model, which enables the sharing of clinical information at the point of care, while supporting physician efforts to meet the new Quality Payment Program MIPS or APM requirements through the use of analytics. You will be hearing more about this venture in the near future.

In closing, it is an absolute pleasure to serve as the chairman of the SCMA Board of Trustees. As chairman, I am privileged with getting to work with the SCMA staff very closely and I can tell you first-hand that we have a strong, capable staff that guides our organization to success daily. I look forward to continuing to serve you as chairman.

May 2017
Mr. Speaker, members of the House of Delegates, South Carolina Medical Association (SCMA) members and guests, it certainly has been an honor to have served as treasurer these past two years. Although I could have requested the board to appoint me for a third year, I feel it is time for me to step aside. It has been a true honor and privilege to have served on the SCMA Board as Trustees for the Lexington and Aiken Medical Associations for many years, and then to be chosen to serve as Treasurer for 2015 and 2016. Your Board officers and trustees devote many hours of their personal time to insure that the SCMA remains a strong voice for healthcare for all South Carolinians and will continue to support the physicians of South Carolina that, as a group, seek to improve the health and well-being of all our citizens. I am blessed to have had this opportunity to serve and perhaps in some small way, make a contribution to our society. Thank you from the bottom of my stented heart.

In this report, I would like to comment on some of the SCMA’s financial activities during the past year and explain the attached audited financial statements of the association and its related organizations for the year ending June 30, 2016. I have enclosed a summary of the SCMA’s unaudited financial statements for the eight months ending February 28, 2017.

The investments of the SCMA and its affiliates are primarily in cash accounts and certificates of deposit. As of June 30, 2016, the SCMA’s reserves were $10,291,215.
The audit report of the SCMA, SCMA Financial Services, Inc. and SCMA PMSI for the year ending June 30, 2016, shows earned revenues and expenses as follows:

Revenues 6,262,015
Expenses 6,445,518
Equity in losses of subsidiary <409,626>
Net Gain over Revenue <593,129>

An analysis of the net profit (loss) by organization for the year shows:

SCMA < 380,791
SCMA Financial Services 164,928
SCMA Practice Management Services Inc. <377,266>
TOTAL <593,129>

You will note that the SCMA had net operating expenses over net revenue of $380,791 for the year; however, included in the expenses are depreciation expenses of $143,158.

To explain in detail the SCMA’s financial condition for the year ending June 30, 2016, the following information is presented:

REVENUES

Membership Dues $1,570,355 41%
Annual Meeting 33,675 1%
Members’ Insurance Trust 541,811 14%
Interest 1,368 0%
Printing 72,220 2%
Specialty Societies 181,095 5%
SCMA Financial Services 481,092 13%
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<td>Dividends</td>
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<td>Rental/Tenant Income</td>
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<td>46</td>
<td>Other</td>
<td>121,103</td>
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<td>47</td>
<td>Endorsement Fee Revenue</td>
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<td>Released from restrictions</td>
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<td>49</td>
<td>TOTAL</td>
<td>$3,831,426</td>
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<td>51</td>
<td>Salaries and Benefits</td>
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<td><em>The Journal</em> (w/Salaries/Benefits)</td>
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<td>Annual Meeting</td>
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<td>Occupancy Expense</td>
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<tr>
<td>61</td>
<td>Travel Expenses</td>
<td>5,517</td>
<td>0%</td>
</tr>
<tr>
<td>62</td>
<td>Insurance</td>
<td>7,812</td>
<td>0%</td>
</tr>
<tr>
<td>63</td>
<td>Telephone</td>
<td>19,810</td>
<td>0%</td>
</tr>
<tr>
<td>64</td>
<td>Committee Expense &amp; Other</td>
<td>538,212</td>
<td>14%</td>
</tr>
<tr>
<td>65</td>
<td>Depreciation</td>
<td>143,158</td>
<td>4%</td>
</tr>
<tr>
<td>66</td>
<td>Members' Insurance Trust</td>
<td>412,134</td>
<td>11%</td>
</tr>
<tr>
<td>67</td>
<td>Litigation Expense</td>
<td>4,330</td>
<td>0%</td>
</tr>
<tr>
<td>Item</td>
<td>Amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$3,812,218</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A summary of the SCMA’s unaudited financial statements for the eight months ending February 28, 2017, is as follows:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSETS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current/Other Assets</td>
<td>$5,328,871.80</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture, Fixtures &amp; Equipment</td>
<td>13,772.59</td>
<td></td>
<td></td>
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<tr>
<td>Less Depreciation</td>
<td>&lt;2,449,871.23&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building, Land, Improvements</td>
<td>5,534,958.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$8,427,731.26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIABILITIES AND FUND BALANCE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liabilities</td>
<td>$1,291,035.52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fund Balance</td>
<td>7,136,695.74</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$8,427,731.26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REVENUES</td>
<td>$2,326,072.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXPENSES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>$2,272,680.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>97,699.70</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$2,370,379.72</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NET EXPENSES OVER REVENUE</td>
<td>&lt;$44,307.22&gt;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

We project a surplus of revenue over expenses for the year ending June 30, 2017. I must take this opportunity to formally recognize our Chief Financial Officer, Michelle Bolin and her staff, especially Gina Kimball, for their dedicated service in providing the Treasurer with monthly reports on the financial status of your organization.
We have a history of operating on a sound financial basis and we shall continue to do so.

I thank the membership for the privilege of serving as your treasurer for the past 2 years.

May 2017
South Carolina Medical Association

Report on Consolidated Financial Statements

For the years ended June 30, 2016 and 2015
# South Carolina Medical Association

## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
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<td>Independent Auditor's Report</td>
<td>1-2</td>
</tr>
<tr>
<td><strong>Financial Statements</strong></td>
<td></td>
</tr>
<tr>
<td>Consolidated Statements of Financial Position</td>
<td>3</td>
</tr>
<tr>
<td>Consolidated Statements of Activities</td>
<td>4</td>
</tr>
<tr>
<td>Consolidated Statements of Cash Flows</td>
<td>5</td>
</tr>
<tr>
<td><strong>Notes to Consolidated Financial Statements</strong></td>
<td>6-13</td>
</tr>
<tr>
<td><strong>Supplementary Information</strong></td>
<td></td>
</tr>
<tr>
<td>Schedule 1 - Consolidating Statement of Financial Position - June 30, 2016</td>
<td>14</td>
</tr>
<tr>
<td>Schedule 2 - Consolidating Statement of Financial Position - June 30, 2015</td>
<td>15</td>
</tr>
<tr>
<td>Schedule 3 - Consolidating Statement of Activities - for the year ended June 30, 2016</td>
<td>16-17</td>
</tr>
<tr>
<td>Schedule 4 - Consolidating Statement of Activities - for the year ended June 30, 2015</td>
<td>18-19</td>
</tr>
</tbody>
</table>
Independent Auditor’s Report

Board of Trustees
South Carolina Medical Association
Columbia, South Carolina

We have audited the accompanying consolidated financial statements of the South Carolina Medical Association (the “Association”) which comprise the consolidated statements of financial position as of June 30, 2016 and 2015, and the related consolidated statements of activities and cash flows for the years then ended and the related notes to the consolidated financial statements.

Management’s Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America. This includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.
Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the South Carolina Medical Association as of June 30, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The accompanying supplementary information, as listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in our audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Elliott Davis Decosimo, LLC

Columbia, South Carolina
December 8, 2016
## South Carolina Medical Association

### Consolidated Statements of Financial Position

**June 30, 2016 and 2015**

### Assets

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$7,548,989</td>
<td>$7,546,364</td>
</tr>
<tr>
<td>Cash and cash equivalents - restricted</td>
<td>382,625</td>
<td>386,955</td>
</tr>
<tr>
<td>Certificates of deposit - restricted</td>
<td>92,773</td>
<td>72,228</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>15,012</td>
<td>173,272</td>
</tr>
<tr>
<td>Accounts receivable - affiliates</td>
<td>210,753</td>
<td>197,333</td>
</tr>
<tr>
<td>Prepaid expenses and other</td>
<td>253,403</td>
<td>157,302</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>8,513,555</td>
<td>8,533,454</td>
</tr>
<tr>
<td><strong>Property and equipment, net</strong></td>
<td>3,238,129</td>
<td>3,395,340</td>
</tr>
<tr>
<td><strong>Deferred income tax asset</strong></td>
<td>28,682</td>
<td>15,684</td>
</tr>
<tr>
<td><strong>Investment in subsidiary</strong></td>
<td></td>
<td>409,626</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$11,780,366</td>
<td>$12,354,104</td>
</tr>
</tbody>
</table>

### Liabilities and Net Assets

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$481,937</td>
<td>$404,596</td>
</tr>
<tr>
<td>Income taxes payable</td>
<td>51,170</td>
<td>-</td>
</tr>
<tr>
<td>Unearned membership revenue</td>
<td>745,295</td>
<td>830,743</td>
</tr>
<tr>
<td>Unearned endorsement income</td>
<td>210,749</td>
<td>206,249</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>1,489,151</td>
<td>1,441,588</td>
</tr>
<tr>
<td><strong>Deferred income tax liability</strong></td>
<td></td>
<td>23,842</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>1,489,151</td>
<td>1,465,430</td>
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</table>

### Net assets

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated</td>
<td>300,000</td>
<td>300,000</td>
</tr>
<tr>
<td>Undesignated</td>
<td>9,608,590</td>
<td>10,201,719</td>
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<tr>
<td>Temporarily restricted</td>
<td>382,625</td>
<td>386,955</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td>10,291,215</td>
<td>10,888,674</td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td>$11,780,366</td>
<td>$12,354,104</td>
</tr>
</tbody>
</table>

See Notes to Consolidated Financial Statements
South Carolina Medical Association
Consolidated Statements of Activities
For the years ended June 30, 2016 and 2015

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes in unrestricted net assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership dues</td>
<td>$1,570,355</td>
<td>$1,604,336</td>
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<tr>
<td>Commissions</td>
<td>3,349,572</td>
<td>3,455,054</td>
</tr>
<tr>
<td>Consulting services</td>
<td>47,410</td>
<td>48,219</td>
</tr>
<tr>
<td>Journal advertising and subscriptions</td>
<td>-</td>
<td>6,803</td>
</tr>
<tr>
<td>Annual meeting</td>
<td>33,675</td>
<td>29,547</td>
</tr>
<tr>
<td>Printing</td>
<td>72,220</td>
<td>76,257</td>
</tr>
<tr>
<td>Rental income</td>
<td>51,342</td>
<td>53,298</td>
</tr>
<tr>
<td>Administrative cost reimbursement - SCMA MIT</td>
<td>541,811</td>
<td>536,231</td>
</tr>
<tr>
<td>Administrative cost reimbursement - SCMA Foundation</td>
<td>-</td>
<td>17,480</td>
</tr>
<tr>
<td>Specialty societies</td>
<td>181,095</td>
<td>192,988</td>
</tr>
<tr>
<td>Endorsement income</td>
<td>275,000</td>
<td>275,000</td>
</tr>
<tr>
<td>Other</td>
<td>135,205</td>
<td>168,652</td>
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<tr>
<td><strong>Total unrestricted revenue</strong></td>
<td>6,257,685</td>
<td>6,463,865</td>
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<tr>
<td><strong>Net assets released from restrictions</strong></td>
<td>4,330</td>
<td>4,103</td>
</tr>
<tr>
<td><strong>Total revenues</strong></td>
<td>6,262,015</td>
<td>6,467,968</td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Program expenses:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Journal</td>
<td>16,938</td>
<td>12,458</td>
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<tr>
<td>Annual meeting</td>
<td>149,058</td>
<td>126,415</td>
</tr>
<tr>
<td>Occupancy</td>
<td>102,018</td>
<td>217,919</td>
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<tr>
<td>SCMA MIT</td>
<td>541,811</td>
<td>536,231</td>
</tr>
<tr>
<td>Litigation center</td>
<td>4,330</td>
<td>4,103</td>
</tr>
<tr>
<td>American Medical Association</td>
<td>76,546</td>
<td>73,189</td>
</tr>
<tr>
<td>Legislative consulting</td>
<td>76,063</td>
<td>76,101</td>
</tr>
<tr>
<td>Other</td>
<td>225,177</td>
<td>265,195</td>
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<tr>
<td><strong>Total program expenses</strong></td>
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<td>1,311,611</td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Supporting services:</strong></td>
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<td></td>
</tr>
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<td>Cost of revenues</td>
<td>1,106,859</td>
<td>937,990</td>
</tr>
<tr>
<td>General and administrative</td>
<td>3,874,852</td>
<td>3,457,292</td>
</tr>
<tr>
<td>Depreciation</td>
<td>182,837</td>
<td>189,811</td>
</tr>
<tr>
<td>Loss on disposal of property and equipment</td>
<td>322</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total supporting services</strong></td>
<td>5,164,870</td>
<td>4,585,093</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>6,356,811</td>
<td>5,886,704</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Change in unrestricted net assets before equity in losses of subsidiary and provision for income taxes</strong></td>
<td>(94,796)</td>
<td>571,264</td>
</tr>
<tr>
<td>Equity in losses of subsidiary</td>
<td>408,626</td>
<td>18,374</td>
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<tr>
<td>Provision for income taxes</td>
<td>88,707</td>
<td>298,722</td>
</tr>
<tr>
<td><strong>Change in unrestricted net assets</strong></td>
<td>(593,129)</td>
<td>254,168</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Change in temporarily restricted net assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>(4,330)</td>
<td>(4,103)</td>
</tr>
<tr>
<td><strong>Change in temporarily restricted net assets</strong></td>
<td>(4,330)</td>
<td>(4,103)</td>
</tr>
<tr>
<td><strong>Change in net assets</strong></td>
<td>(597,459)</td>
<td>250,065</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net assets, beginning of year</strong></td>
<td>10,888,674</td>
<td>10,638,609</td>
</tr>
<tr>
<td><strong>Net assets, end of year</strong></td>
<td>$10,291,215</td>
<td>$10,888,674</td>
</tr>
</tbody>
</table>

See Notes to Consolidated Financial Statements
South Carolina Medical Association

Consolidated Statements of Cash Flows
For the years ended June 30, 2016 and 2015

<table>
<thead>
<tr>
<th>Cash flows from operating activities:</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets</td>
<td>(597,459)</td>
<td>250,065</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash provided by operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>182,837</td>
<td>189,811</td>
</tr>
<tr>
<td>Loss on disposal of property and equipment</td>
<td>322</td>
<td>-</td>
</tr>
<tr>
<td>Deferred income taxes</td>
<td>(36,840)</td>
<td>18,835</td>
</tr>
<tr>
<td>Equity in losses of subsidiary</td>
<td>409,626</td>
<td>18,374</td>
</tr>
<tr>
<td>Changes in deferred and accrued amounts:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>158,260</td>
<td>101,167</td>
</tr>
<tr>
<td>Accounts receivable - affiliates</td>
<td>(13,420)</td>
<td>57,508</td>
</tr>
<tr>
<td>Income taxes receivable and payable</td>
<td>51,170</td>
<td>(3,031)</td>
</tr>
<tr>
<td>Prepaid expenses and other</td>
<td>(106,101)</td>
<td>22,568</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>77,341</td>
<td>6,038</td>
</tr>
<tr>
<td>Accounts payable - affiliates</td>
<td>-</td>
<td>(150,000)</td>
</tr>
<tr>
<td>Unearned membership revenue</td>
<td>(85,448)</td>
<td>38,980</td>
</tr>
<tr>
<td>Unearned endorsement income</td>
<td>4,500</td>
<td>(17,376)</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>44,788</td>
<td>330,605</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash flows from investing activities:</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchases of certificates of deposit</td>
<td>(20,545)</td>
<td>(15,803)</td>
</tr>
<tr>
<td>Purchases of property and equipment</td>
<td>(25,948)</td>
<td>(74,195)</td>
</tr>
<tr>
<td>Investment in subsidiary</td>
<td>-</td>
<td>(428,000)</td>
</tr>
<tr>
<td>Net cash used for investing activities</td>
<td>(46,493)</td>
<td>(517,998)</td>
</tr>
<tr>
<td>Net change in cash and cash equivalents</td>
<td>(1,705)</td>
<td>(187,393)</td>
</tr>
</tbody>
</table>

| Cash and cash equivalents, beginning of year | 7,933,319 | 8,120,712 |
| Cash and cash equivalents, end of year       | 7,931,614 | 7,933,319 |

Reconciliation of cash and cash equivalents

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>7,548,989</td>
<td>7,546,364</td>
</tr>
<tr>
<td>Cash and cash equivalents - restricted</td>
<td>382,625</td>
<td>386,955</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,931,614</strong></td>
<td><strong>7,933,319</strong></td>
</tr>
</tbody>
</table>

Cash paid for:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income taxes</td>
<td>$ 99,372</td>
<td>$ 300,526</td>
</tr>
</tbody>
</table>

See Notes to Consolidated Financial Statements
South Carolina Medical Association
Notes to Consolidated Financial Statements
June 30, 2016 and 2015

Note 1. Summary of Significant Accounting Policies

Business activity:

The South Carolina Medical Association ("SCMA") was organized to serve the interests of South Carolina physicians and support their efforts to provide high quality medical care and promote good health for all citizens of the state.

SCMA owns 100% of South Carolina Medical Association Financial Services, Inc. ("SCMA Financial Services") which functions as an insurance agency. SCMA also owns 100% of SCMA Practice Management Services, Inc. ("SCMA PMSI") which provides physician-focused practice management services, including: operational and financial consulting, information technology services, strategic planning, and managed care contract review. The consolidated financial statements of SCMA include the accounts of SCMA and its wholly-owned subsidiaries (collectively, the "Association"). Significant intercompany accounts and transactions have been eliminated in consolidation.

During the year ended June 30, 2015, SCMA PMSI invested in a 25% interest in Quality Healthcare Development, LLC ("QHD"). QHD is a full service medical services organization. Services include practice management consulting, payor contracting, billing, collections, credentialing, compliance, accounting, human resources, quality initiatives, group purchasing, recruitment and succession strategies. During the year ended June 30, 2016, SCMA management evaluated its investment in QHD for impairment and elected to write off the investment for financial statement purposes. SCMA PMSI's investment in QHD was accounted for using the equity method of accounting. Under the equity method, investments are recorded at cost and adjusted for SCMA PMSI's share of undistributed earnings and losses and distributions received.

Basis of accounting:

The accompanying consolidated financial statements are prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Financial statement presentation:

SCMA reports information regarding its consolidated financial position and activities according to three classes of net assets: unrestricted, temporarily restricted, and permanently restricted. SCMA does not have permanently restricted net assets.

Temporarily restricted net assets represent amounts received with donor-imposed restrictions on the purposes for which the amounts may be used. These amounts must be expended in their entirety for the purposes specified by the donor.

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires or is met in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily restricted net assets. When a restriction expires, temporarily restricted net assets are released to unrestricted net assets.
Note 1. Summary of Significant Accounting Policies, Continued

Revenue recognition:

Membership dues are recorded as revenue when earned over the applicable membership periods. During the year ended June 30, 2013, the Association sold its interest in South Carolina Physician Assurance Company (“SCPAC”) and entered into a five year endorsement agreement with the purchaser. Under the terms of the agreement, the Association is to receive five annual payments of $275,000, which began on April 1, 2013. In exchange, the Association will provide exclusive endorsement of SCPAC to the Association’s members as a provider of medical malpractice insurance. The Association recognizes the annual installments as revenue over each twelve month reporting period.

Estimates:

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the consolidated financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and cash equivalents:

The Association considers all highly-liquid investments with an initial maturity of three months or less to be cash equivalents.

Cash and cash equivalents - restricted:

Cash and cash equivalents totaling approximately $383,000 and $387,000 were restricted under an established legal advocate fund (See Note 4) at June 30, 2016 and 2015, respectively.

Certificates of deposit - restricted:

Per employment contracts, the Association is obligated to pay its chief executive officer and chief operational officer certain deferred pension benefits upon their retirement or termination. At June 30, 2016 and 2015, these restricted obligations totaling approximately $93,000 and $72,000, respectively, were invested in certificates of deposit and recorded as an accrued expense.

Accounts receivable:

Accounts receivable are reported at their estimated collectible amounts. They are periodically evaluated for collectibility based on management’s assessment of each account. An allowance for doubtful accounts is established as losses are estimated to have occurred through recognition of bad debt expense. When management confirms the uncollectibility of an account receivable, such amount is charged off against the allowance for doubtful accounts. No allowance for doubtful accounts was recorded at June 30, 2016 or 2015.
Note 1. Summary of Significant Accounting Policies, Continued

Property and equipment:

Property and equipment are stated at cost. Depreciation is calculated using the straight-line method over the estimated useful lives of the assets as follows:

- Land and improvements: 15 years
- Building and improvements: 15 - 39 years
- Furniture, fixtures and equipment: 3 - 7 years

The cost of maintenance and repairs is charged to expense as incurred. Interest costs incurred in the construction or acquisition of property and equipment are capitalized.

Compensated absences:

The Association accounts for compensated absences by recording a liability for employees’ vested rights to receive compensation for future absences attributable to services already performed. No liability for sick pay is recorded since the rights to receive such pay are contingent on future services.

Advertising costs:

Advertising costs are expensed when incurred, which generally is when the advertising first takes place. The Association incurred approximately $16,000 and $17,800 for advertising and promotions for the years ended June 30, 2016 and 2015, respectively.

Fair value of financial instruments:

The fair value of a financial instrument is defined as the exchange price that would be received for an asset, or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. GAAP also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

At June 30, 2016 and 2015, the Association had investments in certificates of deposit with carrying values which approximated fair value, and are considered Level 2 assets. The valuation methodology for Level 2 assets uses quoted prices for similar assets or liabilities in active markets.

Income taxes:

The Association is exempt from federal income taxes under Section 501(c)(6) of the Internal Revenue Code.

The Association’s subsidiaries are taxable corporate entities. Income taxes are provided for the tax effects of transactions reported in the financial statements, and consist of taxes currently due plus deferred taxes. Deferred taxes relate primarily to differences between financial and income tax reporting for the basis of property and equipment and accrued liabilities. The deferred tax accounts represent the future tax return consequences of those differences, which will either be deductible or taxable when the assets and liabilities are recovered or settled. Deferred tax assets may also be recognized for operating losses that are available to offset future taxable income. Valuation allowances are established, when necessary, to reduce deferred tax assets to the amount management expects is more likely than not to be realized.
South Carolina Medical Association
Notes to Consolidated Financial Statements
June 30, 2016 and 2015

Note 1. Summary of Significant Accounting Policies, Continued

Income taxes, Continued:

Management is not aware of any material uncertain tax positions at June 30, 2016. Any interest or penalties associated with an unrecognized tax expense would be classified as additional income taxes in the consolidated statement of activities. The Association is no longer subject to examination by the Internal Revenue Service or any state jurisdictions for years prior to 2012.

Recently issued accounting pronouncements:

In February 2016, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) Number 2016-02, Leases (Topic 842), which will supersede the current lease recognition and disclosure requirements. The ASU is based on the principle that a lessee should recognize the assets and liabilities that arise from leases. Except for leases with a term of 12 months or less, a lessee will be required to recognize a liability to make lease payments and a right-of-use asset representing its right to use the underlying asset for the lease term. The ASU also requires additional disclosures about the nature, amount, timing and uncertainty of cash flows arising from leases. For nonpublic entities, the amendments are effective for annual reporting periods beginning after December 15, 2019. The Association has not yet determined the potential effects of the ASU on the consolidated financial statements, if any.

In August 2016, the FASB issued guidance to make targeted improvements to the not-for-profit financial reporting model, including changes in how a not-for-profit organization classifies its net assets, as well as the information it presents in financial statements and notes about its liquidity, financial performance, and cash flows. The amendments will be effective for fiscal years beginning after December 15, 2017 and interim periods within fiscal years beginning after December 15, 2018. The Association is currently evaluating the effect that implementation of the new standard will have on its financial position, results of operations, and cash flows.

Subsequent events:

The Association evaluated events and transactions for subsequent events after June 30, 2016 through December 8, 2016, the date the consolidated financial statements were available to be issued and determined that there were no events to report during the period.

Note 2. Concentrations of Credit Risk

In the normal course of business, SCMA extends credit to various medical-related societies throughout South Carolina. SCMA PMSI also extends credit to its customers located throughout South Carolina. SCMA and SCMA PMSI perform ongoing credit evaluations of these entities and generally do not require collateral.

The Association’s cash and cash equivalents and certificates of deposit are held at one federally insured commercial bank. At times, such investments may be in excess of the Federal Deposit Insurance Corporation (“FDIC”) insurance limits. The Association has not experienced losses in its cash and cash equivalent accounts or certificates of deposit and management does not believe it is exposed to any significant credit risk on its cash and cash equivalents or certificates of deposit. At June 30, 2016 and 2015, the Association had approximately $7,416,000 and $7,370,000, respectively, on deposit and invested in certificates of deposit in excess of FDIC limits.
Note 3. Property and Equipment, Net

Property and equipment, net, consisted of the following at June 30, 2016 and 2015:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land and improvements</td>
<td>$711,591</td>
<td>$711,591</td>
</tr>
<tr>
<td>Building and improvements</td>
<td>4,067,134</td>
<td>4,067,134</td>
</tr>
<tr>
<td>Furniture, fixtures and equipment</td>
<td>1,353,162</td>
<td>1,327,722</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>6,131,887</td>
<td>6,106,447</td>
</tr>
<tr>
<td></td>
<td>(2,893,758)</td>
<td>(2,711,107)</td>
</tr>
<tr>
<td></td>
<td>$3,238,129</td>
<td>$3,395,340</td>
</tr>
</tbody>
</table>

Depreciation expense for the year ended June 30, 2016 and 2015 totaled $182,837 and $189,811, respectively.

Note 4. Designated and Restricted Net Assets

The Board of Trustees' policy requires the Association to maintain a designated balance of net assets of $300,000 at all times.

The Association established a program to receive cash restricted by donors to be used for establishing an effective legal advocate in representing the interests of the medical profession in the courts by bringing cases of broad impact and by serving as an information and advocacy clearinghouse for medical societies and related groups. At June 30, 2016 and 2015, the total unexpended amount for these purposes was approximately $383,000 and $387,000, respectively, which has been included in temporarily restricted net assets in the accompanying consolidated statements of financial position.

Note 5. Pension Plans

The Association has a noncontributory, defined contribution pension plan which covers all active, salaried employees, age twenty or older who have worked nine hundred hours or more per year and are employed on July 1 of the plan year. The Association contributes ten percent of participants' eligible compensation up to $26,500 and $26,000 for the years ended June 30, 2016 and 2015, respectively. Contributions to the pension plan for the years ended June 30, 2016 and 2015 totaled approximately $304,000 and $273,800, respectively.

Employees may also participate in the South Carolina Deferred Compensation Program. The Association makes no contributions to this plan.

Note 6. Income Taxes

As discussed in Note 1, SCMA's subsidiaries are taxable corporate entities. The provision for income taxes consists of taxes currently payable by SCMA Financial Services and SCMA PMSI as follows for the years ended June 30, 2016 and 2015:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current income taxes</td>
<td>$125,547</td>
<td>$279,887</td>
</tr>
<tr>
<td>Deferred income taxes</td>
<td>(36,840)</td>
<td>18,835</td>
</tr>
<tr>
<td>Provision for income taxes</td>
<td>$88,707</td>
<td>$298,722</td>
</tr>
</tbody>
</table>

10
Note 6. Income Taxes, Continued

Deferred income taxes arise from the cumulative temporary differences between financial statement and tax return income. As of June 30, 2016 and 2015, the deferred income tax effects of these temporary differences for SCMA Financial Services and SCMA PMSI are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred tax assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>$4,495</td>
<td>$4,194</td>
</tr>
<tr>
<td>Charitable contribution carryforwards</td>
<td>30,200</td>
<td>4,615</td>
</tr>
<tr>
<td>Net operating loss carryforward</td>
<td>8,682</td>
<td>-</td>
</tr>
<tr>
<td>Equity in losses of subsidiary</td>
<td>-</td>
<td>6,875</td>
</tr>
<tr>
<td>Unrealized loss on partnership investment impairment</td>
<td>161,309</td>
<td>-</td>
</tr>
<tr>
<td>Valuation allowance</td>
<td>204,686</td>
<td>15,684</td>
</tr>
<tr>
<td></td>
<td>(161,309)</td>
<td>-</td>
</tr>
<tr>
<td>Deferred tax liabilities</td>
<td>43,377</td>
<td>15,684</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(14,695)</td>
<td>(23,842)</td>
</tr>
<tr>
<td>Net deferred tax asset (liability)</td>
<td>$28,682</td>
<td>$(8,158)</td>
</tr>
</tbody>
</table>

SCMA Financial Services made income tax payments totaling $92,852 and $293,926 during the years ended June 30, 2016 and 2015, respectively. SCMA PMSI made income tax payments totaling $6,520 and $6,600 during the years ended June 30, 2016 and 2015, respectively.

SCMA Financial Services has a contribution carryforward totaling approximately $80,000 that expires in 2020. SCMA PMSI has a federal net operating loss totaling approximately $18,000 and a state net operating loss totaling approximately $66,000 that will both expire in 2035. At June 30, 2016, SCMA PMSI recorded a full valuation allowance for its unrealized loss on partnership investment impairment.

Note 7. Related Party Transactions

The Association is affiliated with South Carolina Medical Association Members’ Insurance Trust ("SCMA MIT"), South Carolina Medical Association Foundation ("SCMA Foundation"), MEDPAC and Physicians’ Foundation, Inc. ("Physicians’ Foundation"), through various members of its Board of Trustees and its chief executive officer.
Note 7. Related Party Transactions, Continued

Transactions with these entities, which have not been eliminated in the accompanying consolidated statements of activities during the years ended June 30, 2016 and 2015 were as follows:

<table>
<thead>
<tr>
<th>Administrative fees paid to SCMA</th>
<th>SCMA Financial Services</th>
<th>SCMA PMSI</th>
<th>MEDPAC</th>
<th>SCMA MIT</th>
<th>SCMA Foundation</th>
<th>Physicians' Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>$639,443</td>
<td>$</td>
<td>$</td>
<td>$7,200</td>
<td>$541,811</td>
<td>$</td>
<td>$ (90,432)</td>
</tr>
<tr>
<td>Commissions paid to Financial Services</td>
<td>934,115</td>
<td>-</td>
<td>-</td>
<td>(934,115)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Insurance purchased from SCMA MIT</td>
<td>(420,608)</td>
<td>(233,510)</td>
<td>-</td>
<td>654,118</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Rent paid to SCMA</td>
<td>51,342</td>
<td>-</td>
<td>(2,656)</td>
<td>(46,030)</td>
<td>(2,656)</td>
<td>-</td>
</tr>
<tr>
<td>Contribution paid to SCMA Foundation</td>
<td>(100,000)</td>
<td>-</td>
<td>-</td>
<td>100,000</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administrative fees paid to SCMA</th>
<th>SCMA Financial Services</th>
<th>SCMA PMSI</th>
<th>MEDPAC</th>
<th>SCMA MIT</th>
<th>SCMA Foundation</th>
<th>Physicians' Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>$650,911</td>
<td>$</td>
<td>$</td>
<td>$7,200</td>
<td>$536,231</td>
<td>$ (17,480)</td>
<td>$ (90,000)</td>
</tr>
<tr>
<td>Commissions paid to Financial Services</td>
<td>1,020,749</td>
<td>-</td>
<td>-</td>
<td>(1,020,749)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Insurance purchased from SCMA MIT</td>
<td>(372,394)</td>
<td>(183,903)</td>
<td>-</td>
<td>556,297</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Rent paid to SCMA</td>
<td>51,343</td>
<td>-</td>
<td>(2,656)</td>
<td>(46,031)</td>
<td>(2,656)</td>
<td>-</td>
</tr>
</tbody>
</table>

The Association also provides association management services for specialty societies (certain of which are related because members of the Association’s Board of Trustees are also members of certain specialty society Boards of Directors). Fees charged for these services for the years ended June 30, 2016 and 2015 totaled approximately $84,000 and $95,800, respectively.

In addition, the Association’s chief executive officer serves on the Physician’s Advocacy Institute, Inc. (“the Institute”) Board of Directors, and the Association’s in-house legal counsel serves as a Board advisor for the Institute. Transactions between the Institute and the Association relate to reimbursement of expenses which were minimal for the years ended June 30, 2016 and 2015.

SCMA has entered into agreements to lease office space to MEDPAC, SCMA MIT and SCMA Foundation. The leases contain monthly rental charges, which vary by entity, through June 2017. Minimum future rental income to SCMA under these non-cancellable operating leases totals approximately $51,000 for the year ending June 30, 2017.

At June 30, 2016 and 2015, accounts receivable from and payable to affiliates represent amounts between the Association, SCMA Foundation, SCMA MIT, MEDPAC and the Physicians’ Foundation, Inc.
South Carolina Medical Association  
*Notes to Consolidated Financial Statements*  
*June 30, 2016 and 2015*

**Note 8. Commitments**

The Association has future minimum lease commitments under non-cancellable operating leases for various office equipment and office space as follows for the years ending June 30:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>$72,669</td>
</tr>
<tr>
<td>2018</td>
<td>33,548</td>
</tr>
<tr>
<td>2019</td>
<td>11,306</td>
</tr>
<tr>
<td></td>
<td><strong>$117,523</strong></td>
</tr>
</tbody>
</table>

Total lease expense under operating leases for office equipment and office space was approximately $89,000 and $100,900 for the years ended June 30, 2016 and 2015, respectively.

**Note 9. Investment in Subsidiary**

SCMA PMSI owned a 25% interest in QHD. This investment was accounted for under the equity method of accounting. Summarized unaudited financial information of QHD is as follows as of and for the years ended June 30:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total assets</td>
<td>$122,534</td>
<td>$411,165</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>54,983</td>
<td>41,603</td>
</tr>
<tr>
<td>Members’ equity</td>
<td>67,551</td>
<td>369,562</td>
</tr>
<tr>
<td>Total liabilities and members’ equity</td>
<td><strong>$122,534</strong></td>
<td><strong>$411,165</strong></td>
</tr>
<tr>
<td>Revenue</td>
<td>914,223</td>
<td>58,950</td>
</tr>
<tr>
<td>Expenses</td>
<td>1,215,745</td>
<td>132,445</td>
</tr>
<tr>
<td>Net loss</td>
<td>(301,522)</td>
<td>(73,495)</td>
</tr>
</tbody>
</table>

SCMA PMSI’s equity in losses of subsidiary consisted of the following for the years ended June 30:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share of operating losses</td>
<td>75,381</td>
<td>18,374</td>
</tr>
<tr>
<td>Unrealized loss on partnership investment impairment (See Note 1)</td>
<td>334,245</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td><strong>409,626</strong></td>
<td><strong>18,374</strong></td>
</tr>
</tbody>
</table>
South Carolina Medical Association  
Consolidated Statement of Financial Position  
June 30, 2016

<table>
<thead>
<tr>
<th>Assets</th>
<th>SCMA Medical Association</th>
<th>SCMA Financial Services, Inc.</th>
<th>SCMA Practice Management Services, Inc.</th>
<th>Eliminations</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current assets</td>
<td>$4,150,260</td>
<td>$3,227,800</td>
<td>$170,909</td>
<td>$-</td>
<td>$7,548,989</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>382,625</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>382,625</td>
</tr>
<tr>
<td>Cash and cash equivalents - restricted</td>
<td>85,308</td>
<td>7,465</td>
<td>-</td>
<td>-</td>
<td>92,773</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>13,012</td>
<td>-</td>
<td>2,000</td>
<td>-</td>
<td>15,012</td>
</tr>
<tr>
<td>Accounts receivable - affiliates</td>
<td>487,942</td>
<td>97,589</td>
<td>-</td>
<td>(374,778)</td>
<td>210,753</td>
</tr>
<tr>
<td>Current portion of loan receivable - PMSI</td>
<td>10,794</td>
<td>35</td>
<td>-</td>
<td>(10,829)</td>
<td>-</td>
</tr>
<tr>
<td>Prepaid expenses and other</td>
<td>68,278</td>
<td>178,984</td>
<td>16,141</td>
<td>-</td>
<td>263,403</td>
</tr>
<tr>
<td>Total current assets</td>
<td>$5,198,239</td>
<td>$3,511,873</td>
<td>$180,050</td>
<td>(385,607)</td>
<td>$8,513,555</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>3,181,705</td>
<td>51,657</td>
<td>4,767</td>
<td>-</td>
<td>3,238,129</td>
</tr>
<tr>
<td>Other assets</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Deferred income taxes</td>
<td>-</td>
<td>21,579</td>
<td>7,103</td>
<td>-</td>
<td>28,682</td>
</tr>
<tr>
<td>Investment in Financial Services</td>
<td>3,428,579</td>
<td>-</td>
<td>-</td>
<td>(3,428,579)</td>
<td>-</td>
</tr>
<tr>
<td>Investment in PMSI</td>
<td>(313,367)</td>
<td>-</td>
<td>-</td>
<td>313,367</td>
<td>-</td>
</tr>
<tr>
<td>Loan receivable - PMSI</td>
<td>73,453</td>
<td>427,590</td>
<td>-</td>
<td>(501,383)</td>
<td>-</td>
</tr>
<tr>
<td>Total other assets</td>
<td>3,189,665</td>
<td>449,509</td>
<td>7,103</td>
<td>(5,616,595)</td>
<td>28,682</td>
</tr>
<tr>
<td>Total assets</td>
<td>$11,568,609</td>
<td>$4,013,399</td>
<td>$200,529</td>
<td>(4,002,202)</td>
<td>$13,780,166</td>
</tr>
</tbody>
</table>

Liabilities and Net Assets/Stockholder's Equity

<table>
<thead>
<tr>
<th>Current liabilities</th>
<th>SCMA Medical Association</th>
<th>SCMA Financial Services, Inc.</th>
<th>SCMA Practice Management Services, Inc.</th>
<th>Eliminations</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current portion of loan payable - SCMA</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$10,794</td>
<td>(10,794)</td>
</tr>
<tr>
<td>Current portion of loan payable - Financial Services</td>
<td>-</td>
<td>-</td>
<td>35</td>
<td>(35)</td>
<td>-</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>321,350</td>
<td>160,113</td>
<td>474</td>
<td>-</td>
<td>481,937</td>
</tr>
<tr>
<td>Accounts payable - affiliates</td>
<td>-</td>
<td>373,177</td>
<td>1,601</td>
<td>(374,778)</td>
<td>-</td>
</tr>
<tr>
<td>Income taxes payable</td>
<td>-</td>
<td>51,170</td>
<td>-</td>
<td>-</td>
<td>51,170</td>
</tr>
<tr>
<td>Unearned membership revenue</td>
<td>745,295</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>745,295</td>
</tr>
<tr>
<td>Unearned endorsement revenue</td>
<td>210,749</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>210,749</td>
</tr>
<tr>
<td>Total current liabilities</td>
<td>$1,277,954</td>
<td>$584,460</td>
<td>12,504</td>
<td>(385,607)</td>
<td>$1,489,151</td>
</tr>
<tr>
<td>Loan payable - SCMA</td>
<td>-</td>
<td>-</td>
<td>73,453</td>
<td>(73,453)</td>
<td>-</td>
</tr>
<tr>
<td>Loan payable - Financial Services</td>
<td>-</td>
<td>-</td>
<td>427,930</td>
<td>(427,930)</td>
<td>-</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>$1,277,954</td>
<td>$584,460</td>
<td>514,287</td>
<td>(886,990)</td>
<td>$1,489,151</td>
</tr>
</tbody>
</table>

Net Assets/Stockholder's Equity

<table>
<thead>
<tr>
<th>Net assets</th>
<th>SCMA Medical Association</th>
<th>SCMA Financial Services, Inc.</th>
<th>SCMA Practice Management Services, Inc.</th>
<th>Eliminations</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>$300,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>300,000</td>
</tr>
<tr>
<td>Designated</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Undesignated</td>
<td>9,608,590</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>9,608,590</td>
</tr>
<tr>
<td>Total unrestricted net assets</td>
<td>9,908,590</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>9,908,590</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>382,625</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>382,625</td>
</tr>
<tr>
<td>Total net assets</td>
<td>$10,291,215</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$10,291,215</td>
</tr>
</tbody>
</table>

Stockholder's equity

| Common stock | - | 2,500 | 2,500 | (5,000) | - |
| Retained earnings | - | 3,426,679 | (315,867) | (3,110,212) | - |
| Total stockholder's equity | - | 3,426,679 | (315,867) | (3,110,212) | - |
| Total liabilities and net assets/stockholder's equity | $11,568,609 | $4,013,639 | $200,920 | (4,002,202) | $11,760,168 |
### South Carolina Medical Association
#### Consolidating Statement of Financial Position
**June 30, 2015**

<table>
<thead>
<tr>
<th>Assets</th>
<th>South Carolina Medical Association</th>
<th>SCMA Financial Services, Inc.</th>
<th>SCMA Practice Management Services, Inc.</th>
<th>Eliminations</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$4,105,955</td>
<td>$3,277,165</td>
<td>$163,244</td>
<td>$-</td>
<td>$7,546,364</td>
</tr>
<tr>
<td>Cash and cash equivalents - restricted</td>
<td>386,955</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>386,955</td>
</tr>
<tr>
<td>Certificates of deposit - restricted</td>
<td>66,782</td>
<td>7,446</td>
<td>-</td>
<td>-</td>
<td>74,228</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>56,813</td>
<td>112,959</td>
<td>3,500</td>
<td>-</td>
<td>173,272</td>
</tr>
<tr>
<td>Accounts receivable - affiliates</td>
<td>401,166</td>
<td>84,650</td>
<td>-</td>
<td>(288,483)</td>
<td>197,333</td>
</tr>
<tr>
<td>Current portion of loan receivable - PMSI</td>
<td>10,632</td>
<td>35</td>
<td>-</td>
<td>(10,667)</td>
<td>-</td>
</tr>
<tr>
<td>Deferred income taxes</td>
<td>-</td>
<td>8,809</td>
<td>6,875</td>
<td>-</td>
<td>15,684</td>
</tr>
<tr>
<td>Prepaid expenses and other</td>
<td>85,186</td>
<td>71,805</td>
<td>311</td>
<td>-</td>
<td>157,302</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>$5,111,489</td>
<td>$3,562,869</td>
<td>$173,930</td>
<td>(296,150)</td>
<td>$8,548,138</td>
</tr>
</tbody>
</table>

| Property and equipment, net | | | | | |
| $3,306,733 | $82,727 | $5,880 | - | $3,395,340 |

| Other assets | | | | | |
| Investment in Financial Services | 3,681,813 | - | - | (3,681,813) | - |
| Investment in PMSI | 83,098 | - | - | (83,098) | - |
| Investment in QHD | - | - | 409,626 | - | 409,626 |
| Loan receivable - PMSI | 84,248 | 427,965 | - | (512,213) | - |
| **Total other assets** | $3,849,159 | $427,965 | $409,626 | (4,277,224) | $409,626 |
| **Total assets** | $12,167,381 | $4,073,861 | $589,436 | (4,576,274) | $12,354,104 |

| Liabilities and Net Assets/Stockholder's Equity | | | | | |
| **Current liabilities** | | | | | |
| Current portion of loan payable - SCMA | $- | $- | $- | $10,632 | $- |
| Current portion of loan payable - Financial Services | - | - | 35 | (35) | - |
| Accounts payable and accrued expenses | 304,634 | 99,800 | 442 | - | 404,586 |
| Accounts payable - affiliates | - | 287,939 | 544 | (288,483) | - |
| Unearned membership revenue | 830,743 | - | - | - | 830,743 |
| Unearned endorsement revenue | 206,249 | - | - | - | 206,249 |
| **Total current liabilities** | 1,341,345 | 287,839 | 11,853 | (296,150) | 1,441,588 |
| Loan payable - SCMA | - | - | 84,248 | (84,248) | - |
| Loan payable - Financial Services | - | - | 427,965 | (427,965) | - |
| Deferred income taxes | - | 22,171 | 1,671 | - | 23,842 |
| **Total liabilities** | 1,341,346 | 409,910 | 525,537 | (813,363) | 1,465,430 |

| Net Assets/Stockholder's Equity | | | | | |
| **Net assets** | | | | | |
| Unrestricted | 300,000 | - | - | - | 300,000 |
| Designated | - | - | - | (37,361) | 10,201,719 |
| Undesignated | 10,239,080 | - | - | - | 10,201,719 |
| **Total unrestricted net assets** | 10,539,080 | - | - | (37,361) | 10,504,379 |
| Temporarily restricted | 386,955 | - | - | - | 386,955 |
| **Total net assets** | 10,926,035 | - | - | (37,361) | 10,888,674 |

| **Stockholder's equity** | | | | | |
| Common stock | - | 2,500 | 2,500 | (5,000) | - |
| Retained earnings | - | 3,661,151 | 61,399 | (3,722,350) | - |
| **Total stockholder's equity** | - | 3,663,651 | 63,899 | (3,722,350) | 10,888,674 |
| **Total net assets/stockholder's equity** | 10,926,035 | 3,663,651 | 63,899 | (3,722,350) | 10,888,674 |
| **Total liabilities and net assets/stockholder's equity** | $12,167,381 | $4,073,861 | $589,436 | (4,576,274) | $12,354,104 |
## Schedule 3

South Carolina Medical Association  
Consolidated Statement of Activities  
For the year ended June 30, 2016

<table>
<thead>
<tr>
<th></th>
<th>South Carolina Medical Association</th>
<th>SCMA Financial Services, Inc.</th>
<th>SCMA Practice Management Services, Inc.</th>
<th>Eliminations</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Changes in unrestricted net assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership dues</td>
<td>$1,570,355</td>
<td>$3,349,572</td>
<td>$47,410</td>
<td></td>
<td>$1,570,355</td>
</tr>
<tr>
<td>Commissions</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Consulting services</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Annual meeting</td>
<td>33,675</td>
<td>-</td>
<td>-</td>
<td></td>
<td>33,675</td>
</tr>
<tr>
<td>Printing</td>
<td>72,220</td>
<td>-</td>
<td>-</td>
<td></td>
<td>72,220</td>
</tr>
<tr>
<td>Rental income</td>
<td>140,377</td>
<td>-</td>
<td>(90,035)</td>
<td></td>
<td>51,342</td>
</tr>
<tr>
<td>Interest Income</td>
<td>1,368</td>
<td>6,505</td>
<td>-</td>
<td>(7,873)</td>
<td></td>
</tr>
<tr>
<td>Administrative cost reimbursement - Financial Services</td>
<td>481,092</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>481,092</td>
</tr>
<tr>
<td>Administrative cost reimbursement - SCMA MIT</td>
<td>541,811</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>541,811</td>
</tr>
<tr>
<td>Specialty societies</td>
<td>181,095</td>
<td>-</td>
<td>-</td>
<td></td>
<td>363,485</td>
</tr>
<tr>
<td>Endorsement income</td>
<td>275,000</td>
<td>-</td>
<td>-</td>
<td></td>
<td>275,000</td>
</tr>
<tr>
<td>Other</td>
<td>121,103</td>
<td>13,752</td>
<td>350</td>
<td></td>
<td>135,205</td>
</tr>
<tr>
<td>Total unrestricted revenue</td>
<td>5,427,095</td>
<td>3,309,029</td>
<td>47,760</td>
<td>(587,006)</td>
<td>6,257,865</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>4,330</td>
<td>-</td>
<td>-</td>
<td></td>
<td>4,330</td>
</tr>
<tr>
<td>Total revenues</td>
<td>5,431,425</td>
<td>3,309,029</td>
<td>47,760</td>
<td>(587,006)</td>
<td>6,262,015</td>
</tr>
</tbody>
</table>

## Expenses

**Program expenses:**

|                                |                                   |                               |                                          |              |             |
|--------------------------------|-----------------------------------|-------------------------------|                                          |              |             |
| Journal                        | 15,938                            | -                             | -                                        |              | 16,938      |
| Annual meeting                 | 149,058                           | -                             | -                                        |              | 149,058     |
| Occupancy                      | 102,018                           | -                             | -                                        |              | 102,018     |
| SCMA MIT                       | 541,811                           | -                             | -                                        |              | 541,811     |
| Litigation center              | 4,330                             | -                             | -                                        |              | 4,330       |
| American Medical Association   | 76,546                            | -                             | -                                        |              | 76,546      |
| Legislative consulting         | 76,063                            | -                             | -                                        |              | 76,063      |
| Other                          | 225,177                           | -                             | -                                        |              | 225,177     |
| Total program expenses         | 1,191,941                         | -                             | -                                        |              | 1,191,941   |
## South Carolina Medical Association
### Consolidating Statement of Activities
#### For the year ended June 30, 2016

<table>
<thead>
<tr>
<th></th>
<th>South Carolina Medical Association</th>
<th>SCMA Financial Services, Inc.</th>
<th>SCMA Practice Management Services, Inc.</th>
<th>Eliminations</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Changes in unrestricted net assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supporting services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost of revenues</td>
<td></td>
<td>1,106,059</td>
<td></td>
<td></td>
<td>1,106,059</td>
</tr>
<tr>
<td>General and administrative</td>
<td>2,476,057</td>
<td>1,960,165</td>
<td>24,730</td>
<td>(587,000)</td>
<td>3,874,852</td>
</tr>
<tr>
<td>Depreciation</td>
<td>163,158</td>
<td>37,723</td>
<td>2,554</td>
<td></td>
<td>182,817</td>
</tr>
<tr>
<td>Total supporting services</td>
<td>2,603,278</td>
<td>2,304,898</td>
<td>27,284</td>
<td>(587,000)</td>
<td>5,164,870</td>
</tr>
<tr>
<td>Total expenses</td>
<td>3,812,237</td>
<td>3,304,908</td>
<td>26,686</td>
<td>(587,000)</td>
<td>6,316,811</td>
</tr>
<tr>
<td><strong>Change in unrestricted net assets/net income (loss) before net loss</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>from subsidiaries, equity in losses of QNH, and provision (credit) for income taxes</td>
<td>(380,791)</td>
<td>264,921</td>
<td>21,074</td>
<td></td>
<td>(94,790)</td>
</tr>
<tr>
<td><strong>Net loss from subsidiaries</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity in losses of QNH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Change in unrestricted net assets/net income (loss) before provision (credit)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for income taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision (credit) for income taxes</td>
<td>(630,460)</td>
<td>264,921</td>
<td>(388,552)</td>
<td>249,659</td>
<td>(724,422)</td>
</tr>
<tr>
<td>Change in net assets (deficit)/net income (loss)</td>
<td>(630,460)</td>
<td>154,928</td>
<td>(377,266)</td>
<td>249,659</td>
<td>(293,129)</td>
</tr>
<tr>
<td><strong>Changes in temporarily restricted net assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in temporarily restricted net assets</td>
<td>(4,330)</td>
<td></td>
<td></td>
<td></td>
<td>(4,330)</td>
</tr>
<tr>
<td>Change in net assets/net income (loss)</td>
<td>(634,820)</td>
<td>154,928</td>
<td>(377,266)</td>
<td>249,659</td>
<td>(397,459)</td>
</tr>
<tr>
<td><strong>Net assets/temporarily earnings, beginning of year</strong></td>
<td>10,291,035</td>
<td>3,661,151</td>
<td>41,339</td>
<td>(5,759,931)</td>
<td>10,886,674</td>
</tr>
<tr>
<td><strong>Dividends</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net assets/temporarily earnings, end of year</td>
<td>10,291,215</td>
<td>3,429,079</td>
<td>(315,887)</td>
<td>(3,130,212)</td>
<td>10,291,215</td>
</tr>
</tbody>
</table>
## Schedule 4

**South Carolina Medical Association**  
**Consolidating Statement of Activities**  
**For the year ended June 30, 2015**

<table>
<thead>
<tr>
<th></th>
<th>SCMA Medical Association</th>
<th>SCMA Financial Services, Inc.</th>
<th>SCMA Practice Management Services, Inc.</th>
<th>Eliminations</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Changes in unrestricted net assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership dues</td>
<td>$ 1,604,336</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 1,604,336</td>
</tr>
<tr>
<td>Contributions</td>
<td>-</td>
<td>$ 3,455,054</td>
<td>-</td>
<td>-</td>
<td>$ 3,455,054</td>
</tr>
<tr>
<td>Consulting services</td>
<td>-</td>
<td>-</td>
<td>$ 48,219</td>
<td>-</td>
<td>$ 48,219</td>
</tr>
<tr>
<td>Journal advertising and subscriptions</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Annual meeting</td>
<td>29,547</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>29,547</td>
</tr>
<tr>
<td>Printing</td>
<td>76,257</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>76,257</td>
</tr>
<tr>
<td>Rental Income</td>
<td>135,400</td>
<td>-</td>
<td>(82,201)</td>
<td>-</td>
<td>53,208</td>
</tr>
<tr>
<td>Interest Income</td>
<td>95</td>
<td>181</td>
<td>-</td>
<td>(279)</td>
<td>-</td>
</tr>
<tr>
<td>Administrative cost reimbursement - Financial Services</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Administrative cost reimbursement - SCMA MIT</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Administrative cost reimbursement - SCMA Foundation</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Specialty societies</td>
<td>192,988</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>192,988</td>
</tr>
<tr>
<td>Endowment income</td>
<td>175,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>175,000</td>
</tr>
<tr>
<td>Gain on sale of property and equipment</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>169,082</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>169,082</td>
</tr>
<tr>
<td><strong>Total unrestricted revenue</strong></td>
<td>3,539,331</td>
<td>3,455,054</td>
<td>48,219</td>
<td>(573,920)</td>
<td>6,403,285</td>
</tr>
<tr>
<td><strong>Net assets released from restrictions</strong></td>
<td>4,103</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4,103</td>
</tr>
<tr>
<td><strong>Total revenues</strong></td>
<td>3,538,438</td>
<td>3,455,235</td>
<td>48,219</td>
<td>(573,920)</td>
<td>6,407,088</td>
</tr>
</tbody>
</table>

## Expenses

**Program expenses:**

<table>
<thead>
<tr>
<th></th>
<th>SCMA Medical Association</th>
<th>SCMA Financial Services, Inc.</th>
<th>SCMA Practice Management Services, Inc.</th>
<th>Eliminations</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Journal</td>
<td>12,458</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>12,458</td>
</tr>
<tr>
<td>Annual meeting</td>
<td>126,413</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>126,413</td>
</tr>
<tr>
<td>Occupancy</td>
<td>217,019</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>217,019</td>
</tr>
<tr>
<td>SCMA MIT</td>
<td>536,321</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>536,321</td>
</tr>
<tr>
<td>Litigation center</td>
<td>4,103</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4,103</td>
</tr>
<tr>
<td>American Medical Association</td>
<td>73,189</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>73,189</td>
</tr>
<tr>
<td>Legislative consulting</td>
<td>76,101</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>76,101</td>
</tr>
<tr>
<td>Other</td>
<td>265,155</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>265,155</td>
</tr>
<tr>
<td><strong>Total program expenses</strong></td>
<td>1,311,611</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,311,611</td>
</tr>
</tbody>
</table>
South Carolina Medical Association  
Consolidating Statement of Activities  
For the year ended June 30, 2015

<table>
<thead>
<tr>
<th></th>
<th>South Carolina Medical Association</th>
<th>SCMA Financial Services, Inc.</th>
<th>SCMA Practice Management Services, Inc.</th>
<th>Eliminations</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Changes in unrestricted net assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supporting services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost of revenues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General and administrative</td>
<td>2,319,477</td>
<td>1,694,160</td>
<td>12,575</td>
<td>(573,939)</td>
<td>3,417,292</td>
</tr>
<tr>
<td>Depreciation</td>
<td>152,722</td>
<td>25,549</td>
<td>1540</td>
<td></td>
<td>189,811</td>
</tr>
<tr>
<td>Total supporting services</td>
<td>2,472,199</td>
<td>2,920,709</td>
<td>19,115</td>
<td>(573,939)</td>
<td>4,586,033</td>
</tr>
<tr>
<td>Total expenses</td>
<td>3,783,810</td>
<td>2,667,699</td>
<td>19,115</td>
<td>(573,939)</td>
<td>5,806,704</td>
</tr>
<tr>
<td><strong>Change in unrestricted net assets/net income before income (loss)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>from subsidiaries, equity in losses of QD, and provision</td>
<td>(245,376)</td>
<td>787,536</td>
<td>29,104</td>
<td></td>
<td>571,264</td>
</tr>
<tr>
<td>for income taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net income from subsidiaries</td>
<td>536,905</td>
<td>-</td>
<td>(536,905)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity in losses of QD</td>
<td>(18,374)</td>
<td>-</td>
<td>(18,374)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Change in unrestricted net assets/net income before provision</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for income taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision for income taxes</td>
<td>291,529</td>
<td>787,536</td>
<td>10,730</td>
<td>(536,905)</td>
<td>552,800</td>
</tr>
<tr>
<td>Change in unrestricted net assets/net income</td>
<td>291,529</td>
<td>787,536</td>
<td>10,730</td>
<td>(536,905)</td>
<td>552,800</td>
</tr>
<tr>
<td><strong>Changes in temporarily restricted net assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>(4,103)</td>
<td>-</td>
<td>-</td>
<td></td>
<td>(4,103)</td>
</tr>
<tr>
<td>Change in temporarily restricted net assets</td>
<td>(4,103)</td>
<td>-</td>
<td>-</td>
<td></td>
<td>(4,103)</td>
</tr>
<tr>
<td><strong>Change in net assets/net income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>287,426</td>
<td>498,584</td>
<td>8,918</td>
<td>(536,905)</td>
<td>250,065</td>
<td></td>
</tr>
<tr>
<td><strong>Net assets retained earnings, beginning of year</strong></td>
<td>10,618,809</td>
<td>3,470,589</td>
<td>52,441</td>
<td>(3,523,006)</td>
<td>10,638,609</td>
</tr>
<tr>
<td>Dividends</td>
<td>(336,000)</td>
<td>-</td>
<td>-</td>
<td>300,000</td>
<td>-</td>
</tr>
<tr>
<td><strong>Net assets retained earnings, end of year</strong></td>
<td>$ 10,926,809</td>
<td>$ 3,561,584</td>
<td>$ 81,399</td>
<td>(3,229,006)</td>
<td>$ 10,888,674</td>
</tr>
</tbody>
</table>
In September, your Board of Trustees offered me the opportunity to serve as the South Carolina Medical Association (SCMA) Chief Executive Officer, after serving as Chief Operating Officer for nine years. It was an honor to accept and is a pleasure to serve the physicians of this state during changing times for the medical community. In the CEO role, I am pleased to report to you, the House of Delegates, on the progress and activities of the SCMA.

Through the direction of the House of Delegates, the leadership of the SCMA Board of Trustees, the service of the subsidiary Board Members, and the dedication and efforts of the SCMA staff, the SCMA continues to exceed the fulfillment of its mission.

Mission and Vision: The SCMA continues to serve and support the physicians of South Carolina with a vision of improving the health of South Carolina. Your Board of Trustees guided the development of a new three year Strategic Plan that outlines five strategic goals, highlighted below, each with clear objectives.

I. Voice of Healthcare: JC Nicholson, SCMA General Counsel and Senior Vice President of External Affairs, leads your legislative team that includes Kim Kent, Ben Homeyer and Rebecca Brannon. They are experienced and effective at the General Assembly and the breadth of their work covers lobbying, providing leadership in coalitions with healthcare interests and oversight of healthcare legal and regulatory matters. Integral to their success is the influence of SCMedPAC, a strong mechanism for influence on critical issues of concern to the physician
community, and dramatically energized by its Chairman Rob Morgan and Vice Chairman Fritz Butehorn.

II. Professional Development and Practice Support: Sharron Kelley, Director of Education and Accreditation, leads the SCMA physician education efforts, which include MyCME, a comprehensive CME tracking program for SCMA members, and the provision of educational learning materials for a wide variety of professions within the medical community. The division is fortunate to have Tara Stewart as CME Program Manager and MyCME Manager, Necole Stinson as its CME Coordinator, Shanita Johnson as CME Staff Liaison and Pam Pendleton as Administrative Assistant. A revised version and second available option of the course, Prescribing and Monitoring Controlled Substances, approved by the South Carolina Board of Medical Examiners to meet the requirements by statute for controlled substance continuing medical education, was offered and completed by nearly 10,000 physicians since its availability in 2015.

Kate Morrow, Director of Communications, expanded the visibility of the SCMA statewide and continues to oversee the publication of quality publications such as The Journal of the South Carolina Medical Association, MEDNews and The Palmetto Physician. In September, she oversaw a facelift of the SCMA’s branding and launch of a new and updated SCMA website. We believe both initiatives provide positive and professional updates to our image, will benefit membership and be attractive to future and younger generations of members.

III. Healthy Communities: Rebecca Brannon has accepted the position of Director of Community Engagement. She is excited to serve in this new, executive level position at the SCMA, with the specific charge of collaborating with other health organizations, such as the South Carolina Hospital Association, to assist physician efforts to improve the health of South
Carolina’s citizens. Issues of focus currently include Diabetes, Obesity, Advance Care Planning and End of Life issues. She will involve the medical students in this important work, and encourage and recognize physician involvement in charitable initiatives. The SCMA Foundation will continue to provide scholarships to medical students and seek grant opportunities to support the work under the Healthy Communities goal.

IV. Association Strength: In addition to Communications, Kate Morrow has enthusiastically accepted the challenge of leading the organization’s membership efforts and has already implemented outstanding initiatives for growth. As Director of Membership and Communications, and assisted by Cathy Boland, Membership Coordinator & Executive Director of the SCMA Alliance, Kate will continue to oversee media relations, the marketing strategy, social media, the website and work to help us all better understand the needs of the physician community we serve. In addition, she will continue to identify leadership opportunities to support physicians and support me as I work to develop closer relationships with the county medical and specialty societies. I have a superior mentor for this endeavor in Debbie Shealy, Senior Director of External Affairs, who has been a model specialty society manager for over 39 years at the SCMA. Serving as the SCMA Chief Financial Officer, after 17 years with the SCMA, Michelle Bolin has accepted the additional responsibility of Chief Operating Officer. I have worked closely with Michelle for almost a decade and could not be more pleased to have her at my side to provide wise counsel and support in all matters. Fortunately, she has excellent support from Gina Kimball, Accountant and Payroll/Benefits Manager, Allison Speir, Subsidiary and Society Accountant, Kim Gardner, Accounting Administrative Assistant and our Diane Howell, Receptionist. Brandt Smith, Manager of Information Technology and Sean Tambling, Junior Systems Administrator and Building Manger, constitute our Information Technology division. They will continue to
modernize the IT infrastructure to ensure that you and your SCMA staff are equipped with the necessary tools to increase security and provide efficient operations. The SCMA continues to be represented on the board of the Physicians Foundation and the Physicians Advocacy Institute, national foundations formed from various national settlements. Dr. Boyce Tollison continues to serve the SCMA with distinction as Chairman of the South Carolina Delegation to the AMA. We are fortunate to have our own Dr. Gerald Harmon represent all physicians through his role as Chairman-elect of the AMA Board of Trustees. The SCMA is supportive of his nomination as Chairman and we look forward to his future leadership in that capacity.

V. Business Services and Subsidiaries: This year, Todd Atwater, accepted the Chief Executive Officer responsibilities for the SCMA subsidiaries. They continue to grow equity for the SCMA through programs and services essential to physicians, to include SCMA Members Insurance Trust, SCMA Financial Services, and SCMA Practice Management Services, Inc. Included in this House of Delegates Handbook, you will find detailed reports on the activities of the subsidiaries submitted by each of the subsidiary chairs.

I have only touched on a few highlights of the extensive work of the South Carolina Medical Association. I could not conclude without expressing my personal and professional appreciation to Ginger Chalk, Executive Assistant to the SCMA CEO, who has provided kind, professional and patient, again patient, instruction about a few things known and many unknown to me in my new position. Finally, it is rewarding to follow your guidance as directed by your House of Delegates and committed Board of Trustees while being surrounded and supported by an exceptional professional staff. I consider your confidence a gift and will always honor the traditions of the SCMA.

May 2017
It has been my distinct pleasure and privilege to serve the South Carolina Medical Association (SCMA) over the last year for my final and third term as Secretary of the Board of Trustees. During this three year period, I have seen significant focus directed to membership by the SCMA staff, and am so very grateful for their hard work and support, as the officer charged with overseeing membership activities and tracking.

Earlier this year, I met with Chief Executive Officer, Marjorie Heggie. She relayed to me a completely new format for reporting and charting membership data and numbers, and it was very impressive. Along with other staff members including Kate Morrow, Director of Membership and Communications, Ms. Heggie has worked very hard on compiling more accurate and meaningful information and data on membership, including direct consultation with and compiling of data provided by the Board of Medical Examiners. This new and more accurate format should serve us well for years to come.

Overall, membership numbers continue to steadily increase and we are continuing to work on recruiting in new resident and medical student members, as well as approaching the various state hospital systems and medical staffs in an ongoing attempt to gain more members by coordinating and offering group membership rates and incentives. We continue to emphasize all of the benefits and value of SCMA membership through our publications and our website. Much positive work and resultant momentum has been gained regarding this most vital of aspects for our association.
Once again, it has been my honor to serve as the Secretary of the SCMA Board of Trustees for the last three years. I will look forward to serving in a different capacity in the near future, should it please the Executive Committee.

May 2017
Anderson County Medical Society (ACMS) remains a vital resource for medical providers in upstate South Carolina. ACMS provides social and educational opportunities to the medical community. The following is a list of activities that ACMS sponsored in the last year:

- **April 2016:** “Breast Reduction Surgery” Dr. Felice Moody
- **May 2016:** “HIV Update” Dr. David Potts
- **June 2016:** “New Diabetes Medicines; What is the Evidence” Sandra Counts, Pharm D.
- **August 2016:** “Physician Burnout” Dr. Anne Cook
- **September 2016:** “Your One and Only Face” Dr. Terry Holdredge
- **October 2016:** “Hepatitis C Update” Dr. Kent C. Holtzmuller
- **November 2016:** “South Carolina Advance Care Planning Initiatives: An Update” Dr. John C. Ropp
- **December 2016:** Christmas Party
- **January 2017:** “SCMA Update” Dr. Alexander Ramsay
- **February 2017:** “Heart Health” Dr. Harry Morse
- **March 2017:** “Platelets and Stem Cells: Are They a New Frontier in Sports Medicine and Ortho?” Dr. Christopher Clemow
Dr. Natawadee (Nata) Young was selected as President of Anderson County Medical Society 2017

May 2017
In its 126th year, the Greenville County Medical Society (GCMS) continues to focus on providing exceptional care to patients, develop stronger relationships between physician and patient and continues to encourage healthy living choices in the Upstate. Under the strong leadership of Presidents Dr. Stefanie M. Putnam and Dr. David A. Godwin and our Executive Committee, our members continue to provide exceptional care to their patients all while carefully navigating the ongoing changes to healthcare both locally and nationally.

This past year saw our two Greenville County-based health systems continue to grow and change. The Greenville Health System (GHS) has remained committed to improving outcomes, reducing costs and enhancing patient experiences this past year. Late last summer, the South Carolina Supreme Court declined to intervene in a case such that GHS has moved forward with a new governance model that would allow them to remain a public entity but lease facilities to Upstate Affiliate Organization, a private not-for-profit organization. Mike Riordan will oversee the new governance model, and a GCMS member, Dr. Spence Taylor, was named President of the Greenville Health System.

Plans are also being made by GHS to build a new psychiatric hospital in partnership with Acadia Healthcare. The facility will provide a 120-bed hospital housed in 80,000 square feet and is slated to open in March 2018. Currently ranked 43rd in the nation for access to mental health services, a collaboration between the Greenville Mental Health Center,
Greenville Health system, Bon Secours St. Francis Health System, the City of Greenville, the County of Greenville and the Phoenix Center is a positive development working to establish crisis stabilization units (CSUs), mobile crisis response services, and expanded hours at community health centers. Dr. Ken Rogers, chairman of the department of psychiatry at GHS, said the community’s mental health needs are significant. “We’re pleased that innovative programs are being considered. It will take us working together with innovative partnerships to alleviate this crisis.” There are only 373 psychiatric beds in South Carolina currently. Another step forward for GHS was its designation as a Level 1 Verified Trauma Center by the American College of Surgeons (ACS) earlier this winter. The trauma team is proud of this accomplishment and appreciates the support of the hospital administration.

Bon Secours St. Francis Health System continues offering the opportunity to the community to participate in “Well Walkers” each week. The Well Walkers meet most Tuesdays and Thursdays throughout the month to walk the quarter-mile concourse at the Bon Secours Wellness Arena. There is no charge to participate, and on scheduled days during each month, physicians will also walk with the participates. An additional AFC Urgent Care-Bon Secours recently opened to provide urgent-care needs, x-ray services and an on-site laboratory. This is the fifth AFC Urgent Care location to open. Through these collaborative efforts and the dedication of each physician, our community continues to deliver and receive excellent healthcare.

During the last twelve months, GCMS has continued working closely with several organizations to expand healthy living and awareness opportunities in the community. Led by Dr. Larry and Mrs. Diane Gluck, members of GCMS and GCMS Alliance, the Cancers Survivors Park and Healing Garden are seeing additional phases completed. Following the
banks of the Reedy River and enjoying the benefits of the nearby Swamp Rabbit Trail, the Park is designed to showcase the mission of the Cancer Survivors Park Alliance – to engage, educate, empower and enhance the lives of those touched by cancer including patients, families, caregivers and those who have lost someone to the disease. From the beginning, Dr. Gluck had the hope that the Healing Garden and Park would be a collective gift to the community of survivors from the physician community. All three cancer centers in the community have made donations to the Park as well as several individual physicians.

In February, a team led by GCMS member Dr. Rob Morgan launched the PulsePoint App in Greenville County. PulsePoint is a free app for smartphones that allows nearby providers to be notified during a cardiac emergency that is routed through the local 911 system. By enlisting the assistance of trained providers and through the use of AEDs, the goal is to increase survival rates for those experiencing a cardiac emergency.

Our partnership with the Greenville Free Medical Clinic also continues. The clinic’s annual fundraiser, “Walk with the Docs,” was held this year and included both a walk and run on March 25, 2017. Held since 1999 in conjunction with the AMA’s National Doctors’ Day, the proceeds from the event provide funding for prescription medications throughout the year. As always, GCMS physicians are proud to be part of ways to make healthy living an easier choice.

This past year we have proudly watched many of our fellow physicians receive awards and recognitions for the outstanding care they provide their patients. Dr. Spence Taylor, GHS President and GCMS member, received the H. Biemann Othersen, Jr., M.D. Distinguished Alumnus Award at MUSC in 2016. Dr. Taylor was also recently elected Vice Chair of the American Board of Surgery for 2017-18. Dr. William B. Evins, retired orthopedic surgeon
and GCMS emeritus member, was honored at the dedication of the CASE William B. Evins, M.D., Bioskills Orthopedic Lab at MUSC. The lab will allow students the opportunity to practice with cutting-edge techniques and devices. Dr. Bruce A. Snyder was honored at a special luncheon in October and presented with the SCMA Physician of the Year for Community Service Award for 2016. During the event, Dr. Snyder was also presented with the Order of the Palmetto – the highest civilian honor in the state of South Carolina – for his many years of service and dedication to improving healthcare and a healthy-living lifestyle. Dr. Amy Crockett was named the winner of the prestigious John P. McNulty Prize for her leadership in reducing preterm births in South Carolina by expanding access to care. In November, Dr. Crockett attended a ceremony at the Metropolitan Club in NYC to accept the award along with a $100,000 prize to further these efforts. To date, more than 3,200 women have been able to participate with a 34 percent reduction rate in preterm births. Dr. Crockett is a maternal-fetal medicine physician with GHS and leads the South Carolina Centering Pregnancy Expansion. These physicians and others have provided exemplary models for us to follow as we strive to show the same level of care, compassion, and excellence as we serve our own patients and their families. It is a privilege to work alongside these physicians.

This year, after much discussion and due diligence by the GCMS Executive Committee, the decision was made to sell the GCMS building. We believe that this decision will enable us to further our goals of increasing member involvement, giving back to the community through service projects and hosting events that will benefit physicians and their families through education, support, and social interaction. We will always be grateful to those whose leadership enabled us to purchase an office when it was needed, provided guidance for renovations, and gave informative advice even now for the sale. Through the use of technology
and other services, we anticipate being able to serve our physicians in even more relevant ways.

We look forward to the future and the opportunities that it holds for us.

The GCMS has continued to enjoy working with our local medical school – the University of South Carolina School of Medicine Greenville – this past year. During orientation last year, breakfast was served to over 100 new medical students. GCMS physicians and other leadership visited with the students and encouraged them on the beginning of their medical journey. A “Lunch and Learn” was also hosted by the GCMS and GCMS Alliance in November with Elizabeth Strickland, MS, RD, LD. Ms. Strickland is a registered dietitian specializing in integrative Nutrition Therapy for individuals with disabilities, chronic illnesses and special healthcare needs. Students were able to learn about nutritional therapies that could be implemented in a collaborative care plan through a multi-team approach. We anticipate that the school’s second Match Day will be met with as much success as it was last year and know that all of these students will accomplish great things in their medical careers.

In November, the GCMS had the opportunity to present a special event to the community – Positive Exposure Greenville Exhibition and Pop-up Center. In collaboration with Rick Guidotti, CEO and founder of Positive Exposure in NYC, a community-based exhibition was created by photographing individuals from Able South Carolina and students from the ClemsonLIFE Program. At a special Gala held at Greenville Center for Creative Arts, over 180 guests attended the opening celebration. Individuals who had been photographed brought their families and friends and enjoyed an evening of fun and laughter alongside community members as each person celebrated the beauty in difference. During the Pop-up Center a variety of workshops were held and opened to the community including The Service Dog Institute, hiring individuals with disabilities, screenings of ON BEAUTY and other events.

B-8.5
Rick continues to routinely visit Greenville, as well as other locations across South Carolina, giving society and healthcare professionals the opportunity to see beyond a diagnosis. The very first Positive Exposure Zone will be established at University of South Carolina School of Medicine Greenville. Serving as a template for other medical schools across the country, it will create innovative opportunities for physicians in training to see beyond a diagnosis, celebrating the humanity of their patients utilizing Positive Exposure’s multi-media education, the arts and community involvement. The launch of this program will be during the 2017-18 school year and will be featured around the world as Rick presents this opportunity to other medical schools and institutions. We are thrilled for the leadership that Greenville will have in training empathetic and compassionate healthcare providers, and we are especially grateful for the passion and commitment that our Executive Director, Suzanne Manning, has made to this wonderful program.

The GCMS Alliance remains a leader in Greenville and South Carolina for its role in supporting the family of medicine and providing health education in the community. GCMS Alliance President Laurie McCotter, wife of Dr. Craig McCotter, has demonstrated outstanding leadership during the 2016-17 year. Programs involving healthy eating have been a main focus for the GCMS Alliance and have included national speakers to the community living with autism and learning challenges, monthly cooking classes at the Greenville Free Medical Clinic for patients with diabetes, and other great projects and fun events. In February, members from the GCMS Alliance served on the planning committee and hosted the AMA Alliance Southern Regional Leadership Conference in Charleston. This was a well-attended event with attendees from across the country gaining education on Servant Leadership. We also want to offer our congratulations to SCMA Alliance President Sherry Anne Gettys, wife of Dr. Rick Gettys and
GCMS Alliance member, for all her hard work as she has worked to educate Alliance members from across the state regarding care for seniors and end-of-life issues. Congratulations are also extended to our GCMS Executive Director Suzanne Manning, who will serve as the AMA Alliance Secretary for 2017-18. We wish her much success in this national position. The GCMS is proud of all that the GCMS Alliance has accomplished for health education and look forward to continued collaboration in the coming year.

As Trustee of the Second Medical District, I continue to enjoy the privilege of watching Greenville change, expand, and develop. With any change, growing pains are felt, but we anticipate great things to come both for our physicians and our community in the coming year. Greenville physicians remain committed to a profession that embraces the health of our community, which we have the privilege of serving each day. It is an honor to serve with such a talented team and to be a part of both the Greenville County Medical Society and the South Carolina Medical Association.

May 2017
Spartanburg County Medical Society (SCMS) hosted a spring membership event at the Country Club of Spartanburg. A DJ and shag dance instructors were provided for member enjoyment. Oysters and BBQ were provided on the outside terrace. Over 90 attendees enjoyed a relaxing evening of dancing and social activity.

The August 2016 SCMS Board Meeting was held at the lake home of Dr. Greg Valainis in Lake Lure, NC. Discussions were held on our September 2017 planning meeting, our community project, fall picnic planning, and topics for the fall newsletter. Early discussions also took place on the 2016 Physician of the Year Award. 2016 membership is slightly below 2015 numbers. Our financials remain strong. Spartanburg Regional made a donation to The Friends of the Spartanburg County Medical Society for the eighth straight year.

Spartanburg Women in Medicine (SWIM) celebrated “Women in Medicine” month with a party at Liberty Park in Spartanburg on September 8. Thirty-two physicians attended the event. A local food truck served dinner and the participants were able to catch up on the issues affecting women in medicine.

A planning meeting was held on September 14 to discuss board planning for 2017. Local physicians were nominated to serve. Designated board members were asked to contact them letting them know they had been nominated. Events for 2017 were also discussed.
Our annual Family Picnic was held on October 2 at the home of Dr. Claude Woollen. Ike’s provided a hamburger cookout. Gourmet snowballs were provided for desert. All those attending enjoyed inflatables, horse rides, and a hayride. Ninety-two people attended.

The SCMS PAC distributed four checks to local delegation members that best serve the interest of physicians in Spartanburg County. Those receiving checks included Shane Martin, Derham Cole, Eddie Talon, and Glenn Reese.

The SCMS Annual Gala was held on December 2, 2016. There were over 160 attendees. The band “Missing Monday” provided the entertainment.

New 2017 Officers were approved by the membership. Dr. Greg Valainis will serve as President. Dr. Rick Orr was elected President-Elect. Dr. Ki Chung will serve as Past-President. Dr. Jeff Cashman will be the treasurer and Dr. Melinda Moretz was elected Secretary. New Board members are Dr. Rosanne Lapham, Dr. Greg Colbath, Dr. Jeff Gudger, and Dr. Tanya Tang.

Dr. Sami Elhassani was voted the SCMS “DC Hull” Physician of the Year. Ms. Dot Hull was on hand to help make the presentation.

SCMS hosted our Annual Legislative Event at the Piedmont Club on January 30. We had several new legislators in Spartanburg. Ms. Kim Kent from the South Carolina Medical Association (SCMA) attended our event. Dr. Alex Ramsay, SCMA President, attended the event as well. Eight legislators showed up in total.

The SCMS web site is in the process of being updated. Mr. Robert Conner is working with Link MD to update the site.
Dr. Fritz Buechhorn sent a SCMS PAC letter to the membership in March. Over $2000 was raised for future legislative distributions. Our local PAC hopes to continue our financial support for legislators that protect the physician profession.

SCMS has a full slate of delegates to attend the 2017 Annual SCMA meeting in Charleston. A dinner is planned for Friday evening for our local delegation.

May 2017
In District Four news, Piedmont Medical Center in Rock Hill has a new Chief Executive Officer, Bradley Talbert, who was previously at Coastal Carolina Hospital in Hardeeville, South Carolina. Due to several physician retirements, Piedmont Medical Center has been recruiting specialists in Neurology, Thoracic Surgery, and Pulmonary Medicine. The case for a new hospital in Fort Mill has gone through yet another court decision in favor of Tenet HealthCare, but there could be yet another appeal delaying that project for an indefinite period of time.

May 2017
District Five represents Florence, Darlington, Chesterfield, and Marlboro Counties and the Florence County Medical Society continues to be our only active medical society. Dr. Jason O’Dell has done a great job serving as President of the Society this year. He has instituted a number of activities that have maintained interest and attendance at meetings. In lieu of a legislative meeting with local legislators that is normally held in January, the society held an early “Spring Fling” meeting that was well attended and energized our members. Our other three counties do not have active medical societies and all physicians in these counties are encouraged to participate with the Florence Medical Society.

Our District remains well represented within the American Medical Association (AMA) by Stephen Imbeau, MD, who continues to help lead our South Carolina delegation.

The alliance of Francis Marion University with the USC School of Medicine has brought medical students to Florence and our district. Junior students began clinical rotations two years ago at both McLeod and Carolinas Hospitals. Dr. William Hester, former president of the South Carolina Medical Association (SCMA) and longtime McLeod Family Medicine Residency Director, remains the Assistant Dean of Medical Students for the Florence campus, and we remain very pleased about the direction of this program and its impact on our district and area of the state. Additionally, VCOM continues to rotate many students in the Pee Dee area and they help us all remain sharp in our clinical and educational efforts. Many physicians
have stepped up to help teach students and we encourage all practices in our district to open
their doors to these students.

Thank you for allowing me to serve as your District Five Trustee and I have thoroughly
enjoyed representing you as Vice Chairman of the SCMA Board. I would be glad to present
to your medical staffs any updates from the SCMA. Please do not hesitate to contact me via
e-mail at jropp97@gmail.com or cell phone 843-409-9273.

May 2017
2016 has continued to be a busy time for the medical communities of the Sixth District. In Horry County, the area continues to grow providing fertile ground for competition amongst the four hospital systems. McLeod Health continues to expand and is setting up multi-specialty medical services between the Grand Strand Medical Center and the Conway Medical centers. The Conway Medical Center is expanding east and the Grand Strand Medical Center is expanding west and north with satellite emergency rooms. The Georgetown Hospital system has expanded north with the Waccamaw Medical Center and continues to expand its services.

The Grand Strand Medical Center continues to expand its residency program to include not only internal medicine and surgical residents but also transitional year, family practice, and emergency medicine.

Under the leadership of Dr. Catherine Rosario (President), the Horry County Medical Society (HCMS) continues to meet regularly and tries to address the continually changing and challenging medical landscape. Richard Osman, MD, President-elect of the South Carolina Medical Association (SCMA) also keeps the members abreast of the major concerns and issues facing the SCMA. HCMS is trying to address the needs of private practice physicians, hospital based physicians, and now medical/surgical residents. These are challenging times particularly with the uncertainty of governmental involvement and
potential new regulations. What will health care look like in the United States in the
upcoming years?

The medical communities of Marion County under the direction of Robert
DeGrood, MD and Dillon County under the direction of David Howell, MD continue to
grow.

May 2017
District Seven of the South Carolina Medical Association (SCMA) is made up of Greenwood, Laurens, Abbeville, Newberry, McCormick, Saluda, and Edgefield counties. In Greenwood County, Self Regional Healthcare serves as a regional referral hospital. There are also county hospitals in Laurens, Abbeville, Newberry, and Edgefield. Of these counties, only Greenwood has an active county medical society. The Greenwood County Medical Society is currently led by Dr. Thomas Pritchard who serves as president. The society meets regularly each month and has an active membership.

The practice of medicine in the Lakelands region remains challenging. But some consolidation of effort has occurred. Laurens County is now the Laurens County Memorial Hospital, a campus of Greenville Health System. Greenwood County centers around the Self Regional Healthcare system. This past year has seen several practices become part of the employed group with Self Regional. Each of the hospitals in District Seven continues to compete for market share as well as profitability. Abbeville and Newberry continue to have independent systems while Edgefield has affiliated itself with Self Regional Healthcare. Saluda and McCormick counties have no hospital.

Over the past couple of years, Self Regional Healthcare has made several transitions in response to the changing healthcare environment. They remain part of the Initiating Network, a network made up of Medical University of South Carolina (MUSC), Greenville Hospital Systems, McLeod Medical Center and Palmetto Health Systems. This network was initially
created to leverage purchasing power and has continued on that path to date but clinical collaboration in the future remains a possibility.

A new development over the past couple years was the creation of the MyHealth First Network. This network is a clinically integrated network of physicians and healthcare providers serving the 12 county Upstate regions and includes Self Regional Healthcare as well as the hospitals in Abbeville, Laurens, and Newberry counties. The past year showed good results in this endeavor. A Medicare Shared Savings Plan was applied for and accepted and then enacted this past year. Savings were found and acquired, one of the few in the country that was able to do that. MyHealth First incorporates both employed and independent practices as well the hospital systems. It continues in the MIPS (Merit-based Incentive Payment System) vein for now, but with a goal of participating in alternative payment models going forward.

One additional change that came over this past year at Self Regional was the transfer to an EPIC platform using Greenville Hospital System as the host site for EMRS. This is actively underway now and the employed physician groups went live in October of this past year with Self Regional Hospital inpatient going live in November 2017. We all await this full transition with reserved anticipation.

It is also worthy to report that while more physicians have become employed over the past year in the Lakelands, a close working alignment continues between all physicians servicing our respective communities and the hospitals that serve them as well.

Regardless of the challenges and changes that are occurring in healthcare and in District Seven, the physicians of this area continue to provide excellent care to the patients they serve as they work diligently to balance the profession of medicine with the delivery of healthcare - a worthy endeavor.

May 2017
Lexington Medical Association (LMA) has 81 active members as of March 2017. The current LMA officers are: President William H. Bragdon, MD; Vice President Ralph Baker, MD; Treasurer John Spaulding, MD; and Secretary Michael Ervin, MD. The LMA had four events since the last report. The April meeting featured a guest speaker and South Carolina Medical Association (SCMA) President, Dr. Marshall Meadors. In June, members heard a summary of the legislative year from SCMA General Counsel JC Nicholson. The LMA’s annual Oyster Roast was held in October at Saluda Shoals Park. This March the LMA again partnered with the Columbia Medical Society to host a legislative forum. The LMA supported the annual SCMA Poster Contest with a donation of $1,000.

The Aiken County Medical Society (ACMS) currently has 77 active members as of March 2017. The current ACMS officers are: President Dean Page, MD; Vice President R. Bauer Vaughters, III, MD; and Secretary-Treasurer Nicholas Sanito, DO. The ACMS had five meetings over the last year on the second Monday of September, October, and November in 2016 and in February and March of 2017. The February meeting featured SCMA President Alexander Ramsay, MD. The ACMS meetings continue to provide opportunities for medical education, networking, and serve as social events as well. Spouses are invited to all meetings. All of the meetings this year were held at Woodside Plantation Country Club in Aiken. Aiken Regional (United Health Systems) is still the only hospital in Aiken County. The Surgery
Center of Aiken provides a large portion of the outpatient surgical services in the city of Aiken and is physician owned.

May 2017
The Columbia Medical Society (CMS) was honored to host two South Carolina Medical Association (SCMA) Presidents in 2016. Then President, Dr. Marshall L. Meadors, III, spoke at the March 2016 Member Forum. Our September 2016 Annual Business Meeting featured speaker was SCMA President Dr. Alexander W. Ramsay.

At that same meeting, CMS Officers were elected for 2017: Ada D. Stewart, MD, President; Helmut Albrecht, MD, President-Elect; Thomas E. Gibbons, Jr., MD, MBA, Vice President; Balbir S. Minhas, MD, Secretary; and Elaine K. Jeter, MD, Treasurer. Members at Large are Richard Alia, MD, Stacey Brennan, MD, Wesley Frierson, MD, and Philip Mubarak, MD. Resident members of the Executive Committee are Lee Day, MD, and Sarah Battle, MD. Student representative is Ian Brastauskas.

The 12th Annual 2017 Legislative Forum was held jointly with the Lexington Medical Association on March 27. Twenty-eight legislators from Richland and Lexington Counties were invited to the event, where a panel discussed legislation affecting patients and physicians. Our District/Society members continue to work hard advocating in the legislative and regulatory realms for patient-centered physician-led care.

The Columbia Medical Society (CMS) Grants in Aid Fund, the Society's 501(c)(3) organization and Lexington Medical Association, hosted our sixth Sporting Clay event in October. The event was held at Hermitage Farm in Camden and raised nearly $8,000 for
scholarships. Twenty-three shooters participated and seventeen sponsors supported the event.

The Society awarded eight scholarships in 2016-17 to students at the USC School of Medicine from the proceeds of the 2015 Clay shoot. Recipients were Matthew Blackburn, Katherine Bolling, Sean Christensen, Paige Cisa, Jayme Looper, Johnathan Stathopoulos, Jacob White, and Tyler Willenbrink.

The Society also made donations this year to the White Coat, Black Tie Gala, the SCMA Poster Contest, and the USC Science and Engineering Fair.

Over 70 people attended the Society's Annual Oyster Roast on February 25, 2017, including 20 medical students.

The Recorder continues to offer District/Society members stimulating articles on topics pertinent to medicine. In addition to regular columns by the Society President and the Editor, The Recorder featured interviews with: Dr. James Stallworth about the new Physician Assistant (PA) program at the USC School of Medicine, Dr. James Parrott about CTE, and Dr. O'Neill Barrett, Jr. on medical advances over his 60-year career. Drs. Tom Austin, Prithvi Reddy, and Don Wuori continued to offer stunning pictures capturing the beauty of this world for the readers of The Recorder as well as descriptions about their avocations as nature photographers. Articles by authors Dr. Christopher Goodman on MACRA and Dr. Gregg Talente on young adults also appeared in The Recorder.

C. Warren Derrick, Jr., MD ended his tenure as The Recorder Editor at the end of 2016 with the first all-digital issue, delivered to members via email in November. The past year included Dr. Derrick's editorials addressing universal health care, football injuries, the state of rural hospitals, and electronic medical records. Dr. Derrick has done an excellent
job as a wise and dedicated Editor and deserves accolades for his efforts on the Society's behalf. His leadership in this area is already greatly missed.

The society continues to partner with Richland One schools as a Palmetto PALS. We also continue to recruit physicians willing to serve on school wellness committees throughout the district.

A new society program was started this past year by Past-President Dr. Don DiPette. The Vertically Integrated Trainee Program (VITP) brings together learners in undergraduate, graduate, and post-graduate medical training to provide cross-communication and mentoring. The mission of the program is “to integrate through communication and collaboration the physician trainee levels consisting of undergraduate students, medical students, and post-graduate residents and fellows.” Goals of the program include: 1. To increase the awareness of participants of organized medicine in general (i.e. state and national levels) and locally to CMS. 2. To increase communication and activity among and between individuals in each of the above-mentioned levels of trainees, fostering and facilitating direct lines of communication amongst and between each level. The specific areas of interest and issues/concerns of each level of trainees will be assessed and thus, can be addressed by CMS physicians. 3. To establish and provide mentorship opportunities horizontally within each level of trainees and vertically, between the trainee levels. 4. To establish a central hub for resources that will facilitate the above objectives.

In addition to the above program, the society continues to strengthen the relationship with the USC School of Medicine and encourage medical student participation in all of our meetings and events.
CMS Society staff continues to provide management support to the Lexington Medical Association and the South Carolina Radiological Society.

**MEMBERSHIP**

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Ms. Nancy C. Walborn joined the Columbia Medical Society in 2004 as our Executive Director and will be retiring in November of this year. Ms. Walborn has skillfully and tirelessly guided our Society over these years. In the words of Dr. Derrick, Ms. Walborn "has been the glue that keeps this (CMS) Society functioning." She has been a blessing to and has provided a rich legacy of excellence for our society and its members. Nancy – thank you and very best wishes in the future from Columbia Medical Society!

May 2017
Report B-16 was not submitted prior to the printing deadline. If submitted, this report will be distributed at the House of Delegates on Friday, May 5, 2017.
Report B-17 was not submitted prior to the printing deadline. If submitted, this report will be distributed at the House of Delegates on Friday, May 5, 2017.
Report B-18 was not submitted prior to the printing deadline. If submitted, this report will be distributed at the House of Delegates on Friday, May 5, 2017.
Dorchester County Medical Society had its most recent meeting Tuesday, March 28, 2017 with Dr. Eric Stem presiding. Discussion revolved around the challenge of sustaining membership as so many of the medical societies are facing.

Dorchester County again this year presented partial scholarships to two nursing students at Charleston Southern.

Participation was again high with the Docs Adopt program.

At Tuesdays' meeting South Carolina Medical Association Trustee, Dr. James McCoy, gave a report of the ongoing work of the members of the Uninsured Patients Committee and the hopes that a solution along the lines of the Arkansas model may be workable.

Update was also offered regarding the Advance Practice Registered Nurse latest legal foray.

May 2017
REPORT NUMBER: B-20

REFERRED TO: Reference Committee on Reports of Trustees and Officers

SUBJECT: Report of the Trustee, Fourteenth Medical District

SUBMITTED BY: Todd E. Schlesinger, MD

It is my privilege to present the Charleston County Medical Society (CCMS) Annual Report to the South Carolina Medical Association (SCMA). The CCMS continues to be fortunate to have staff and volunteer leaders who are experienced and dedicated. This past year, our leadership continued with a defined Board of Directors and a streamlined committee structure. Our 2016 president Todd Schlesinger, MD; vice president, Shane Woolf, MD; president-elect, Andrew McMarlin, DO; and secretary-treasurer, Marta Hampton, MD capably lead the board. I believe CCMS will continue to grow and be a keen advocate for its providers.

Membership continues to be a challenge and a focus for 2017. Although CCMS has 517 regular members, only 287 paid dues for 2016-2017 compared to 351 who paid in 2015-2016 dues. 34 of those members are from MUSC. Adding our members-in-training, honorary members and senior members gives us about 500 active members, but fewer paying members. Taking action to show the value of CCMS, our plan is to personally reach out to health care leaders in our district, encouraging them to promote membership in CCMS among their employed or affiliated physicians. While individuals at MUSC are still able to join/renew and receive funding from their department, many do not, leaving CCMS with a much smaller budget than in years past when MUSC paid membership dues for their doctors. The CCMS leadership continues to work with MUSC, Roper and the other area hospitals to find ways to increase our membership.
State legislative advocacy has never been more critical. Health system reform was a turbulent ride this past year. Sitting on the sidelines was clearly not an option. Due to busy schedules we did not have a legislative reception this year but plan to have one in 2017. Our Annual Membership Meeting was held in November 2016. Dr. Cleave Ham, CCMS President, turned the presidency over to Dr. Todd Schlesinger for 2016-2017. We anchored the evening by recognizing the 2016 CCMS Committee chairmen who worked tirelessly this year to highlight the CCMS. Our speaker this year was not a guest but one of our own. Dr. Fletcher Derrick, Jr. has written his autobiography entitled Surgeon Spy and entertained the audience as he divulged his secret life as a courier / spy during the Cold War that had not been told in 50 years.

Public health initiatives have been numerous. From editorials in the newspaper about Zika and flu written by Dr. James Simpson and Dr. Robert Ball to awards and recognition for the "Docs-Adopt" program initiated by our School Health Committee, chaired by Drs. Janice Key and Katharyn Ouzts. This program, in collaboration with the Charleston County School District and the MUSC’s Boeing Center for Children’s Wellness/Lean Team, continues to serve as a resource to wellness committees at each public school. This program pairs a local physician with each school to serve as a resource about health. Through these efforts, school leaders have been proactive in promoting wellness through increased physical education, improved nutrition, and other wellness initiatives. Currently, we have over 75 volunteer physicians working with the public schools to develop programs and policies to improve the health of students and faculty. Most of the Charleston County schools have at least one physician serving on their School Wellness Committee. The School Health Committee has caught the attention of the SCMA and was part of the impetus to create the SCMA’s Childhood Obesity Task Force, which brings state leaders together to improve the health of our school.
children. Additionally, the CCMS has been in contact with other county medical societies interested in having a similar program to serve the children of their schools. Dorchester County School District has adopted the program and the Dorchester County Medical Society members have adopted 100 percent of schools. Docs-Adopt Wellness Initiative is now nationally recognized as a successful wellness program and on February 18, 2016 was awarded the Healthcare Leadership Council Wellness Frontiers Award. The Docs Adopt Wellness Initiative demonstrates excellence and quality while demonstrating cost-effectiveness, has an evidence-based foundation, provides measurable outcomes and is replicable. Locally, Docs-Adopt has expanded to other counties: Bamberg, Clarendon, Orangeburg, Jasper, Beaufort, Greenwood, Anderson, Cherokee and Colleton are all slated to incorporate the program into their wellness initiatives. Currently Dr. Key and her team are working with representatives from the Florida Institute of Medicine to help them roll out a similar program in Duval County. Dr. Ball was kind enough to do a Zika presentation to our membership one evening last summer. This reception was very well attended and very timely as Zika was very much a threat in the Charleston area. A Charleston County School District Wellness Achievement Celebration is held each year at the end of the school year to recognize those schools that have successfully completed the wellness checklist. The 2015-2016 Rising Star Award (which is given to the school that increases it's wellness score the most) presented by CCMS was given to Laing Middle School of Science and Technology. This was Laing's 6th year participating. We are awaiting the results for this year.

**Continuing Education** was major focus this year. Spearheaded by Dr. Marcelo Hochman, CCMS held its Third Annual CME Symposium entitled "What Does It Mean To Be A Doctor Today?" was attended by 50 physicians. The program included three speakers who represented differing views on the practice of medicine. Elaina George, MD is an independent
practitioner who talked about “Private Practice, Fee for Service Models and Service Models. Jon Burroughs, MD, MBA is a consulting who no longer practices medicine but gave insight into “The Evolving Role of the Physician in the 21st Century”. Finally Anna Bysewski, MD who is a professor of medicine in Ottawa, Canada gave her perspective of “The Changes in Medical Professionalism”.

Communication is more important than ever in the connected age we live in. Our electronic newsletter, e-Scribe, disseminates important information to our membership on a monthly basis. Our website (www.charlestoncountymedicalsociety.org) serves as a resource to the public and our members alike. The website has been overhauled and is becoming more of a resource for our membership and the public.

In closing, membership remains strong. Our focus and priorities reflect the interests of our society and are an honorable use of its funds. An ever-present challenge is to adapt to the dynamic health care physician environment and remain relevant to our membership. Given our strong leadership, I am optimistic that those goals will be met (and exceeded).

It has been my honor and privilege to serve and represent the physicians of District 14 this past year and I look forward to the continued growth and impact of our work in the years to come.

May 2017
This past year, The Journal of the South Carolina Medical Association celebrated its 112th year of continuous publication. In May 2015, I began my role as new Editor in Chief of The Journal. I have enjoyed this role very much and am pleased to report on the continued success of The Journal. The Journal continues to request the input and suggestions for improvement from the members of the South Carolina Medical Association (SCMA). Initial suggestions and recommendations should aim to increase the submission of manuscripts and to increase physician interest in reading the regular features of The Journal.

Here are the highlights of The Journal from this past year:

- **Publications.** We have published our regular four hard-copy issues per year (March, June, September, December). In addition to three regular issues, two special symposium issues were published: one on cardiac care in South Carolina and one on medical humanities.

- **Peer Review.** All manuscripts continue to be peer reviewed by a member of the editorial board plus an outside expert prior to publication in The Journal.

- **Editorial Board.** To date, we have recruited several new members to the Editorial Board to round out the expertise of those reviewing manuscripts and add new ideas for The Journal.
• **Publisher.** The Journal continues to be published by Publishing Concepts, Little Rock, AR. The relationship is going well.

• **Reader Response.** *The Journal* is and continues to be strengthened as a highly-recognized medical journal among all of our physician colleagues in South Carolina. In support of *The Journal's* importance are the number of high quality and well written articles and symposium proposals that continue to be submitted from various contributors. We have a good backlog of articles for the upcoming year.

• **Increased Issues.** Most excitingly, we report that *The Journal* has increased from four issues per year to six issues per year due to increased reader demands.

On the behalf of the entire SCMA, I would like to thank each of you for your contributions to *The Journal*. Whether you have submitted an article, contributed to a symposium issue, passed it along, or simply read an article, you have contributed to the success that this long-standing, historical publication. Going forward, I encourage any South Carolina physician who has ideas about the future of *The Journal* to reach out to our Editorial Board with their feedback and comments. Such feedback is always very welcome.

Lastly, and most importantly, I thank both you, our SCMA Board, members of the Editorial Board, and in particular our Managing Editor, Kate Morrow. Success of *The Journal* in the current transition would not have been possible without that support.

May 2017

**2017 Editorial Board Members:**
Joseph John, MD – Editor in Chief
Charles S. Bryan, MD – Editor Emeritus
Kate Crosby Morrow – Managing Editor
Richard A. Hoppmann, MD
Weaver Whitehead, MD
Gerald Harmon, MD
Neil Kao, MD
Melanie Lobel, MD
Robert Sade, MD
Gregory Squires, MD
James Young, MD
Richard K. Orr, MD, MPH
Barbara Magera, MD, PharmD
Ki Chung, MD
John Corless, MD
Sophia Edwards-Bennett, MD, PhD
Luca Paoletti, MD
Thomas Cook, MD
The Young Physician Section (YPS) of the South Carolina Medical Association (SCMA) has had another exciting year and continues to position young physicians for opportunities in leadership and community involvement throughout our state. We had a designated meeting of our section at the 2016 SCMA Annual Meeting and will hold our next official business meeting at the Annual Meeting 2017. Dr. Laurie Theriot-Roley has served as YPS chair for the past year.

The YPS sponsored the eleventh Annual SCMA Resident and Student Poster Presentation. This event is supported by many county medical societies, specialty societies, physician practices, individual physicians, as well as the staff and physician leadership of the SCMA. We continue to be incredibly appreciative of the financial support we receive, as this allows us to assist with providing lodging and monetary awards to promote increased attendance and involvement by our state’s medical students and residents/fellows at the annual meeting. We are also indebted to the physicians that volunteered their time with enthusiasm as they viewed the posters and interacted with the poster presenters in a way that fostered support and networking opportunities, not only for future SCMA meetings, but also with interviewing and career planning. While one of the goals of the Annual Poster Presentation is to promote academic excellence and research in our state’s medical students and residents/fellows, we also strive to use this opportunity as an introduction to the important role of organized medicine and how they can become more involved. Please make a special effort
to attend this year’s poster presentation and offer your encouragement and support to our
special guests!

In 2016, I was proud to serve as the South Carolina YPS delegate to the American
Medical Association (AMA) Annual Meeting in Chicago and AMA Interim Meeting in
Orlando. At both of these meetings, I also served as the Alternate-Delegate for the AMA YPS
to the AMA House of Delegates. This allowed me an opportunity to provide a voice at the
national level on behalf of our state, as well as advocate for issues that are most important and
relevant to early career physicians. Many thanks to the South Carolina AMA Delegation and
SCMA staff who continued to welcome input and participation from representatives of the
YPS, resident/fellow and medical student sections who attended the AMA meetings in 2016.
I am honored to have the opportunity to continue serving both the SCMA and YPS in 2017 as
an AMA Alternate Delegate representing South Carolina.

We continue to have young physician section members involved at all levels of their
county medical societies, local medical staffs, the Board of Trustees of the SCMA, SCMA
Committees and the AMA. There are numerous opportunities available that are waiting just
for you! While your membership in the SCMA is invaluable, please remember to also keep
your memberships current with your local county medical society and the AMA, as well as
your state and national specialty societies. Please consider volunteering to serve as the Doctor
of the Day at the South Carolina State House. They are always looking for enthusiastic
physicians to serve in this capacity while also developing a strong working relationship with
legislators. Each year, we hope that you will plan to attend the SCMA Annual Meeting and
let us know that you’re coming as a representative of a specialty society or a county medical
society so that we can be sure to include you in specific YPS activities.
The YPS has set a precedent of strong leadership in writing editorials, communicating with legislators and working on policy that would benefit the physicians and patients of South Carolina. We encourage you to develop an ongoing relationship with your district legislators, contribute to their campaigns, contribute to SCMedPAC, and stay involved in the legislative process with editorials, communication with legislators, and advocacy in your community.

Thank you for allowing me to represent you as the Young Physician representative to the SCMA Board of Trustees. It has been a privilege to serve as your liaison. I’m looking forward to many more opportunities to continue serving our section and our state in the years to come. If you have any concerns, suggestions, or questions that you would like to have communicated to the SCMA Board, or you would like more information on how to become involved, please don’t hesitate to contact me.

May 2017
The Medical Student Section (MSS) continued to grow during the 2016-2017 academic year by continued development of a strong commitment throughout the four medical campuses of South Carolina, including the University of South Carolina School of Medicine (USC SOM) – Columbia, the University of South Carolina School of Medicine – Greenville, Edward Via College of Osteopathic Medicine (VCOM), and the Medical University of South Carolina. With the continued support of the South Carolina Medical Association (SCMA), the MSS leadership worked specifically on increasing communication amongst the four medical campuses in the attempt to have more statewide growth of student involvement. The elected student leadership focused on developing awareness about the SCMA within each school via their respective SCMA-MSS representative. A social media page continues to serve as a means of communication among students statewide to update them on important legislation, medical advances, and upcoming organized medicine events.

A new position for a medical student representative on the SCMedPAC committee was added and there is now an opportunity in mailing pamphlets for medical students to donate toward the SCMedPAC. We hope this encourages young medical students to develop a culture of investing into their futures by taking an active role within supporting medical advocacy.

A strong push for more active medical student involvement on individual campuses resulted in four resolutions being submitted by the MUSC-MSS chapter. Previously a relatively inactive SCMA-MSS Chapter, the MUSC students met four times over the course of January
and February 2017 to facilitate thought provoking discussions. Other campuses were also
educated and encouraged to brainstorm resolution ideas and present them at the Annual
Meeting.

In the midst of planning for the SCMA Annual Meeting, the MSS is focusing on
creating student specific events in order to increase student involvement and attendance. In
order to combat traditionally low medical student turnout, we asked all representatives to post
on individual class Facebook pages months in advance and to have the student government
presidents send out a formal email regarding the meeting dates and activities. A Google
document page was created to encourage hotel room sharing, organize reimbursement, and
provide contact names and numbers for all students who plan on attending. In order to alleviate
some of the financial burden of attendance for students, we are working to provide a few hotel
rooms the night before the business meeting. We plan on holding a medical student social in
order to encourage exchange of ideas and medical student camaraderie across all four
institutions. The MUSC representative has offered to organize and host this medical student
social because of their familiarity with Charleston.

In conclusion, on behalf of the MSS, I would like to sincerely thank the SCMA for their
continued support of student endeavors and their honest commitment to our future. We are
grateful for the trust that they place on medical students across the state in the form of
mentorship, guidance, scholarships, and personal development. Thank you.

May 2017
REPORT NUMBER: B-24

REFERRED TO: Reference Committee on Reports of Trustees and Officers

SUBJECT: Report of the South Carolina Delegation to the AMA

SUBMITTED BY: Boyce G. Tollison, MD, Chairman, South Carolina Delegation to the AMA

I would like to thank the House of Delegates for their continued support of our South Carolina Delegation to the American Medical Association (AMA). The AMA Delegation had a very good year and are now working on the 2017 annual meeting and the re-election of Dr. Gerald Harmon to the AMA Board of Trustees.

I would refer you to the published reports of the annual and interim meeting published in The Journal which are attached.

May 2017

Delegates:
Boyce G Tollison MD, Chair
Gregory Tarasidis, MD Vice-Chair
Gerald A Wilson, MD
Stephen A Imbeau, MD

Alternate Delegates:
Gary A Delaney, MD
H. Tim Pearce, MD
Terry L Dodge, MD
Bruce A Snyder, MD
Report from the AMA Annual Meeting

Chicago, IL – June 2016

Boyce Tollison, MD – SCMA Delegation Chair

Once again the annual meeting was held in Chicago, June 10th through June 15. This year’s meeting had several accomplishments but was greatly influenced by the Orlando shooting during the meeting. There was tremendous support and emotion about gun violence which resulted in passage of a resolution calling gun violence in the United States a public health crisis that requires a comprehensive public response and solution. There was a directive for AMA to actively lobby to overturn legislation that for 20 years has prevented the Centers for Disease Control and Prevention from researching gun violence.

The recent statement by the Veterans Administration to begin hiring APRN to replace physicians in the veteran’s clinics was a great concern by the HOD and a resolution was passed to call for change in the loan forgiveness efforts to further incentivize physician recruiting and retention and improve patient access, and called for an immediate change in the Public Service Loan Forgiveness Program to allow physicians to receive immediate loan forgiveness when they practice in a Veterans Administration facility. There was very strong support for physicians leading the care in VA clinics.

The HOD also removed pain as the fifth vital sign and sought to remove pain scores from quality metrics and payment. Measuring adequate pain control in acute and subacute settings is complicated by the subjective nature of pain intensity reports by patients. Delegates adopted policies intended to promote access to high quality, comprehensive pain care, including:

1. Work with The Joint Commission to promote evidence-based, functional and effective pain assessment and treatment measures for accreditation standards.
2. Support timely and appropriate access to non-opioid and non-pharmacologic treatments for pain,
3. Advocate for removal of pain management component of patient satisfaction surveys as it pertains to payment and quality metrics.

The HOD also passed our resolution asking the CDC and other regulatory agencies to have long-term care facilities viewed as exempt from the recommendations contained in new guidelines from the CDC for use of opioid medications for chronic pain, in much same was as is being done for hospice and palliative care.

A new report from the AMA council on Medical Education examines the current state of maintenance of certification (MOC) noting the physicians concerns around such elements as cost effectiveness and relevance to practice and the professional imperative to ensure patients are receiving high-quality care. The AMA will continue to advocate for a certification process that is evidence based and relevant to clinical practice as well as cost effective and inclusive to reduce duplication of work.

Delegates adopted policy to further these efforts, including:
Asking the American Board of Medical Specialties to encourage its member boards to review their MOC policies regarding the requirements for maintaining underlying primary or initial specialty board certification in addition to subspecialty board certification to allow physicians the option to focus on MOC activities most relevant to their practices, also to determine whether there is a need to establish criteria and construct a tool to evaluate whether alternative methods for board recertification are equivalent to established pathways.

Mr. Andy Slavitt the director of CMS made a presentation regards MACRA (Medicare Access and CHIP Reauthorization Act) asking for physician and AMA input for the final rules and regulations.

Other issues addressed included referral for study of patient care delivery within retail health clinics to ensure patient safety: encourage the study of, and pursue legislation to ensure the appropriate oversight of retail clinics as an entity separate from an independent physician’s practice and other health care facilities and encourage the study of potential conflicts of interest and retail clinics that are located within a store that includes a pharmacy.

There was a supportive resolution for later school start time to improve the sleep patterns of teens and prevent sleep deprivation. The resolution asked for school start times to be no earlier than 8:30.

Doctors Gary Delaney and Bruce Snyder served as tellers in the House of Delegates this year and represented the delegation well.

Dr. Alexander Ramsey came as President and represented us at the AMA President’s installation.

Again it is and honor and a pleasure to represent you and present your concerns at HOD of AMA.

Boyce Tollison, MD
Chair
AMA Interim Meeting
November 2016 – Orlando, Florida

Boyce Tollison, MD, Chairman of the SC Delegation

The 2016 AMA Interim Meeting was held in Orlando, Florida November 11-15, 2016. This meeting was less eventful than usual without major controversies and a lot of adjustments and reactions to the national election.

A resolution was adopted to engage with new administration on new health reform and the adopted resolution voiced “firm commitment” to current AMA policy on healthcare reform. In its discussion with the Trump Administration and Congress, the AMA will continue efforts to cover the uninsured and work to assure that future proposals do not result in loss of coverage for patients currently insured. In addition, the AMA will advance recommendations to support the delivery of high-quality patient care.

The House of Delegates adopted new guiding principles to support value-based prescription drug pricing which has potential to reduce prescription drug spending. Value-based pricing of pharmaceuticals should be determined by objective, independent entities. They also should be evidence-based and the result of valid, reliable inputs and data that incorporates rigorous scientific methods including clinical trials, clinical data registries, comparative effectiveness research and robust outcome measures that capture short-and long term clinical outcomes.

The AMA honored Dr. Bennet Omalu, MD with its Distinguish Service Award for his discovery of Chronic Traumatic Encephalopathy (CTE) in an NFL player in 2002. He overcame massive efforts to discredit him and his results. Today CTE is widely recognized as a health risk in millions of patients with histories of repetitive brain trauma.

The House of Delegates also adopted several policies aimed at alleviating medical student long-term debt, integrating illness and addiction treatment into training programs, and giving physicians in training more leadership and community health work opportunities.

Additionally, a new policy was adopted that lays out the ethical obligations that physicians should have to lead and participate in the team-based model. Research shows that this model can improve health care quality and affect outcome, enhance care access, and slow the role of medical spending while reducing burnout among health professionals.

Another new policy that was adopted encourages the Veteran Administration to cover assisted reproductive technology benefits, including IVF for Veterans. This particularly affects Veterans who have experienced pelvic trauma.

Again is our pleasure to represent the SCMA at the AMA House of Delegates. We always welcome your input and thoughts.

Boyce Tollison, MD, Chair
AMA Delegation
Since 1923 the South Carolina Medical Association Alliance (SCMAA) has served to "educate, advocate and provide charitable support for the family of medicine and to partner with the South Carolina Medical Association (SCMA) to improve the health and quality of life for citizens of South Carolina..." (Article II. "Purposes" from the SCMA Alliance Bylaws).

As spouses of physicians, Alliance members on both the county and state level continue to be supportive of the SCMA by promoting health education in the communities and striving for participation in a wide range of projects of health-related concerns as well as charitable endeavors. Annually through the SCMA Alliance, money is raised toward assisting with four medical school scholarships, one at each of the four schools in South Carolina. Some of the county Alliances also raise additional money to assist in scholarships for nurses and physical therapists as well as contribute to local health-related charities.

Through the years Alliances across South Carolina have targeted a wide variety of topics including childhood obesity, drug and alcohol addictions, domestic abuse, child abuse prevention and, last year, the importance of legislative advocacy for the medical community. Projects this year have included assisting with the Lowcountry Food Bank by the Charleston Alliance. The Greenville Alliance continues to provide monthly cooking demonstrations at the Free Medical Clinic as part of the Diabetes Prevention Program. That Alliance also held an open forum and workshop on Nutrition for Help for Autism, Attention Deficit Disorder...
(ADD) and Attention Deficit Hyperactivity Disorder (ADHD), and other learning challenges. This year, the Spartanburg Alliance has been involved with service projects at the Hope Center and fundraising with their medical society for projects at the South Carolina School for the Deaf and Blind.

In 2016-2017, the SCMA Alliance focus has been on “Issues of Aging.” We’ve attended workshops and heard speakers from the Lt. Governor’s Office on Aging and the South Carolina Assistive Technology Program at the USC School of Medicine. We have gathered and disseminated information in order to be helpful to others in our communities as we all plan for health and lifestyle challenges in our later years.

In February 2017, the SCMA Alliance was pleased to host the AMA Alliance Southern Regional Leadership Conference in Charleston where Alliance members from 15 states heard from a variety of guest speakers including Gerald E. Harmon, MD, Chair-elect of the AMA Board of Trustees, and Rep. Todd Atwater, CEO SCMA Financial Services. While at the conference, Alliance members also raised more money for the Scholarship Fund and participated in a service project with the Charleston County Alliance.

The SCMA Alliance is pleased to draw attention to the important and challenging work our physicians do every day to take care of the health of all our citizens. It is indeed a privilege to be part of this volunteer organization of medical spouses who continue to “support the family of medicine” in many and varied ways in our state year after year. The Alliance greatly appreciates its strong connection with the SCMA and looks forward to continued service together.

May 2017
The South Carolina Medical Association’s (SCMA) Resident and Fellow Section (RFS) is a dedicated group of individuals whose purpose is to serve as advocates, leaders, and mentors in the profession of medicine. We are committed to achieving excellence in our clinical studies while striving to advance the practice of medicine state and nationwide.

Our section continues to advocate for patients and their families in multiple arenas. We have been active participants in the discussions regarding the Advance Practice Registered Nurse (APRN) bill as well as new changes to the current healthcare law and their impact on our patients. We continue to encourage our colleagues to submit resolutions to not only our SCMA Annual meeting but also to the American Medical Association (AMA).

On the national level, we continue to have strong representation at the AMA level during the Interim and Annual Meetings. Our Delegates have the opportunity to meet with other residents across the country to discuss issues related to resident education; namely the need for additional graduate educational funding.

Members of the RFS utilize their medical skills beyond the bedside by participating in a variety of extracurricular programs. We encourage Columbia area members to participate in Palmetto PALS program, which promotes the importance of a healthy lifestyle in local schools. We also promote participation in the Doctor of the Day program at the State House. This program offers physicians and medical students the opportunity to interact with various legislators and lobbyists throughout the day. It provides educational enrichment and
reemphasizes the importance of our ability to remain visible in the community, which relies
on our expertise given the current changes in the health care system.

Finally, our section remains a strong advocate for scholarly activity. Therefore, we
have asked our members to submit their scholarly work to The Journal of the South Carolina
Medical Association (The JSCMA). We have also been collaborating with The Journal to
pursue opportunities to utilize its publication for updates to statewide members of RFS
activities. Members of our section have also submitted their research for presentation at the
upcoming Annual Meeting in Charleston, SC.

The RFS leadership would like to thank you for your continued support as we work
towards improving the access and quality of the care provided to the citizens of South Carolina.

May 2017

SCMA Board Representative -- Lash Springs, MD
Chair -- Ashlee Justice, MD
Chair-elect -- Hannah Purcell, MD
Immediate Past Chair -- Kelton Wigington, MD
Secretary/Treasurer -- Ashley Jones, MD
AMA Delegates -- Chet Patel, MD and Katie McQueen, MD
Members At Large -- Samir Patel, MD and Katie McQueen, MD
The South Carolina Medical Association (SCMA) Occupational Medicine Committee did not officially meet during this past year, however, we did maintain communication with SCMA and stayed up to date with issues impacting occupational medicine and workers' compensation. Due to budget cuts, many of the hospital-employed occupational medicine physicians have been unable to renew their SCMA membership and therefore cannot serve on the Occupational Medicine Committee. We still need new members that work in the field of Occupational Medicine and/or Workers’ Compensation and are actively recruiting new members. The committee discussed issues that impact physicians in South Carolina.

Worker’s Compensation Provider Manual – The South Carolina Workers Compensation Commission (SCWCC) updated the provider manual which provides the maximum provider fee schedule with the assistance of an advisory panel. However, they did not request any representation or input from the Occupational Medicine Committee or the SCMA during this process. We have discussed this issue with Grant Duffield, the SCWCC Director of Medical Services, and the possibility of a SCMA Occupational Medicine Committee representative being on their Advisory Panel. They plan to update the provider manual on a yearly basis.

May 2017
Occupational Medicine Committee Members:
Willie C. Floyd MD, MPH, FACOEM - Chair
Eleanya Ogburu-Ogbonnaya, MD
L. Edwin Rudisill, MD
Byron Williams, MD
REPORT NUMBER C-2

REFERRED TO: Reference Committee on Public and Occupational Health

SUBJECT: Report of the Maternal, Infant, and Child Health Committee

SUBMITTED BY: Judith Burgis, MD, Chair

The South Carolina Medical Association (SCMA) Maternal, Infant, and Child Health (MICH) Committee is charged with evaluating issues and information on maternal, infant, and child health issues for the SCMA Board of Trustees and provides input to the South Carolina Department of Health and Environmental Control (DHEC), the South Carolina Department of Health and Human Services (DHHS), and the South Carolina Hospital Association (SCHA).

Throughout its existence, this committee has included representatives from these various organizations as regular attendees for quarterly meetings. The committee thanks the staff of these organizations for their diligent efforts to keep us abreast of the latest issues in maternal, infant, and child health in South Carolina.

At this time, the MICH Committee will be put into extended recess until such time it is necessary to call it forth at the request of the SCMA President or SCMA Chairman. The committee appreciates the support of the SCMA Board of Trustees and the membership as it addresses the issues surrounding maternal, infant, and child health.

May 2017

Committee Members:

Judith Burgis, MD, Chair
Leon Bullard, MD, Board Liaison
Kenneth Trofatter, MD
Janice Bacon, MD
Charles McBElmurray, MD

C-2.1
Robert London, MD
Joe Whiteley, DO

Consultants:

Thompson Gailey, MD, Emeritus Member, Greenville Hospital System
Melanie "BZ" Giese, Director of Medicaid Services, South Carolina Department of Health and Human Services
Lisa Hobbs, South Carolina Department of Health and Environmental Control
REPORT NUMBER C-3

REFERRED TO: Reference Committee on Public and Occupational Health

SUBJECT: Report of the Medical Aspects of Sports Committee

SUBMITTED BY: Wendell Holmes, MD, Chairman

Over the past five years, the Medical Aspects of Sports Committee has focused its attention on attempts to rectify a serious and sobering issue facing our student athletes in South Carolina: widespread preventable injury and multiple cases of premature death.

The Medical Aspects of Sports Committee would like to thank the South Carolina Medical Association Board of Trustees for its support over the past year and looks forward to continued successful working relationships with the South Carolina Athletic Trainers Association, the South Carolina High School League, and the South Carolina General Assembly in addressing these important matters concerning our state’s high school athletes.

May 2017

Committee Members:

Wendell Holmes, MD, Chairman
James McCoy, MD, Board Liaison
Chris Mazoue, MD
R. Vaughan Massie, MD
Stefan Montgomery, MD
Douglas “Len” Reeves, Jr., MD
Larry Bowman, MD
David Sealy, MD
David Geier, MD
Albert Mims, MD

Consultants:

Sheila Gordon, President – South Carolina Athletic Trainers Association
Skip Lax – South Carolina High School League
RESOLUTION NUMBER: C-4

REFERRED TO: Reference Committee on Public and Occupational Health

SUBJECT: Promotion of Responsible Allocation Policy for Liver Transplantation

SUBMITTED BY: Jennie Kwon, Elliott Mappus, and Hallie Hahn, Medical University of South Carolina Medical Student Section

WHEREAS, it is unclear whether geographic disparity in access to liver transplantation exists and disparity should not be prematurely addressed before it is adequately characterized; and

WHEREAS, in 2012, the Organ Procurement and Transplantation Network (OPTN) resolved to address perceived geographic variation in liver allocation, controversially defined as regional variation of median Model For End-Stage Liver Disease (MELD) at time of transplantation, and thus set out to redesign the national map for liver allocation\(^1\); and

WHEREAS, the most recent allocation system proposed in 2014 was an 8-district model projected to decrease variation in median MELD at transplant, but also increase median liver transportation time by six percent, increase median liver transportation distance by 61 percent, and decrease the total number of transplants performed by two percent, thus jeopardizing medical outcomes, increasing costs, and decreasing the overall availability of livers for transplantation\(^2\); and

WHEREAS, when this proposal was released for public comment, it was widely opposed by transplant regions (72 percent), states (78 percent), medical professionals (87 percent), and organ procurement organizations (94 percent), as well as Region 11 that contains South Carolina and other Southeastern states\(^3\); and
WHEREAS, the Southeastern United States carries a disproportionately large burden of liver disease mortality, particularly in rural, socioeconomically disadvantaged, and African American populations that already lack access to care, which is not represented by OPTN metrics of access to transplantation; and

WHEREAS, the OPTN proposes to overhaul the current system in order to satisfy the provision for geographic equity in organ allocation, as specified in the Final Rule issued by the Department of Health and Human Services to govern transplantation policy; (5) and

WHEREAS, the geographic equity provision is subordinate to preceding provisions in the Final Rule, including the use of sound medical judgment, best use of organs, reduction of futile transplants, promotion of patient access to transplantation, and efficient management of organ placement; and

WHEREAS, the OPTN continues to develop its 8-district model as well as explore alternative allocation systems in a revised proposal to be distributed for further public comment in 2017; therefore be it

RESOLVED, that the South Carolina Medical Association (SCMA) oppose any Organ Procurement and Transplantation Network (OPTN) proposal to redesign liver allocation such that it jeopardizes access to precious donor livers among already vulnerable populations in South Carolina, including the rural, socioeconomically disadvantaged, and African American patients in the Southeast who carry a disproportionate burden of mortality from liver disease prior to transplantation; and be it further

RESOLVED, that the SCMA and American Medical Association (AMA) oppose the definition of geographic disparity in liver transplant by variation in median MELD at transplantation as currently used by OPTN, and that the SCMA and AMA oppose a national
liver allocation redistricting plan such that it compromises superseding provisions of the Final Rule in the pursuit of geographic equity in organ allocation; and be it further

RESOLVED, that the AMA Policy, Transplantable Organs as a National Resource H-370.990, is amended to greater reflect the Final Rule intent, that the geographic equity of liver allocation is subordinate to the provisions that precede it, including sound medical judgment, best use of organs, reduction of futile transplants, promotion of patient access to transplantation, and efficient management of organ placement.

May 2017

References:


Relevant AMA Policy:

Transplantable Organs as a National Resource H-370.990

Our AMA: (1) supports the United Network of Organ Sharing (UNOS) policy calling for regional allocation of livers to status 1 (most urgent medical need) patients as an effort to more equitably distribute a scarce resource; (2) opposes any legislation, regulations, protocols, or policies directing or allowing governmental agencies to favor residents of a particular geo-political jurisdiction as recipients of transplantable organs or tissues; (3) reaffirms its position that organs and tissues retrieved for transplantation should be treated as a national, rather than a regional, resource; and (4) supports the findings and recommendations of the Institute of Medicine Committee on Organ Procurement and Transplantation Policy.
Relevant Section of the Final Rule:

42 C.F.R §121.8 Allocation of organs.

(a) Policy development. The Board of Directors established under §121.3 shall develop, in accordance with the policy development process described in §121.4, policies for the equitable allocation of cadaveric organs among potential recipients. Such allocation policies:

(1) Shall be based on sound medical judgment;
(2) Shall seek to achieve the best use of donated organs;
(3) Shall preserve the ability of a transplant program to decline an offer of an organ or not to use the organ for the potential recipient in accordance with §121.7(b)(4)(d) and (e);
(4) Shall be specific for each organ type or combination of organ types to be transplanted into a transplant candidate;
(5) Shall be designed to avoid wasting organs, to avoid futile transplants, to promote patient access to transplantation, and to promote the efficient management of organ placement;
(6) Shall be reviewed periodically and revised as appropriate;
(7) Shall include appropriate procedures to promote and review compliance including, to the extent appropriate, prospective and retrospective reviews of each transplant program's application of the policies to patients listed or proposed to be listed at the program; and
(8) Shall not be based on the candidate's place of residence or place of listing, except to the extent required by paragraphs (a)(1)–(5) of this section.
RESOLUTION NUMBER: C-5

REFERRED TO: Reference Committee on Public and Occupational Health

SUBJECT: Distracted Driving

SUBMITTED BY: Spartanburg County Medical Society

WHEREAS; according to the National Safety Council, the three biggest problems on the road are alcohol, speeding and distracted driving; and

WHEREAS; in 2014, there were 32,675 people in crashes on roadways during 2014. Distracted driving claimed 3,179 of those lives in 2014 alone and injured 431,000 in motor vehicle crashes involving distracted driving. Therefore, distracted driving made up for 10 percent of fatalities in 2014; and

WHEREAS; according to the South Carolina Department of Public Safety, in South Carolina there were 823 traffic fatalities in 2014 alone and 53,029 reported traffic injuries; and

WHEREAS; in the United States, each day, there are over eight people killed and 1,161 injured in crashes that are reported to involve a distracted driver according to the Centers for Disease Control and Prevention; and

WHEREAS; distracted driving is considered any activity that can divert a person’s attention while driving and encompasses many activities, the most alarming distraction is considered texting as it involved both visual, manual and cognitive attention; and

WHEREAS; a study done by the University of Utah found that talking on a cell phone quadruples your risk of an accident. If you are texting, risk doubles to eight times normal; and

C-5.1
WHEREAS; in June 2014, the South Carolina legislature passed a law making it illegal for South Carolina drivers to text while driving; and

WHEREAS; if a person is observed texting while driving, the penalty is considered light and involves no points against a driver’s license, no notification to the driver’s insurance company and a $25 fine, $50 for a second offense; and

WHEREAS; as reported in December 2016, only 2000 tickets have been issued for texting while driving in South Carolina since the law has taken effect; therefore be it

RESOLVED; that the South Carolina Medical Association (SCMA), in the interest of the safety of all drivers, encourage our state to enforce stricter penalties for distracted driving; and be it further

RESOLVED; that the SCMA promote educating the public more about dangers of distracted driving.

May 2017
RESOLUTION NUMBER: C-6

REFERRED TO: Reference Committee on Public and Occupational Health

SUBJECT: Polypharmacy Reduction in South Carolina

SUBMITTED BY: Harry Rockower, Chris Reardon, Mark Cromer, Emily Hutson, Terrel Patel, and Al Green - Medical University of South Carolina Medical Student Section

1  WHEREAS; “polypharmacy is defined as the use of multiple drugs or more than are medically necessary,” and;
2  WHEREAS; estimates show that upwards of 50 percent of Medicare patients are prescribed five or more medications\(^1\), and that more than 50 percent of elderly patients observed took one or more unnecessary medications\(^3\), and;
3  WHEREAS; the elderly are at increased risk for adverse drug events owing to metabolic changes and decreased drug clearance associated with aging and this risk is multiplied when a greater number of medications are used\(^1\), and;
4  WHEREAS; polypharmacy can increase the likelihood of drug-drug interactions and the prescription of potentially improper medications\(^1\), and;
5  WHEREAS; the use of prescription drugs and dietary supplements among older adults has been increasing, which concurrently increases the chances of adverse drug interactions\(^8\), and;
6  WHEREAS; the number of elderly is projected to constitute one in five people in the population by 2050, in which case polypharmacy will become an increasing issue\(^2\), and;
7  WHEREAS; studies suggest that polypharmacy is associated with up to a 33 percent increase in health care costs for the patient\(^3\), and;

C-6.1
WHEREAS; polypharmacy increases the risk of medication nonadherence\textsuperscript{4}, and medication nonadherence has been estimated to increase healthcare costs by $177 billion annually\textsuperscript{5}, and;

WHEREAS; studies show that patients with one condition taking $\geq$ ten medications vs. one-three medications had 3.42 times the odds of unplanned hospital admissions\textsuperscript{6}, and;

WHEREAS; the elderly population have a higher prevalence of chronic conditions (eg, hypertension, diabetes), and are underrepresented in drug trials of commonly used medications\textsuperscript{7}, which may contribute inappropriately prescribed and ineffective medications, and;

WHEREAS; the current South Carolina Medical Association (SCMA) policy compendium does not contain any policy related to polypharmacy nor does the American Medical Association on its online policy finder; therefore be it

RESOLVED; that the South Carolina Medical Association (SCMA) investigate ways to reduce polypharmacy in South Carolina; and be it further

RESOLVED; that the SCMA work with the South Carolina Pharmacy Association, South Carolina Hospital Association, insurers, patient advocacy groups, or other relevant stakeholders to explore various options to mitigate polypharmacy.

May 2017
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3. Clinical Consequences of Polypharmacy in Elderly
   Robert L. Maher, Jr. et al
   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3864987/

4. Polypharmacy and Medication Adherence: Small Steps on a Long Road
   MICHAEL D MURRAY, PHARMD, MPH¹ and KURT KROENKE, MD²
   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495172/

5. Polypharmacy in the Elderly
   Negar Golchin,¹ Scott H. Frank,² April Vince,³ Lisa Isham,³ and Sharon B. Meropol¹²⁴
   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4418141/

6. Is polypharmacy always hazardous? A retrospective cohort analysis using linked electronic
   health records from primary and secondary care: R.A. Payne British Journal of Clinical
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8. Qato DM, Wilder J, Schumm LP, Gillet V, Alexander GC. Changes in Prescription and
   Over-the-Counter Medication and Dietary Supplement Use Among Older Adults in the
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C-6.3
RESOLUTION NUMBER: C-7

REferred TO: Reference Committee on Public and Occupational Health

SUBJECT: Women Physicians Section (WPS)

SUBMITTED BY: Spartanburg Women in Medicine (SWIM) Section of the Spartanburg County Medical Society

WHEREAS; the number of female physicians in medicine has been steadily increasing, in 2013, 31.9 percent of all physicians were women. Between 1980 and 2013, the number of female physicians increased by 514 percent; and

WHEREAS; in the 1990s there was an increase in influence and activism of women physicians in the American Medical Association (AMA). The AMA launched Women in Medicine (WIM) Month as a national event each September; and

WHEREAS; in 2013 the AMA established the Women Physicians Section (WPS), which represents more than 70,000 women physicians and medical students. The WPS celebrates the achievements of women in medicine and advocates for women’s health and professional concerns. The purpose of the WPS is to increase the number and influence of women physicians in leadership roles; and

WHEREAS; the AMA WPS identifies issues and communicates through a network of women leaders identified by their state or specialty societies to serve in the role of WPS Associate. WPS Associates attend the WPS meeting held at the annual AMA meeting (this year’s event to be held June 2017, Chicago); and

WHEREAS; in 2013 the Spartanburg County Medical Society formed a Women in Medicine group (SWIM) within the society to accomplish bringing women physicians in the community together to meet and pool ideas and talents and to increase level of engagement; and

C-7.1
WHEREAS; since 2014 Spartanburg women physicians have celebrated WIM month with a local signature event; therefore be it

RESOLVED; that the South Carolina Medical Association (SCMA) appoint and support a Women Physician Section associate to the American Medical Association; support and advertise Women in Medicine monthly events in South Carolina and encourage and support the formation of women physician groups within the county societies and the state level.

May 2017
Communication activities and public relation initiatives continued as usual throughout 2016-17 with guidance from the South Carolina Medical Association (SCMA) Communications Department.

Kate Morrow continues to serve the SCMA as the Director of Communications. In this role, she works to implement communications and marketing strategies for the SCMA and its subsidiary organizations. Specifically, all communications and marketing goals aim to promote and publicize our mission in all that we do. Areas that we continually strengthen through our communications & marketing efforts include: Continuing Medical Education, Membership, Advocacy, Legal Resources, Practice Management Resources, & Governmental Updates.

Each year, an internal communications/marketing review is completed to provide a comprehensive evaluation of the SCMA’s current communication efforts and to serve as a guide for future communications initiatives. Here are the highlights of how the SCMA communicates with its internal and external audiences:

CURRENT COMMUNICATIONS

I. Print Publications

_The Journal of the South Carolina Medical Association_ continues to serve as a primary outlet for physicians to publish their research, specifically as it relates to the South Carolina primary care physician. _The Journal_ is now distributed six times per
year (February, April, June, August, October, December). Production and advertising continue to be handled by a third party publisher called Publishing Concepts which is located in Arkansas. Dr. Joseph John, an internal medicine physician from Charleston, continues to serve as Editor of the publication.

*The Palmetto Physician* is a trade magazine that caters to the interests of the medical profession and is sent out to all members of the South Carolina Medical Association. Through exclusive healthcare interviews, physician profiles, and articles that highlight current trends in medicine, this publication highlights a more personal side to medicine. *The Palmetto Physician* is sent out twice a year; the summer/fall issue focuses on legislative matters while the winter/spring issue focuses on practice management. *The Palmetto Physician* is the most well received publication offered to SCMA members and other external audiences. It is increasingly becoming a desired source for healthcare leaders to share their messages with South Carolina physicians.

**II. Electronic Communications**

*MEDnews* is the official eNewsletter of the South Carolina Medical Association that is disseminated semi-monthly to members and other friends of the association. It includes news relevant to the medical profession and serves as the quickest and most cost effective way to deliver news to members. As we see a growing trend of email marketing, open and click rates (the amount of times an email is read and by whom) continue to grow as more of our members tune into electronic communications. In addition, a CME newsletter is sent out once a month with all of the upcoming CME events for members.
The Board of Trustee's News is a bi-monthly eNewsletter for Trustees of the South Carolina Medical Association. The eNewsletter is sent out six times a year—after each formal Board of Trustee Meeting and serves as the official communication between Trustees and their respective districts. It is increasingly opening up channels for district members to communicate with their Trustee.

SCMA Members' Connection is sent out monthly to members of SCMA Members' Insurance Trust. This eNewsletter provides tips, resources, and updates regarding members' health care insurance.

The SCMA Financial Services Agency Advisor is sent out monthly to clients and potential clients of SCMA Financial Services. This eNewsletter promotes the products and services of the agency and also serves as a way to introduce various sales representatives to the clients of their territories.

III. Social Media

Twitter is a social media interface used by the South Carolina Medical Association in its social media strategy to deliver quick, timely updates to all those who choose to “follow” via Twitter. Currently, the SCMA has 1,673 (up from 1,528 in 2016) followers on Twitter.

Facebook is a social media interface used by the South Carolina Medical Association in its social media strategy to deliver quick, timely updates to all those who have “liked” our Facebook page. Currently, the SCMA has 823 (up from 727 in 2016) likes on Facebook.

The Communications Department continues to explore other social media avenues and whether or not they are a potential fit for our organization.
IV. Website

Our website, www.scmmedical.org, serves as the official website of the South Carolina Medical Association and provides both internal and external audiences with information on all aspects of our organization. The latest version of the website was launched in September 2016 and online membership renewals and new members joining are at highest they have ever been. It is believed this is due to many new membership functions including: allowing members to update information via web, online group renewal, increased marketing, but most importantly, the extremely user-friendly interface. In addition, the subsidiaries will be launching a collaborative new website in July 2017.

V. Media Relations

The SCMA has become a well-known organization to many of our state’s health care reporters and continues to become more known, as we are often approached for quotes and opinions on various stories. A media panel of physicians continues to be developed to ensure that we always have a well-trained physician to speak on a particular topic to someone in the media.

VI. Rebranding

In September 2016, the SCMA underwent a complete rebranding which included updates to our logo and trade colors. All of the changes have been implemented throughout all communications and marketing pieces.

VII. Strategic Plan
Lastly, the SCMA’s newly launched Strategic Plan outlines several areas for increased communications. Included with this is the revamping of the SCMA’s Public Relations Committee which will be reestablished this Fall.

As confirmed in this report, the SCMA continues to successfully communicate our messages to physicians, members of the media, the public, and our legislature, while promoting the goals of the SCMA in all of our endeavors. We encourage you to contact our team if you have any ideas about ways we can continue to successfully communicate with all South Carolina physicians.

May 2017
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Report D-2 was not submitted prior to the printing deadline. If submitted, this report will be distributed at the House of Delegates on Friday, May 5, 2017.
What a difference a year makes! Since the 2016 Annual Meeting, you may have noticed a few changes and an increased effort to ensure a “presence” for the political action committee of the South Carolina Medical Association (SCMA), starting with a name change. After extensive discussion amongst the newly appointed members of our Board last year, it was agreed that SCMedPAC more accurately identifies and distinguishes the single organization in the entire state that engages in myriad advocacy efforts for YOU - the physician members of the SCMA. As such, SCMedPAC empowers physicians to play an active role in state legislative issues that will shape the future of organized medicine.

SCMedPAC remains active in South Carolina politics and, thanks to a tremendously talented and engaged Board, has ensured that the voice of physicians in this state will be heard on all issues impacting our practices and our patients. The Annual Meeting of the SCMA is always a great time to discuss a wide variety of resolutions, many of which stem from or speak to legislative topics being considered at the Statehouse in Columbia. SCMedPAC allows our team - lobbyists, Board members, and SCMA physician members - to address those issues with our legislators, speaking to House and Senate members who often need additional information or education to make informed decisions about topics in which they have no formal training or expertise.
For year 2016, overall membership in SCMedPAC was 94 members with 13 giving at
gold level and 25 giving at silver level. That total represents less than 5% of the members of
the SCMA, signaling either a disturbing level of apathy or a communal ignorance by
physicians of the impact of legislative actions on the practice of medicine. For the year 2017
as of mid-April, overall membership in SCMedPAC is 88 members with seven gold and 23
silver. Thankfully, the numbers above represent a positive trend over the past couple of
years, so it is with cautious optimism that I submit this report and will continue to work,
along with the rest of our Board, to educate our members and to secure the financial support
needed to build bridges with our legislative colleagues and to ensure that our voice remains a
powerful one in Columbia.

As a brief reminder, SCMedPAC makes contributions to political candidates for state
office based upon recommendations from the SCMedPAC Board, which is comprised of two
members from each of the seven congressional districts, the SCMA Interspecialty Council
Chairman, an SCMA Alliance Member, and a student representative. SCMedPAC also
counsels the American Medical Association Political Action Committee (AMPAC) regarding
which South Carolina candidates running for federal office should be considered for AMPAC
contributions.

The SCMedPAC webpage is continually updated on the SCMA website
www.scmedical.org. The site lists your SCMedPAC Board Members, current SCMedPAC
Medallion Members, and provides links to useful statewide political sites. Physicians can
easily make SCMedPAC contributions online. We also encourage all SCMA members to
contact their SCMedPAC Directors to let them know whom they support in both state and
federal elections.
In the most recent election cycle, SCMedPAC has made contributions to numerous candidates (92% of whom won their races), including contributions to House majority and minority caucuses. Our goal is to have our physician members personally deliver as many SCMedPAC checks as possible during informal meetings, at fundraisers, or in other appropriate settings. The power of a brief conversation and a personal relationship, supported by a contribution from our physician political action committee, should never be underestimated. You are the experts on healthcare issues, and legislators are almost always thrilled when a physician actually makes a call or stops by for a visit in Columbia or, better yet, at the local level.

**Every physician in the state of South Carolina should contribute to SCMedPAC** in order to support, educate, and elect legislators who support the house of medicine in this state. In the face of mounting hurdles to the practice of medicine by physicians, it is critical that SCMedPAC continues to promote and support physician-friendly candidates. These candidates must be sensitive to issues such as Medicaid reimbursement rates and ongoing efforts to secure scope of practice expansion by non-physician health care providers. Medicine is in a precarious position and we must have an effective method for presenting our case to legislators. Our grassroots efforts and encounters with our elected officials provide crucial support for the efforts of our lobbyists in Columbia. And so I repeat: every physician should participate in SCMedPAC.

On behalf of the SCMedPAC Board, I am thankful to those physicians who have contributed to SCMedPAC as well as the talented and dedicated staff at the SCMA who work so diligently for us. Dr. Fritz Butenhorn will be assuming the duties of Chair at this Annual Meeting, so I join the rest of our Board in wishing him the best and am personally grateful
for his long-standing commitment to SCMedPAC and our advocacy efforts in South Carolina for many, many years. In closing, I am honored to have been entrusted with the opportunity to serve as Chairman of this Committee and I appreciate the tireless efforts of everyone on the SCMedPAC Board to fulfill our critically important mission.

May 2017

Committee Members:

Rob Morgan, MD, MBA, Chair, 4th District
Henry “Fritz” Butchorn, III, MD, Vice Chair, 4th District
Alexander Ramsay, MD, ISC Chairman Member
DeAnn Walpole, SCMA Alliance Representative
Ettaleah C. Bluestein, MD, 1st District
Marta Toruno Hampton, MD, 1st District
Donald Patrick Hurley, DO, 1st District Alternate
Gary A. Delaney, MD, 2nd District
Dallas Lovelace, III, MD, 2nd District
Gregory Tarasidis, MD, 3rd District
Boyce G. Tollison, MD, 3rd District
M. Mayes Dubose, MD, 5th District
Thomas Nimmer Joseph, MD, 5th District
Robert Harold Walker, MD, 5th District
Lawrence S. Kerr, MD, 6th District
Balbir Singh Minhas, MD, 6th District
Stephen Alan Imbeau, MD, 7th District Alternate
Patrick John Jebaily, MD, 7th District
John C. Ropp, III, MD, 7th District
RESOLUTION NUMBER: D-4

REFERRED TO: Reference Committee on Legislative Activities and Public Relations

SUBJECT: Designated Medication Disposal Site

SUBMITTED BY: Spartanburg County Medical Society and the SCMA Bioethics Committee

WHEREAS; in the United States, since the year 2000 more than 300,000 persons died from overdose related to opioid pain medication; and

WHEREAS; the Drug Abuse Warning Network estimated over 420,000 emergency department visits were due to misuse of narcotic pain relievers; and

WHEREAS; the Centers for Disease Control and Prevention (CDC) has recently released updated guidelines on opioid prescribing which discusses the need for using the least amount necessary for the shortest duration due to diversion with left over medication; and

WHEREAS; the CDC guidelines suggest three days or less will often be sufficient use of opioid pain medications when using for acute pain; and

WHEREAS; 259 million prescriptions for opioid pain medications were written last year which is enough for every American to have a bottle of opioid pain medication; and

WHEREAS; April 29 is the National Prescription Drug Take-Back Day which is sponsored by the United States Department of Justice and Drug Enforcement Administration; and

WHEREAS; more than a few days of exposure to opioids significantly increases hazards; and

WHEREAS; CDC reports 55 percent of abused opioids are obtained free from friends or relatives; and
WHEREAS; the CDC reports only 17.3 percent of abused opioids were prescribed by physicians; and

WHEREAS; there are disposal sites in pharmacies that have gone through the proper steps to be a designated medication disposal site, however, it is not a requirement for pharmacies; and

WHEREAS; a majority of the state of South Carolina does not have a disposal site within a 20 mile radius and only 10 counties have ‘take-back’ programs; and

WHEREAS; patients often do not know how to dispose of unused medications; and

WHEREAS; there are currently no standard disposal sites for each county in South Carolina; therefore, be it

RESOLVED; that the South Carolina Medical Association (SCMA) encourages legislation requiring each South Carolina county to have a designated medication disposal site which can accept all medications, including opioid medications, to help decrease the diversion of unused opioid medications.

May 2017
RESOLUTION NUMBER: D-5

REFERRED TO: Reference Committee on Legislative Activities and Public Relations

SUBJECT: Opposition to Physician Assisted Suicide (PAS)

SUBMITTED BY: Lexington Medical Society Delegation

WHEREAS; the role of the physician since the time of Hippocrates has been as healer and preserver of life, it would be antithetical for the physician to deliberately hasten death; and

WHEREAS; the American Medical Association (AMA) Code of Ethics clearly states physicians have an obligation to relieve pain and suffering, to promote the dignity and autonomy of dying patients in their care, physicians must not perform euthanasia or participate in assisted suicide. The societal risks of involving physicians in medical interventions to cause patients' deaths is too great to condone euthanasia or physician-assisted suicide. (HD-SR30-1992); and

WHEREAS; the state of South Carolina makes it unlawful for a physician to assist another person to commit or attempt to commit suicide (Title 16, Chapter 3, Article 1 SECTION 16-3-1090); and

WHEREAS; the provision of effective palliative treatment may foreseeably hasten death, relief of suffering is the goal, not ending life; and

WHEREAS; physician aided death includes risks to patients, physicians, and society; and

WHEREAS; the citizens of the United States and South Carolina have the right to put trust in their physician as a healer, not a purveyor of death; and

WHEREAS; the medically vulnerable could be disproportionately affected; therefore, be it
RESOLVED; that the South Carolina Medical Association (SCMA) affirms its support against physician assisted suicide (PAS) as stated in the AMA Code of Ethics and South Carolina state law; and be it further

RESOLVED; that legislation advocating PAS will be actively opposed by the SCMA.

May 2017
RESOLUTION NUMBER: D-6

REFERRED TO: Reference Committee on Legislative Activities and Public Relations

SUBJECT: Wet-Bulb Globe Temperature or Heat Index

SUBMITTED BY: Spartanburg County Medical Society, SCMA Bioethics Committee, and SCMA Medical Aspects of Sports Committee

1  WHEREAS; appropriate hydration before, during, and after physical activity is an important health concern for all athletes including high school athletes in South Carolina; and

2  WHEREAS; weight loss during exercise represents primary loss of body water. A loss of three degrees or more can significantly increase the risk of exertional heat-related illnesses; and

3  WHEREAS; athletes with high body fat can become affected by heat-related illnesses significantly more quickly than athletes with lower body fat percentages while in the same climate; and

4  WHEREAS; environmental temperature and humidity each independently contribute to dehydration and heat illness risk; and

5  WHEREAS; even naturally dry climates can have high humidity on the field if irrigation systems are scheduled to run prior to early morning practice start. This elevated humidity will continue until the water completely soaks into the ground or evaporates; and

6  WHEREAS; a heat index chart can be used to determine if athletic practices should be modified or cancelled; and

7  WHEREAS; wet-bulb globe temperatures have been used to account for several different weather factors. Wet-bulb globe temperature have been shown to provide an accurate measure of environmental heat stress; and
WHEREAS; onsite wet-bulb temperature should be measured 10-15 minutes before practices or competitions, and used with results from the heat index to determine if practices should be modified or stopped; and

WHEREAS; wet-bulb globe temperatures and heat index calculations being used to modify sports activities have been shown to decrease risks of heat-related illnesses; and

WHEREAS; multiple sports medicine organizations and states have created guidelines to modify activity if Wet-bulb globe temperature or heat index is greater than 90 degrees, limit activity and to increase rest breaks if between 80 degrees and 90 degrees; therefore, be it

RESOLVED; that the South Carolina Medical Association (SCMA), in consideration of the health of our high school athletes, encourage legislation to require all high schools to use a wet-bulb globe temperature or heat index to determine if any alterations in sports activity need to be made before every practice or event.

May 2017
RESOLUTION NUMBER: D-7

REFERRED TO: Reference Committee on Legislative Activities and Public Relations

SUBJECT: Reimbursement for Medical Interpretation

SUBMITTED BY: Sylvia Jang, Shannon McGue, and Spenser Staub - SCMA Medical Student Section

1. WHEREAS; communication barriers are associated with an increased risk for adverse events, decreased use of preventative services, and worse health outcomes in Limited English Proficiency (LEP) patients;¹,²,³ and

2. WHEREAS; the use of professional medical interpreters is associated with better health outcomes and patient satisfaction, so that the gap in quality of care between LEP patients and English-proficient patients nearly disappears;⁴,⁵ and

3. WHEREAS; the lack of interpretive services can create additional costs as LEP receive more diagnostic tests and are more likely to be admitted to the hospital from the emergency department (ED);⁶ and

4. WHEREAS; the number of LEP patients in South Carolina, and therefore the demand for trained medical interpreters, is increasing;⁷,⁸ and

5. WHEREAS; interpretation is mandated by federal law, yet is not by default reimbursed by federal health insurance programs; and

6. WHEREAS; states can elect to receive federal matching funds;⁹ and

7. WHEREAS; lack of reimbursement puts undue burden on providers, while reimbursement may encourage wider use of qualified interpreters, thereby benefiting both patients and health care providers;¹⁰,¹¹ and
WHEREAS; existing American Medical Association (AMA) policy calls for (1) work
to obtain federal funding for medical interpretive services; (2) redouble its efforts to remove
the financial burden of medical interpretive services from physicians; (3) urge the
Administration to reconsider its interpretation of Title VI of the Civil Rights Act of 1964 as
requiring medical interpretive services without reimbursement; (4) consider the feasibility of
a legal solution to the problem of funding medical interpretive services; and (5) work with
governmental officials and other organizations to make language interpretive services a
covered benefit for all health plans inasmuch as health plans are in a superior position to pass
on the cost of these federally mandated services as a business expense; therefore be it

RESOLVED; that the South Carolina Medical Association advocate for South Carolina
to take advantage of federal matching funds for reimbursing interpretative services through
Medicaid and the State Children's Health Insurance Program.

May 2017

References:

2. Schyve. Language differences as a barrier to quality and safety in health care: the Joint
3. Masland, M.C., Lou, C., & Snowden, L. Use of Communication Technologies to Cost-
5. Lindholm, M., Hargraves, J.L., Ferguson, W.J., & Reed, G. Professional language

Relevant AMA and AMA-MSS Policy:

Our AMA: (1) encourages promotion of educational information in Spanish and assistance in listing media resources to help care for this growing population with regards to preventative medicine and disease management; and (2) supports an increase in the pool of physicians who can provide care for the Hispanic population in areas with documented physician shortages.

Language Interpreters D-385.978
Our AMA will:
(1) continue to work to obtain federal funding for medical interpretive services;

(2) redouble its efforts to remove the financial burden of medical interpretive services from physicians;

(3) urge the Administration to reconsider its interpretation of Title VI of the Civil Rights Act of 1964 as requiring medical interpretive services without reimbursement;

(4) consider the feasibility of a legal solution to the problem of funding medical interpretive services; and

(5) work with governmental officials and other organizations to make language interpretive services a covered benefit for all health plans inasmuch as health plans are in a superior position to pass on the cost of these federally mandated services as a business expense.

Availability and Payment for Medical Interpreters Services in Medical Practices H-385,929
It is the policy of our AMA to: (1) the fullest extent appropriate, to actively oppose the inappropriate extension of the OCR LEP guidelines to physicians in private practice; and (2) continue our proactive, ongoing efforts to correct the problems imposed on physicians in private practice by the OCR language interpretation requirements.
RESOLUTION NUMBER: D-8

REFERRED TO: Reference Committee on Legislative Activities and Public Relations

SUBJECT: Consolidation and Reconciliation of the South Carolina Medical Association Policy

SUBMITTED BY: South Carolina Medical Association Medical Student Section

WHEREAS; the American Medical Association (AMA) has an integrated database available online for all its policies; and

WHEREAS; there exists no easily accessible database of past or present South Carolina Medical Association (SCMA) resolutions; and

WHEREAS; examination of previous legislative efforts is crucial in the drafting and proposing of future resolutions; therefore be it

RESOLVED; that the SCMA endorse the concept of consolidating its policy compendium into a single, publicly accessible database in order to make information on existing SCMA policy more accessible and to increase its readability.

May 2017

Relevant AMA and AMA-MSS Policy:

Consolidation and Reconciliation of AMA Policy G-600.111
Our AMA House of Delegates endorses the concept of consolidating its policies in order to make information on existing AMA policy more accessible and to increase the readability of our AMA Policy Database and our AMA PolicyFinder Program.

(1) The policy consolidation process allows for: (a) rescinding outmoded and duplicative policies, and (b) combining policies that relate to the same topic.

(2) Our AMA House requests that each AMA council, AMA section, and Board of Trustees advisory committee accept ongoing responsibility for developing recommendations on how to consolidate the policies in specific sections of our AMA Policy Database. In developing policy
consolidation recommendations, our AMA councils should seek input from all relevant AMA bodies and units. Other groups represented in the House of Delegates also are encouraged to submit consolidation recommendations to the Speakers.

(3) The House encourages each AMA council to develop two or more policy consolidation reports each year, recommending changes that will result in significant improvements in the readability of our AMA Policy Database.

(4) The consolidation process permits editorial amendments for the sake of clarity, so long as the proposed changes are transparent to the House and do not change the meaning.

(5) Policy Reconciliation. The AMA's policy database should not include duplicative, conflicting or inconsistent AMA policies.

(A) If a new or modified policy supersedes or renders obsolete one or more existing AMA policies, those existing policies should be identified and presented to the AMA House of Delegates with a recommendation for rescission. The AMA Councils, with the input of appropriate AMA sections and Board advisory committees, have a role to play in reconciling existing policies by presenting reports with recommendations for policy reconciliation. Any organization that has representation in the AMA House of Delegates is encouraged to identify to the Speakers inconsistent or obsolete policies. The Speakers should then decide whether a policy reconciliation report is in order and which council or other entity should most appropriately be asked to develop the consolidation report.

(B) At each meeting, the Speaker will present one or more reconciliation reports for action by the House of Delegates relating to newly passed policies from recent meetings that caused one or more existing policies to be redundant and/or obsolete. Where a report is needed to reconcile disparate policies, the Speakers will identify the appropriate council or group responsible for the reconciliation report on a specific topic.
RESOLUTION NUMBER: D-9

REFERRED TO: Reference Committee on Legislative Activities and Public Relations

SUBJECT: Recommended Changes to the SCMA Bylaws-Sunset Policy

SUBMITTED BY: SCMA Constitution and Bylaws Committee

1. WHEREAS; the South Carolina Medical Association (SCMA) puts forth resolutions on an annual basis for review by the House of Delegates to become SCMA policy; and

2. WHEREAS; currently there is no provision for the “sunset” or “ending” of those policies; and

3. WHEREAS; in order to allow the SCMA to focus and prioritize its efforts in the face of the constantly changing landscape of healthcare; therefore be it

RESOLVED; that as the House of Delegates approves policies, a maximum five year time horizon shall exist. A policy will typically sunset after five years unless action is taken by the House of Delegates to retain it. Any action of our SCMA House of Delegates that reaffirms or amends an existing policy shall reset the sunset "clock," making the reaffirmed or amended policy viable for another five years; and be it further

RESOLVED; in the implementation and ongoing operation of our SCMA policy sunset mechanism, the following procedures shall be followed: (a) Each year, the Speaker shall provide a list of policies that are subject to review under the sunset mechanism; (b) Such policies shall be assigned to the appropriate SCMA reference committee for review; (c) Each SCMA reference committee that has been asked to review policies shall develop and submit a report to the House of Delegates identifying policies that are scheduled to sunset; (d) For each policy under review, the reviewing committee can recommend one of the following actions:

D-9.1
(i) Retain the policy; (ii) Sunset the policy; (iii) Retain part of the policy; or (iv) Reconcile the policy with more recent and like policy; (e) For each recommendation that it makes to retain a policy in any fashion, the reviewing committee shall provide a succinct, but cogent justification (f) The Speaker shall determine the best way for the House of Delegates to handle the sunset reports; and be it further

RESOLVED; that nothing in this policy shall prohibit a report to the House of Delegates or resolution to sunset a policy earlier than its five-year horizon if it is no longer relevant, has been superseded by a more current policy, or has been accomplished; and be it further

RESOLVED; the SCMA Reference Committees and the House of Delegates should conform to the following guidelines for sunset: (a) when a policy is no longer relevant or necessary; (b) when a policy or directive has been accomplished; or (c) when the policy or directive is part of an established SCMA practice that is transparent to the House and codified elsewhere such as the SCMA Bylaws or the SCMA House of Delegates Reference Manual: Procedures, Policies and Practices; and be it further

RESOLVED; the most recent policy shall be deemed to supersede contradictory past SCMA policies.

May 2017
The South Carolina Medical Association (SCMA) Committee on Continuing Medical Education (CME) consists of ten dedicated physicians of many different specialties from throughout South Carolina. The committee serves to accredit institutions and organizations in South Carolina as sponsors of CME. This is done by conducting interviews (formerly called site surveys) of organizations to review their planning, implementation and evaluation of CME activities as required by the guidelines of the Accreditation Council for Continuing Medical Education (ACCME). Committee members performed two (2) interviews during the past year and now accredits 11 organizations. Those 11 organizations are: AnMed Health, Bon Secours St. Francis Health System (Greenville), Carolinas Hospital System (Florence), Grand Strand Regional Medical Center, Greenville Hospital System, The Hawkins Foundation, McLeod Regional Medical Center, Roper St. Francis Healthcare, Self Memorial Healthcare, Sisters of Charity Providence Hospitals, and Spartanburg Regional Medical Center.

A significant amount of committee time is spent planning the scientific sessions during the SCMA Annual Meeting. There will be a total of 19.75 hours of CME credit offered at this year’s annual meeting, with physicians being able to earn up to 15.75 AMA PRA Category 1 Credits™.

The CME sessions will begin on Thursday afternoon with Palliative Care Update; Understanding the Dynamics of Teen Dating Violence; Changing Times in Hospital Care of
the Normal Postpartum Neonate; Prescriptions Drugs, American Medicine’s Pot of Gold:
Why Prescriptions Drugs are So Expensive; Why PCMH Now? Why 2017 is a Critical Year
for Transformation; South Carolina Board of Medical Examiners Update on
Epinephrine/Naloxone; Obesity in SC: Update on Current Efforts and Results So Far; and
Domestic Violence Legal and legislative Update.

CME sessions continue on Friday with the Advance Care Planning (ACP) in Clinical
Practice: Tales from the Real World; Memory Power; and Carolina eHealth Network: What
is it? And why you need it.

Saturday morning begins with the SCMA Residents & Students Scientific Poster
Presentation; Ethical Issues of Education in Medicine: The MCAT: Past and Present;
Affirmative Action in Medical Education; The Hidden Curriculum in Medical Education; Is it
Ethical to Grade Medical Students? Making the Case for the Addition of Advance Care
Planning Curriculums for Medical Education Students; New Medical School of the Future;
Ethical Implications of Maintenance of Certification; Legal Aspects of Medical Education;
Saturday also includes the SCMA President’s Session - Bedside Ultrasound in Medical
Education; Save 400: Mental Health and Medical Training; GME Funding; The Assessment
of Learning Outcomes in Medical School; The Clinical Learning Environment; Osteopathic
Medical Education: Historical Perspective and a Look Towards the Future.

The SCMA sponsored 35 CME activities during the past year. They included: a
General Overview of MACRA; 2016 SCMA CME Provider Workshop; Advance Care
Planning; Physician Reimbursement Opportunities; Patient Centered Medical Homes
(PCMH); Legal Uses of Illegal Drugs; Prior Authorization; Approved Procedures for South
Carolina Physicians Prescribing and Monitoring Controlled Substances – Option 2 and

E-1.2
Option 3; An Overview of Zika Virus Infections for Clinicians; Advance Care Planning in South Carolina: The State of Our State and New Initiatives; Health Aging; Important Information about Domestic Violence Help; Hot Topics; Patient Centered Medical Homes; The 2014 NCQA Standards; First Steps Program; 2016 Health Law Symposium; SCMA Bioethics Committee 2016 Annual Retreat; Advanced Care Planning PI-CME Stage 1; Components of Allergy Assessment, Immunotherapy & Adverse Reactions for the PC Clinician; Is Bioterrorism Still of Concern?; South Carolina Medicaid’s Role in Obesity; Trends in Emerging Infectious Diseases; ICD-10 Implementation Overview; Pain Management Update: Principles and Practice of Opioid Prescribing for Pain; Patient Centered Medical Home (PCMH) (2); Organizational Negotiations; Influencing Health Care Professionals; The Obesity Paradigm: Review of Recent Clinical Practice Recommendations and the Introduction of the New SCMA Childhood Obesity Taskforce Toolkit; Palliative Care in South Carolina: The Role of the SC Coalition for the Care of the Seriously Ill; Patient Risk Assessment for Ovarian Cancer; Overview of DEA and the Controlled Substance Act; and Measuring Healthcare Quality, Improving quality and Reducing Costs. All of these programs were well attended and provided excellent educational opportunities.

The SCMA jointly provided 22 multiple conferences during the past year. They included: The John Shippey Cancer Conferences; Endoscopic Spinal Surgery; From Concept to Reality; South Carolina Primary Health Care Association – 22nd Annual Clinical Network Retreat; The 24th Annual Spine Society 2016; South Carolina Urological Association; SC Society of Pathologists 2016 Annual Meeting; 71st Annual Meeting of the Southeastern Allergy, Asthma & Immunology Society; 2016 SCMA/SCHA TAP Conference; American Academy of Thermology; SC Chapter of the American Academy of Pediatrics 2016 Annual
Meeting: Best Chance Network/ WISEWOMAN Regional Provider Training; Hyponatremia; Afternoon Symposium for Primary Care Physicians and Providers; SC Academy of Dermatology and Dermatologic Surgery Annual Meeting; Allergy, Asthma and Immunology Society of SC Annual Meeting; 14th Annual Chronic Disease Prevention Symposium; SC Neurological Association 2016 Annual Meeting; SC Psychiatric Association 2016 Annual Meeting; SC Chapter of the American Academy of Pediatrics; Winter Weekend Escape CE 2016; Allergy Assessment in the Primary Care Setting; and Medical Certification of Commercial Drivers. All of these programs were well attended and provided excellent educational opportunities.

I would like to thank all the members of the CME Committee for their dedication and commitment. Lastly, I would like to recognize Ms. Sharron Kelley for her work as the Director of Education and Accreditation as well as Tara Stewart, Manager, CME Programs, Necole Stinson, CME Coordinator, and Shanita Johnson, CME Staff Liaison, for all their hard work on behalf of your CME Committee. Thank you for a job well done.

We invite interested SCMA members to join our committee, and we encourage feedback to enable us to steadily improve the CME process and the quality of our educational activities.

May 2017

CME Committee Members:

Jennifer R. Root, MD, Chair
Linwood Bradford, MD
Sami B. Elhassani, MD
Scott Kellner, MD
Lawrence Kerr, MD

Charlotte Lindler-Ellis, MD
Baxter F. McLendon, MD
Alex Ramsay, MD
Gregory T. Squires, MD, FACS
William Wheeler, MD

E-1.4
This year, the South Carolina Medical Association (SCMA) Foundation distributed $28,230 in scholarship money to medical students at the Medical University of South Carolina, the University of South Carolina School of Medicine - Columbia, the University of South Carolina School of Medicine - Greenville, and the Edward Via College of Osteopathic Medicine. Fourteen scholarships, ranging from $500 to $5,000, were awarded.

May 2017
RESOLUTION NUMBER: E-3

REFERRED TO: Reference Committee on Medical Education and Hospitals

SUBJECT: Advance Care Planning Education

SUBMITTED BY: Marisette Hasan, RN, SCMA Bioethics Committee

1 WHEREAS; in the United States, based on a national study conducted by The John A. Hartford Foundation in 2016, 68 percent of primary care physicians reported receiving no training on how to conduct end of life care conversations and 46 percent reported feeling frequently unsure about what to say during end of life care conversations; and

2 WHEREAS; 48 percent of physicians in the same study expressed difficulty having end of life conversations with patients who are culturally diverse from themselves, 53 percent share that such conversations are more challenging to them than rewarding; and

3 WHEREAS; the South Carolina Medical Association (SCMA) in partnership with the Physician Foundation, has embarked on educating physicians in four rural pilot regions in South Carolina utilizing the Respecting Choices model, an advance care planning curriculum that includes training regarding how to conduct these conversations with their patients; and

4 WHEREAS; the South Carolina Coalition for the Care of the Seriously Ill (CSI) has raised awareness of the need for advance care planning education with the launch of the Physician Orders for Scope of Treatment (POST) Pilot in South Carolina in partnership with the Department of Health and Environmental Control Emergency Division; and

5 WHEREAS; physicians who regularly talk to their patients about their end of life care wishes are more likely to say these conversations are rewarding than those who infrequently discuss these issues with their patients; and
WHEREAS; research studies confirm that in general medical students feel more competent when engaged in experiential learning that allows them to conduct end of life care conversations; and

WHEREAS; medical school curriculums are inconsistent in providing training for medical students on how to conduct end of life care conversations; therefore be it

RESOLVED; that the South Carolina Medical Association (SCMA) should actively support and encourage medical schools in South Carolina to include formal and informal advance care planning curriculums to prepare medical students on how to conduct advance care planning discussions.

May 2017
REPORT NUMBER: F-1

REFERRED TO: Reference Committee on Medical Services and Insurance

SUBJECT: Report of SCMA Financial Services, Inc./SCMA Practice Management Services, Inc.

SUBMITTED BY: Boyce G. Tollison, MD

1 It is again my pleasure to make this annual report of South Carolina Medical
2 Association (SCMA) Financial Services, Inc. and SCMA Practice Management Services, Inc.
3 (PMSI) to the House of Delegates.
4 This has been a year of growth for both companies.
5 PMSI has partnered with KaMMCo, a Kansas Medical Society company, to bring
6 Carolina eHealth Network to our state.
7 Carolina eHealth Network is the new physician-led health information network in
8 South Carolina built upon a proven technology model which enables the sharing of clinical
9 information at the point of care, while supporting physician efforts to meet the new Quality
10 Payment Program MIPS or APM requirements through the use of analytics.
11 For the first time, South Carolina physicians and hospitals will be able to access
12 advanced analytics utilizing real-time clinical data, across all health information network
13 participating providers from whom a patient has received care. Clinicians who use the
14 analytics will be able to proactively manage their patients' care in ways previously promised
15 but not delivered. Carolina eHealth Network participants are truly positioned to transform
16 healthcare in South Carolina.
The South Carolina Medical Association (SCMA) Members Insurance Trust (MIT) has been offering health coverage to physicians, their families, and staff for over 35 years. MIT is unique and is chartered under Federal law as a pure non-profit, meaning, we are required to maintain a safe level of reserves but also not allowed to keep building unlimited amounts of money and call it “reserves” like many main stream or commercial carriers do. This forces us to keep our premiums as low as safely possible while generously benefiting those covered – this is why it’s called a ‘Trust’.

This past year we experienced significant growth because we have the specific plans designs and special benefits to meet your needs. Our “bottom line” is strong. MIT completed the last fiscal year with a premium to expense differential gain of nearly $1.7 million, with a cash reserve for incurred, but not reported claims of a little over $1.3 million. With the strength of the bottom line and requirements of our governance, an actuarial study was completed last year and the MIT Board made a decision to hold base health and dental rates for 2016 – no base premium increase!

The MIT Board continues to evaluate the market in an effort to offer unique products at a competitive price. MIT has been unique to physicians, their families, and staff for years. The MIT Board also continues to review each appeal submitted. I would like to thank each member of the MIT Board and staff for their time and efforts.

May 2017
Board Members:

Gerald A. Wilson, MD, Chairman
Joseph Delaney, MD
Terry Dodge, MD
Ms. Tina Ponder
Ms. Michelle Bolin
The Physicians' Advocacy and Assistance Committee (PAAC) is charged with identifying members of the South Carolina Medical Association (SCMA) who have become impaired because of substance usage, physical and mental disorders, aging, etc., and arranging for therapy for those members, followed by their re-entry into practice. The PAAC has been very active in carrying out its mission of supporting and advocating for impaired physicians in 2016-2017. The committee meets quarterly with all contractors who are required to report on their progress, in person, at least once a year. At the PAAC meetings, we provide information regarding licensure, treatment, re-entry into practice, and other matters of importance to the members, contractors, and others.

For the past year, the PAAC has continued its mission of assisting and advocating for physicians and other medical persons who are licensed by the South Carolina Board of Medical Examiners (BME) and have been deemed impaired in their pursuit of patient care. As a part of the advocacy mission, the committee evaluates the recovery status of physicians who are under contract to the committee and generates, upon request, reports to the various licensing boards. The relationship between the licensing boards and PAAC has undergone enhancement during the past fifteen years, and there now exists a quite comfortable atmosphere of mutual respect and credibility between the boards and the PAAC. The wholesome relations with the licensing authority can only enhance the carrying out of the committee's charge.
During 2016-2017, the PAAC has continued to support the Recovering Professionals Program (RPP) that began operation on February 1, 2000. The RPP, BME, and the PAAC have established even stronger working ties to promote long-term recovery for impaired physicians and safety for the public.

The PAAC continues to be important in the recovery of impaired physicians in South Carolina through its primary mission of assistance and advocacy, and in mentoring those professionals who are deemed impaired by chemical dependence. With the addition of Rock Hill, we now have eleven Caduceus Clubs in the state that continue to meet on a weekly basis and serve as support groups. These groups cooperate with the RPP in keeping track of professionals who are being monitored both by professional board mandate and those who participate in recovery programs on a voluntary basis.

Seven years ago, the PAAC created a more formal mentoring system to better assist physicians in their recovery process and integration back into practice. Participants are assigned to a physician who has achieved long-term recovery, like a “big brother.” This will serve as an adjunct to the RPP, whose main function is to monitor recovering physicians for the South Carolina Department of Labor Licensing and Regulation (LLR) and the BME.

The PAAC participated with the University of South Carolina School of Medicine and the South Carolina Society of Addiction Medicine in the 24th Annual Alcohol & Drug Issues Conference for Clinicians in January of 2017. The conference was well attended and deemed quite valuable to over 150 participants. Originally a two day conference, this conference was shortened to one day. Speakers featured at the conference and their topics were: Marijuana-Data on Impact and Legalization by Ben Cort followed by Marijuana-Medical Utilization by Billy Heckle, RPh, CAC II. Other presentations given were Street Drugs – Update and Epidemiology

G-1.2
by Roy Smith, MD; Street Drugs – Testing Basics and Analytics by Demi Garvin, PharmD;
Bridging Medically Assisted Therapy Abstinence to Obtain Harm Reduction by Robert Borucki,
MD and Victor Archambeau, MD; and Motivational Interviewing by Alan Lyme, MSW, ICADC,
ICCS. During the Conference Michael Laughlin, MD was presented with a plaque in deep
appreciation of his contributions to the Planning Committee, University of South Carolina School
of Medicine-Palmetto Health and Continuing Professional Development & Strategic Affairs over
the past fifteen years.

The PAAC appreciates the support and assistance of the SCMA, its officers, and the Board
of Trustees. Staff support of the SCMA continues to be outstanding, particularly that of Ms.
Cathy Boland.

May 2017

Committee Members:

K. Michael Laughlin, MD, Co-Chair
Benjamin B. Blackmon, Jr, MD, Co-Chair
G. Conrad Bauknight, Jr., MD
Mark T. Billman, DMD, MD
Robert B. Borucki, MD
Hugh V. Coleman, MD
Charles L. Gaillard, MD
William E. Green, III, MD
Duncan A. Holaday, MD
Ann J. Kelly, MD
Douglas E. McGill, MD
Benjamin K. McInnes, III, MD
Roy E. Smith, MD
Ronald M. Tollison, MD
Robert P. Turner, MD
Frank Sheheen (RPP Rep.)
Joseph A. Weiner, Jr. (SCAPA Rep.)
As we convene here in Charleston for our 169th Annual Meeting, it's a time of education, legislation, and a time to renew old acquaintances, as well as make new ones. It is also a time to pay our respects to those who are no longer in our midst. Since our last meeting, we have lost numerous physicians who were contributions to their families, their communities and the medical field. It seems only right that we, the members of the South Carolina Medical Association, take a moment from these proceedings to recognize these physicians and pay honor to their memories and families.

After the following names have been read, we will stand for a moment of silence out of respect for their memories: Frank O. Bartel, Jr., MD, Spartanburg; Uriah “Hoyt” Bodie, Jr., MD, Pawley’s Island, SC; Thomas B. Carroll, MD, Lancaster; Herbert P. Cooper, Jr., MD, Clemson; James H. Craft, MD, Aiken; Paul D. Eckenbrecht, MD, Ridgeway; Bruce C. Elliott, MD, Clover; William E. Fender, Jr., MD, Mount Pleasant; Gerald D. Fielder, MD, Union; Henry F. Frierson, MD, Orangeburg; Jay Hammett, MD, Gaffney; Guy C. Heyl, Jr., MD, Aiken; Frank C. Hill, MD, Lexington; G. Kenneth Johnson, MD, Manning; Basil Manly, IV, MD; John P. Manos, MD, Charleston; Francis N. McCorkle, Jr., MD, Camden; Donald W. Morgan, MD, Blackstock; Ragesh Pandya, MD, Greenville; Jerry R. Powell, MD, Anderson; Stephen Elliott Puckette, Jr., MD, Johns Island; Martin K. Rosefield, Jr., MD, Sumter; George V. Rosenberg, MD, Abbeville; Chad A. Rubin, MD, Columbia; Michele L. Spero-Storey, MD,
Lexington; Lucius P. Varn, MD, Greenville; Bryan L. Walker, MD, Columbia; Michael C. Watson, MD, Bamberg; and L. Benton Williams, MD, Georgetown.

May 2017

Committee Member:

Sam Stone, MD, Chairperson
The South Carolina Medical Association (SCMA) Bioethics Committee continues to meet monthly to explore some of the complicated ethical issues in the healthcare arena. The committee continues to maintain its interest on end-of-life treatment, specifically seeking a uniform process that would be applicable statewide concerning chronically and seriously ill patients, and end-of-life treatment considerations. The committee continues to address concerns about medically ineffective care during end-of-life treatment from ethical, economic and political contexts.

The topic of the annual retreat was: *Issues of Education in Medicine*. Guest speakers included Steve Williams, JD, who discussed the legal issues of education in medicine.

The title of the Bioethics session at the SCMA Annual Meeting will be: *Issues of Education in Medicine*. Attorney Steve Williams will again join members of the Bioethics Committee to present on various topics relating to the ethical issues of education in medicine.

In March 2014, the committee inaugurated an award for consultants on the committee in honor of their service, named the Radest Award, named after the first recipient, Howard Radest, PhD. This year the award was given to Stuart Sprague, PhD.

The committee continues to serve as a resource for hospitals and local medical societies desiring to establish or enhance their ethics committees. Our goal is to provide South Carolina physicians with information useful to them and applicable to their daily practice of medicine.
We encourage any physician with an interest in bioethics to attend one of our meetings and consider joining us. The committee would like to express our gratitude to the SCMA Board of Trustees for its support of our activities throughout the year and express our profound THANK YOU to all our participating consultants from around our state.

May 2017

Committee Members:

John M. Roberts, MD, CHAIR
Leon Bullard, Jr., MD, Board Liaison
Franklin C. Coulter, MD
J. Spencer Gainey, MD
Walter Limehouse, MD
Sewell Kahn, MD
Jeffrey Cashman, DO
Sami Elhassani, MD
Suzanne Schwab, MD

Consultants:

Carol Apt, PhD, Professor of Sociology at South Carolina State University
Charles D. Kay, PhD, Associate Professor of Philosophy at Wofford College
Stuart Sprague, PhD, Associate Professor at AnMed
Jeffrey Barker, PhD, Provost at Converse College
Tom Glisson, M.Div., South Carolina Chaplaincy Association
Vicki Green, RN, South Carolina Department of Health and Human Services
Karen Reeves, RN, Vice President of Quality, Compliance, and Risk Management for the South Carolina Hospital Association
Marisette Hasan RN, Vice President, SC Operations, the Carolinas Center for Hospice and End of Life Care
Wes Collins, Advance Care Planning and Ethics Committee Coordinator at Spartanburg Regional Healthcare System
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Report H-1 was not submitted prior to the printing deadline. If submitted, this report will be distributed at the House of Delegates on Friday, May 5, 2017.
CONSTITUTION AND BYLAWS
OF THE
SOUTH CAROLINA MEDICAL ASSOCIATION

REVISED
APRIL 2015
ORGANIZATION

NAME OF THE ORGANIZATION. The name and title of this organization shall be the South Carolina Medical Association, Inc., hereinafter referred to as the SCMA.

PURPOSES. The purpose of the SCMA shall be:

(1) to serve the interest of South Carolina physicians,
(2) to support their efforts to provide high quality medical care,
(3) to promote good health for all citizens of South Carolina; and
(4) to serve as the voice of the medical profession of South Carolina.

COMPOSITION. The SCMA is a federation of component medical societies as chartered by the House of Delegates and other member physicians as provided for in the Bylaws.

HOUSE OF DELEGATES. The House of Delegates shall be the legislative and policy making body of the SCMA and shall be composed of elected representatives from component medical societies and other member physicians as provided for in the Bylaws.

BOARD OF TRUSTEES. The Board of Trustees shall be elected by the House of Delegates as provided for in the Bylaws and will carry out the policies of the House of Delegates between its meetings, shall have authority over all of the subsidiary organizations, and shall execute all other applicable duties as provided for in the Bylaws. The composition of the Board of Trustees will be as provided for in the Bylaws.

OFFICERS. The Officers of the SCMA shall be the President, President-Elect, the
Immediate Past President, the Secretary, the Treasurer, the Speaker of the House of Delegates, Vice Speaker of the House of Delegates, and elected District Trustees and Section Trustees. Their qualifications and terms of office shall be as provided for in the Bylaws.

5.00 MEETINGS AND SESSIONS. The SCMA shall hold an Annual Meeting, during which time there shall be a meeting of the House of Delegates and a General Meeting which shall be open to all members and guests. The time and place for holding such Annual Meeting shall be determined by the Board of Trustees. Special sessions may be held as provided for in the Bylaws.

6.00 SUBSIDIARIES. Certain subsidiary organizations may be required to conduct the business of the SCMA. These will exist as separate legal entities structured and directed by the SCMA. These organizations and their roles shall be provided for in the Bylaws.

7.00 FUNDS. Funds shall be raised by the payment of annual dues and in any other manner approved by the Board of Trustees, as provided for in the Bylaws.

8.00 THE SEAL. The SCMA shall have a common seal, with power to break, change or renew the same at the pleasure of the House of Delegates.

9.00 REFERENDUM. The House of Delegates may, by a two-thirds (2/3) vote of the members present at any regular session, order a general referendum. The general referendum must be distributed to the voting members of the SCMA sixty (60) business days prior to the call for the vote. The members voting must comprise a majority of all the voting members of the SCMA in order for the votes of the general referendum to be counted. A majority vote of the voting members shall determine the general referendum and be binding upon the House of Delegates. If
the members voting do not comprise a majority of all the voting members of the
SCMA, the votes shall not be counted and the House of Delegates shall not be
bound by the referendum. If there is more than one (1) question in the general
referendum, each question must receive a majority vote of the voting members to
be binding on the House of Delegates.

10.00 AMENDMENTS. The House of Delegates may amend any article of this
Constitution by a two-thirds (2/3) vote of the delegates registered at the annual
meeting, provided that such amendment shall have been presented in the open
meeting at the previous annual meeting. The proposed changes must be sent to
each component society at least two (2) months before the meeting at which the
action is to be taken.
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SCMA BYLAWS

1.00 ORGANIZATION

1.10 NAME OF THE ORGANIZATION. As stated in the Constitution.

1.20 PURPOSES. As stated in the Constitution.

1.30 COMPOSITION

1.31 COMPONENT LOCAL MEDICAL SOCIETIES. Local societies which have charters from the SCMA shall be considered component local medical societies.

1.311 PURPOSE. The purpose of each component local medical society shall be:

(1) to serve the interest of local medical society physicians,

(2) to support their efforts to provide high quality medical care,

(3) to promote good health for all citizens; and

(4) to serve as the voice of the medical profession in the local medical society.

1.312 ORGANIZATION. All local societies now in affiliation with the SCMA, or those which may hereafter be organized in this State, which have adopted principles of organization not in conflict with this Constitution and Bylaws, may apply for application to be a chartered local medical society by the SCMA. If the application is accepted by the SCMA, a charter shall be issued and the local society shall become a component part of the SCMA.

1.313 CHARTER. Charters shall be issued only upon the approval of the House of Delegates and shall be signed by the President and Secretary of the SCMA. The House of Delegates shall have the authority to revoke the charter of any component local medical society whose actions are in conflict with the letter and spirit of this
Constitution and Bylaws. Only one (1) component local medical society shall be chartered in any county.

1.314 MEMBERSHIP. A physician may hold membership in that component local medical society most convenient for the individual to attend. If a physician elects to join more than one (1) component local medical society as well as the SCMA, tabulation of SCMA membership relative to delegate representation in the House of Delegates shall be limited to the one (1) component local medical society of the physician's choice. Each component local medical society shall be the judge of the qualifications of its members.

1.3141 TRANSFER. When a member in good standing in a component local medical society moves to another county in this State, the physician's name, upon request, shall be transferred to the roster of the county medical society into whose jurisdiction it is most convenient for the physician to attend, pending approval of the society to which the individual applies.

1.315 REPRESENTATION IN THE HOUSE OF DELEGATES. Each component local medical society shall elect a delegate(s) as provided for in the Bylaws, Section 2.221. The names of the delegates shall be sent to the SCMA at least thirty (30) days in advance of the Annual Meeting.

Medical students and resident physician members shall not be counted for representation in the House of Delegates.

1.32 COMPONENT SPECIALTY SOCIETIES. Any statewide specialty medical group which is organized and whose members are recognized by the American Board of Medical Specialties (ABMS) may, upon recommendation of the Board of Trustees,
be considered by the House of Delegates for acceptance as a component specialty society.

1.321 CRITERIA FOR APPROVAL. The Board of Trustees shall review each application and determine whether the applicant society meets the CRITERIA FOR REPRESENTATION approved by the House of Delegates, and shall report its findings and recommendations to the House of Delegates. Each specialty society shall submit to the Board of Trustees every five (5) years certification and documentation that it continues to meet the CRITERIA FOR REPRESENTATION as a Component Specialty Society.

1.322 REPRESENTATION IN THE HOUSE OF DELEGATES. One (1) qualified delegate elected by each of the component specialty societies recognized by the SCMA will have power to vote in the House of Delegates. The name of the delegate shall be sent to the SCMA at least thirty (30) days in advance of the Annual Meeting.

1.33 RESIDENT PHYSICIAN SECTION

1.331 PURPOSE. The purpose of the Resident Physician Section (RPS) is to provide a means for resident physicians to address and subsequently refer common problems, issues, and/or interests to the SCMA Board of Trustees and House of Delegates.

1.332 ORGANIZATION. Members may establish their own operating procedures including election of officers, election of delegates and alternate delegates to the House of Delegates.

1.333 MEMBERSHIP. Members of the RPS must be a current member of the SCMA. In those component local medical societies without provision for active membership, resident physicians will be permitted direct membership in the SCMA.
1.334 REPRESENTATION IN THE HOUSE OF DELEGATES. One (1) delegate from each of the institutions in South Carolina offering one or more residency programs will represent the total membership of the RPS and will have the power to vote in the House of Delegates.

1.34 MEDICAL STUDENT SECTION.

1.341 PURPOSE. The purpose of the Medical Student Section (MSS) is to provide a means for medical students to address and subsequently refer common problems, issues, and/or interests to the SCMA Board of Trustees and House of Delegates.

1.342 ORGANIZATION. Members may establish their own operating procedures including election of officers, election of delegates and alternate delegates to the House of Delegates.

1.343 MEMBERSHIP. Members of the MSS must be a current member of the SCMA. In those component local medical societies without provision for active membership for medical students, medical students will be permitted direct membership in the SCMA.

1.344 REPRESENTATION IN THE HOUSE OF DELEGATES. One (1) representative from each medical school recognized by the South Carolina Commission on Higher Education (CHE) or by the appropriate governing body shall serve as a delegate and have the power to vote in the House of Delegates.

1.35 YOUNG PHYSICIANS SECTION.

1.351 PURPOSE. The purpose of the Young Physician Section (YPS) is to provide a means for young practicing physicians to address and subsequently refer common problems, issues and/or interests to the SCMA Board of Trustees and House of Delegates.
ORGANIZATION. Members may establish their own operating procedures including
election of officers, election of delegates and alternate delegates to the House of
Delegates.

MEMBERSHIP. Members of the YPS must be a current member of the SCMA. In
those component local medical societies without provision for active membership for
young physicians, young physicians will be permitted direct membership in the
SCMA. Young physicians are SCMA members who are under forty (40) years of age
or within their first eight (8) years of professional practice after completing a
residency or fellowship.

REPRESENTATION IN THE HOUSE OF DELEGATES. Two (2) delegates of the
YPS will have the power to vote in the House of Delegates.

MEMBERSHIP CATEGORIES. Categories of membership shall be (1) Active
Members; (2) At-Large Members; (3) Group Members; (4) Resident Physicians; (5)
Medical Student Members; (6) Affiliate Members; (7) Military and Public Health
Members; (8) Sustaining Members and (9) Dues Exempt Members.

ACTIVE MEMBERS. Active members shall fulfill the following requirements:

(A) possess the degree of Doctor of Medicine or Doctor of Osteopathy, or its
equivalent;

(B) possess a license to practice medicine or surgery in the State of South
Carolina;

(C) shall be a member of a component local medical society; and

(D) pay dues.

ADMISSION. Any physician fulfilling the above requirements shall be permitted to
become an Active member of the SCMA.

1.412 RIGHTS AND PRIVILEGES. Active members shall be entitled to all rights and privileges of membership.

1.413 DUES. The annual dues for Active members shall be determined by the House of Delegates.

1.42 AT-LARGE MEMBERS. Participation in the component local medical society is critical to the function of the SCMA. There may, however, be instances when joining a component local medical society is not feasible because there is no component local medical society in the county in which the physician resides or practices.

1.421 ADMISSION. Physicians must meet the criteria for Active member with the exception of membership in the component local medical society. An application for At-Large membership must be approved by the Board of Trustees.

1.422 RIGHTS AND PRIVILEGES. At-Large members shall have all the rights and privileges of membership.

1.423 DUES. The annual dues for At-Large members shall be determined by the Board of Trustees.

1.43 GROUP MEMBERS. Physician groups with 100 or more members may be eligible for a group membership and a group membership dues discount up to 20 percent.

1.431 DEFINITION OF GROUP. A group is defined but not limited to physicians under the same management, or same tax identification number, or significant shared risk.

1.432 ADMISSION. Physicians must meet the criteria for Active Member with the exception that the dues will be paid by the sponsoring organization.

1.433 RIGHTS AND PRIVILEGES. Group members shall have all the rights and
privileges of membership except the right to hold office or serve as delegate. Active membership can be achieved by paying the difference between the two memberships.

1.434 REPRESENTATION AT THE HOUSE OF DELEGATES. For the purpose of the House of Delegates, the number of Group members residing in the county will not be included in the calculation of county medical society delegates to the House of Delegates.

1.44 RESIDENT PHYSICIAN MEMBERS. Resident Physicians of any institution recognized by the Accreditation Council on Graduate Medical Education in South Carolina shall be permitted to become members of the SCMA.

1.441 ADMISSION. Resident Physicians shall be permitted to become members of the SCMA.

1.442 RIGHTS AND PRIVILEGES. Resident Physicians shall be entitled to all rights and privileges of membership.

1.443 DUES. Annual dues for Resident Physicians shall be determined by the Board of Trustees.

1.45 MEDICAL STUDENT MEMBERS. Medical students of any school recognized by the South Carolina Commission on Higher Education (CHE) or by the appropriate governing body, pursuing the degree of Doctor of Medicine or Doctor of Osteopathy, or its equivalent, shall be permitted to become members of the SCMA.

1.451 ADMISSION. Medical student members shall be permitted to become members of the SCMA.

1.452 RIGHTS AND PRIVILEGES. Members of the SCMA Medical Student Section (MSS), who are members of the House of Delegates, may vote. Medical student
members may be allowed to be full voting members of committees.

1.453 DUES. Annual dues for Medical student members shall be determined by the Board of Trustees.

1.46 AFFILIATE MEMBERS. Physicians from other States in the United States who have been a member of their state medical association, who have retired and have a legal residence in South Carolina may become Affiliate members.

1.461 ADMISSION. Affiliate members who were in good standing in the state medical society of their last residence and are approved by the Board of Trustees may become members of the SCMA.

1.462 RIGHTS AND PRIVILEGES. An Affiliate member shall have all the rights and privileges of membership except the right to vote in the House of Delegates or hold office.

1.463 DUES. Annual dues for Affiliate members shall be determined by the Board of Trustees.

1.47 MILITARY AND PUBLIC HEALTH MEMBERS. Military and Public Health members who are approved by the Board of Trustees may become members of the SCMA.

1.471 ADMISSION.

   a) Military physicians, stationed in South Carolina or who have a legal residence in South Carolina, shall be permitted to become Active members of the SCMA.

   b) Physicians currently working full-time for a public health entity or Veterans’ Administration in South Carolina shall be permitted to become Active
members of the SCMA.

1.472 RIGHTS AND PRIVILEGES. Military and Public Health physicians shall be entitled to all rights and privileges of membership.

1.473 DUES. Annual dues for Military and Public Health physicians shall be determined by the Board of Trustees.

1.48 SUSTAINING MEMBER. Any physician maintaining a South Carolina license who does not legally reside or work full time in South Carolina may become a Sustaining member.

1.481 ADMISSION. Sustaining members who are approved by the Board of Trustees may become members of the SCMA.

1.482 RIGHTS AND PRIVILEGES. Sustaining members shall not have the right to vote or hold office.

1.483 DUES. Annual dues for Sustaining members shall be determined by the Board of Trustees.

1.49 DUES EXEMPT MEMBERS. The following categories of membership may be dues exempt: Honorary member, Honorary Fellow, Disabled member, Member on Medical Mission, Member with a Hardship.

1.491 HONORARY MEMBER. Active members who have been in good standing for twenty-five (25) years shall, upon retirement from active practice, be eligible for Honorary membership provided the component local medical society so recommends and the application is approved by the Board of Trustees.

1.4911 ADMISSION. In defining number of years that a physician has been a member in good standing, recognition shall be given to years that a member might have
accumulated as a member of the component medical society of another state provided that such member has been an active member of the SCMA for a minimum of ten (10) years. EXCEPTION: Physicians who go directly into the military or missionary service following graduation from medical school or residency without having joined a component local medical society, but who become members of a component local medical society and the SCMA following their discharge, shall be entitled, upon the approval of such component local medical society, to have their period of service up to five (5) years included in the calculation of their period of membership to qualify for the status of Honorary Member.

1.4912 RIGHTS AND PRIVILEGES. Honorary members shall be entitled to all the rights and privileges of membership in the SCMA except the right to hold office.

1.4913 DUES. Honorary members shall be exempt from the payment of dues if they have been a member of the SCMA for over twenty-five (25) years, are retired from practice and are age seventy (70) or over. Honorary members with over twenty-five (25) years of membership in the SCMA, who are retired and under the age of seventy (70) shall pay one half (1/2) the Active member dues.

1.492 HONORARY FELLOW. Distinguished physicians either living outside the State or who live in the State but are no longer connected with the practice or teaching of medicine may be elected Honorary Fellows of the SCMA.

1.4921 ADMISSION. Honorary Fellows shall be limited to those physicians who are elected by an affirmative vote of three-fourths (3/4) of the members of the House of Delegates voting.

1.4922 RIGHTS AND PRIVILEGES. Honorary Fellows shall be entitled to all rights and
privileges of membership except the right to vote or hold office.

1.4923 DUES. Honorary Fellows shall be exempt from the payment of dues.

1.493 DISABILITY MEMBER. Any member of the SCMA who becomes disabled and is forced to give up active practice may become a Disabled member.

1.4931 ADMISSION. Upon the recommendation of the component local medical society, a disabled physician may become a Disabled member and shall be entitled to continue membership in the SCMA and be carried on the rolls as a member during the period of disability.

1.4932 RIGHTS AND PRIVILEGES. Disabled members shall be entitled to all rights and privileges of membership.

1.4933 DUES. A disabled member is exempt from the payment of annual dues until the end of the individual’s disability.

1.494 MEMBER ON MEDICAL MISSION. Any member of the SCMA who is actively engaged in medical missionary service outside of the United States shall be exempt from the payment of dues during the medical missionary service.

1.495 MEMBER WITH A HARDSHIP. Any member of the SCMA who is unable to pay dues due to financial hardship may be exempted from payment of dues or a portion thereof.

1.4951 ADMISSION. Upon the recommendation by the component local medical society, a member who is unable to pay dues may be granted dues exempt membership by action of the Board of Trustees. Factors such as illness, injury, unemployment, or natural disaster, which creates a hardship on the member physician, may be considered by the Board of Trustees annually.
1.4952 RIGHTS AND PRIVILEGES. Member with a hardship shall be entitled to all rights and privileges of membership.

1.50 PRINCIPLES OF MEDICAL ETHICS. The principles of medical ethics advocated by the SCMA shall govern the conduct of the members in relation to each other and to the public.

1.60 DISCIPLINE OF MEMBERS. Any complaint which may involve possible disciplinary action shall immediately be forwarded to the Executive Committee for action. Grounds for such disciplinary action shall be a violation of the Constitution and Bylaws and/or a violation of the accepted principles of medical ethics.

1.61 PROCEDURE; DUE PROCESS. Upon receipt of the complaint, the Executive Committee shall appoint a hearing panel, composed of three (3) physicians not in economic competition with the respondent physician(s), who shall hear the complaint. A hearing date will be established and all parties concerned will be given, in writing, at least thirty (30) days notice of the date of the hearing. The Notice of the hearing shall clearly set forth the grounds of the complaint and the specific violation which may have occurred, including a statement identifying the nature of the violation and the facts which support the finding of an apparent violation. The Notice should also clearly identify the following rights of the respondent physician(s):

(a) the right to be represented by an attorney or any other person of the physician's choice;

(b) the right to present evidence that the hearing panel decides is relevant, without regard to the rules of evidence;

(c) the right to call and examine the individual’s own witnesses and the right to
cross-examine adverse witnesses;

(d) the right to submit a written statement at the close of the hearing;

(e) the right to have a record made of the proceedings upon notice;

(f) the right to obtain a copy of the transcript of the proceedings upon notice that a transcript is desired and payment in advance of a reasonable sum for preparation of the transcript.

The hearing panel shall have the same rights as the respondent physician(s). At the hearing, the panel will first consider the evidence showing why disciplinary action may be needed. Following this presentation, the respondent shall have an opportunity to put forth rebuttal evidence. Each party will have the right to cross-examine witnesses produced by the other. At the conclusion of the presentation of evidence, both parties will have the right to present a final statement with regard to their position. After all evidence has been received and final summations heard, the hearing panel shall determine, by a unanimous vote, if disciplinary action is appropriate. If disciplinary action is deemed appropriate, the panel, by a unanimous vote, shall determine the appropriate action to be taken regarding the respondent. The hearing panel shall have the authority to suspend, or expel any member from the SCMA subject to appeal pursuant to 1.62. If the panel is unable to decide by a unanimous vote that disciplinary action is appropriate the matter will be dismissed.

All parties, including the Executive Committee, shall be promptly notified of the panel's decision.

1.62 APPEALS. Any decision made by the hearing panel appointed by the Executive Committee involving disciplinary action may be appealed directly to the Board of
Trustees for review. The party desiring to appeal must send written notice to the Board of Trustees of this intention to appeal within thirty (30) days of receipt of the hearing panel's decision. On appeal, the Board of Trustees shall review the record of the evidence presented to the hearing panel to determine if the decision of the panel is supported by the evidence. The Board of Trustees shall also review the appropriateness of the panel's action imposed. The Board shall have the power to approve the decision of the hearing panel or modify the decision of the hearing panel in any manner the Board deems justified in the interests of the Constitution, Bylaws, or principles of medical ethics advocated by the SCMA. Such approval or modification shall require a vote of two-thirds (2/3) of the members of the Board of Trustees who are qualified to vote under the Constitution and Bylaws of the SCMA. The Board of Trustees shall promptly notify, in writing, all parties of its decision with reference to the appeal, and shall clearly set forth the facts from the record which supports its position.

1.63 CONFLICTS OF INTEREST. Any member of any panel established under these guidelines who has any conflict of interest with a party involved in the matter before an individual, or, who for any reason feels they cannot be an impartial participant in the proceedings, should immediately withdraw from the panel by notifying the chairman of the panel of the individual’s desire to not participate. Specific reasons establishing the conflict of interest need not be revealed.

1.64 DISCIPLINE BY STATE BOARD OF MEDICAL EXAMINERS. The membership status of physicians who have been disciplined by the State Board of Medical Examiners of South Carolina shall be as follows:
(a) Reprimand. No change in SCMA membership status.

(b) Suspension for One (1) Year or Less or Probation for Any Length of time. The physician remains a member of the SCMA, but is not allowed to serve as an officer or on committees during this period.

(c) Suspension for More than One (1) Year or Indefinite Suspension. Physician is removed from membership in the SCMA during this period.

(d) Revocation of License. Termination of physician's membership in the SCMA.

2.00 HOUSE OF DELEGATES

2.10 PURPOSE. The House of Delegates shall be the legislative and policy making body of the SCMA. It shall through its Officers, Board of Trustees and otherwise:

(a) Give diligent attention to and foster the work and spirit of the SCMA,

(b) Consider and advise as to the material interests of the profession and of the public in those important matters wherein it is dependent upon the profession,

(c) Use its influence to secure and enforce all proper medical and public health matters, and

(d) Encourage postgraduate and research work.

2.20 COMPOSITION. The House of Delegates shall consist of the following members of the SCMA with the power to vote:

(a) Delegates elected by component local medical societies;

(b) One (1) Delegate elected by each of the component specialty societies which are recognized by the SCMA;

(c) Officers of the SCMA;

(d) Parliamentarian;
(e) The two (2) most immediate past Presidents of the SCMA whose legal residence is in South Carolina;

(f) Delegates and Alternate Delegates to the AMA;

(g) Dean of any school recognized by the South Carolina Commission on Higher Education (CHE) or by the appropriate governing body, that possess the degree of Doctor of Medicine or Doctor of Osteopathy, or its equivalent;

(h) Two (2) Delegates of the Young Physicians' Section;

(i) One (1) Delegate from each institution recognized as a residency training institution;

(j) One (1) Delegate from each accredited institution recognized by the South Carolina Commission on Higher Education (CHE), or by the appropriate governing body.

(k) A physician member of the Board of the South Carolina Department of Health and Environmental Control (DHEC); and

(l) The President of the State Board of Medical Examiners of South Carolina, if a member of the SCMA.

2.21 PRIVILEGE OF THE FLOOR. All Past Presidents may have the privilege of the floor, but no authority to make motions or to vote, unless qualified as a Delegate or otherwise to the House of Delegates.

2.22 REPRESENTATION. A member of the House of Delegates may not represent more than one entity in the House of Delegates.

2.23 COMPONENT LOCAL MEDICAL SOCIETIES' DELEGATES

2.231 APPORTIONMENT. Each component local medical society shall be entitled to send
one (1) delegate to the House of Delegates each year, and those societies which have more than thirty (30) members of the SCMA shall be entitled to one (1) delegate for every thirty (30) members of the SCMA and one (1) for each fraction thereof.

2.232 EFFECTIVE DATE. The number of delegates elected by each component local medical society shall be based upon the number of members of the SCMA as of October 1st of the preceding year.

2.24 AMA DELEGATES AND ALTERNATE DELEGATES. The House of Delegates shall elect representatives to the House of Delegates of the AMA in accordance with the Constitution and Bylaws of that body. The terms of the delegates to the AMA shall be staggered with at least one (1) delegate and one (1) alternate delegate elected each year to serve for a two (2) year term.

2.241 TERMS OF AMA DELEGATES AND ALTERNATES. AMA delegates and alternates shall be elected to serve no more than four two-year terms. A member who serves as both a delegate and an alternate shall be limited to a maximum of five two-year terms. The number of terms may be extended upon the recommendation of the Board of Trustees and with the consent of the House of Delegates when such extension would be to the benefit of the SCMA. The Board of Trustees must present its recommendation for an extended term at the Annual Meeting.

2.30 MEETINGS

2.31 ANNUAL MEETING. The House of Delegates shall meet at least annually during which time it is to complete its regular business, including the election of officers. During this session, there shall be a General Meeting which shall be open to all registered members and their guests. The time and place for holding such Annual
Meeting shall be determined by the Board of Trustees.

2.311 REGISTRATION. Each person in attendance at the annual meeting shall register. Upon verification of membership, a member's badge shall be evidence of the right to all privileges of membership at that session.

2.3111 GUESTS. Physicians who are members of other state medical associations may, upon the invitation of the President or Secretary of the SCMA, become guests of the SCMA; and, as such, they shall be given the privilege of participating in all the scientific work of the sessions. Special badges shall be provided for them by the Secretary.

2.312 QUORUM. Fifty (50) percent of those members of the House of Delegates who register at the Annual Meeting shall constitute a quorum of the House of Delegates.

2.313 PARLIAMENTARIAN. The Speaker of the House of Delegates shall appoint a Parliamentarian with a term of two (2) years and not more than three (3) successive terms, and who is to advise the Speaker regarding the proper parliamentary procedures.

2.3131 PARLIAMENTARY PROCEDURE. The deliberations of the SCMA shall be governed by parliamentary usage, as contained in the latest edition of The Standard Code of Parliamentary Procedure, when not in conflict with the Constitution and Bylaws.

2.314 VACANCIES. The Speaker of the House of Delegates may fill by appointments any vacancies when the duly elected delegate or alternate delegate of such societies are not present. Temporary appointees shall be members of the component society having the vacancy.
2.32   PROCEDURE

2.321 PRIVILEGE OF THE FLOOR. No address or paper before the SCMA, except those of the President and invited guests, shall occupy more than twenty (20) minutes in its delivery; and no member shall speak longer than five (5) minutes nor more than once on any subject, except by special consent of the presiding officer.

2.322 INTRODUCTION OF BUSINESS

2.3221 RESOLUTIONS AND MEMORIALS. The House of Delegates shall approve all memorials and resolutions issued in the name of the SCMA before the same shall become effective.

Resolutions to be presented at an Annual Meeting may be presented by the Board of Trustees, Medical Districts, Component Local Medical Societies, Component Specialty Societies, Standing and Ad Hoc Committees, Active Members and Delegates. All resolutions should be submitted to the Board of Trustees at least thirty (30) days prior to the session at which the resolution is to be considered.

2.3222 URGENT RESOLUTIONS. Urgent resolutions, whenever possible, should be presented to the member's Trustee, and through that individual to the Board of Trustees of the SCMA, and may be introduced to the House of Delegates on a favorable vote of two-thirds (2/3) of the members of the Board of Trustees. Urgent resolutions may also be introduced to the House of Delegates by obtaining permission of the Speaker of the House of Delegates to read the resolution and by obtaining the majority vote of the members of the House of Delegates present and voting.

2.3223 REPORTS OF OFFICERS AND COMMITTEES. The House of Delegates shall
receive the reports of the Officers and the Board of Trustees Members, as well as the Standing and Ad Hoc Committees; and shall act upon such recommendations or resolutions as may be submitted.

2.323  REFERRAL TO REFERENCE COMMITTEE. All resolutions presented to the House of Delegates shall be referred to appropriate reference committees for consideration and report.

2.324  REFERENCE COMMITTEES ENUMERATION. The following Reference Committees are hereby provided:

2.3241  REFERENCE COMMITTEE ON CREDENTIALS. To which shall be referred all questions regarding registration and credentials of delegates.

2.3242  REFERENCE COMMITTEE ON REPORTS OF TRUSTEES AND OFFICERS. To which shall be referred the Reports of Trustees and Officers of the SCMA.

2.3243  REFERENCE COMMITTEE ON PUBLIC AND OCCUPATIONAL HEALTH. To which shall be referred all matters dealing with public health, industrial health, workmen's compensation and public welfare.

2.3244  REFERENCE COMMITTEE ON LEGISLATIVE ACTIVITIES AND PUBLIC RELATIONS. To which shall be referred all matters relating to state and national legislation and to public relations of the SCMA.

2.3245  REFERENCE COMMITTEE ON MEDICAL EDUCATION AND HOSPITALS. To which shall be referred all matters relating to medical education and hospitals.

2.3246  REFERENCE COMMITTEE ON MEDICAL SERVICE AND INSURANCE. To which shall be referred matters pertaining to medical service and insurance.

2.3247  REFERENCE COMMITTEE ON AMENDMENTS TO THE CONSTITUTION
AND BYLAWS. To which shall be referred all proposed amendments to the Constitution and Bylaws.

2.3248 REFERENCE COMMITTEE ON MISCELLANEOUS BUSINESS. To which shall be referred all other business.

2.325 REFERENCE COMMITTEE APPOINTMENTS. The Speaker of the House of Delegates shall appoint members to the reference committees and their chairmen.

2.326 COMPOSITION. Each reference committee shall consist of three (3) members. Membership on a reference committee is restricted to delegates.

2.327 TERM. These reference committees shall serve only during the session at which they are appointed.

2.328 PROCEDURE AND REPORTS

2.3281 METHOD. No resolution presented to the House of Delegates may be voted upon without being referred to a reference committee, unless (1) it is so ordered by a two-thirds (2/3) vote of the delegates present, or (2) it is presented on the last day of the session by the Board of Trustees.

2.3282 PROCEDURE. Each reference committee shall convene as soon as possible after the recess of the session of the House of Delegates, or during the meeting, if necessary. It shall conduct open hearings on the business referred to it and any member of the House of Delegates of the SCMA is privileged to present views upon the matter under consideration. Following the hearing, the reference committee shall go into Executive Session and prepare its report. The final report shall be presented to the House of Delegates by the Chairman of the reference committee upon the call of the Speaker.
3.00 BOARD OF TRUSTEES

3.10 PURPOSE. The Board of Trustees serves at the pleasure of the House of Delegates and is responsible for carrying out the policies established by the House of Delegates, per Section 3.70, as well as other duties outlined in the Constitution.

3.20 COMPOSITION

3.21 VOTING MEMBERS. Voting members of the Board of Trustees shall consist of the following with the right to vote:

(a) Board Trustee from each of the medical districts in the State,
(b) President,
(c) President-Elect,
(d) Immediate Past President,
(e) Secretary,
(f) Treasurer;
(g) Speaker of the House of Delegates,
(h) Vice Speaker of the House of Delegates,
(h) Young Physician Trustee At-Large,
(i) Resident Physician Trustee, and
(j) Medical Student Trustee.

3.22 NON-VOTING MEMBERS

3.221 MEMBERS. The Board shall consist of the following members who do not have the power to vote:

(a) AMA Delegates and
(b) AMA Alternate Delegates.
3.222 HONORARY MEMBERS. Any member of the SCMA serving as an officer or member of the Board of Trustees in the AMA shall be, during the individual’s term in office, be an Honorary member of the Board without voting privilege.

3.223 EX OFFICIO MEMBERS. The current President of the State Board of Medical Examiners shall be an ex officio member of the Board.

3.23 QUALIFICATIONS. All voting members and non-voting members of the Board must be members of the SCMA.

3.30 APPORTIONMENT. There shall be one (1) Board Trustee member representing each medical district.

3.31 MEDICAL DISTRICTS. The counties of the State shall be divided into the following:
   DISTRICT 1. Shall consist of Anderson, Pickens and Oconee Counties.
   DISTRICT 2. Shall consist of Greenville County.
   DISTRICT 3. Shall consist of Cherokee, Spartanburg, and Union Counties.
   DISTRICT 4. Shall consist of Chester, Fairfield, Kershaw, Lancaster, and York Counties.
   DISTRICT 5. Shall consist of Chesterfield, Darlington, Marlboro and Florence Counties.
   DISTRICT 6. Shall consist of Dillon, Horry, and Marion Counties.
   DISTRICT 7. Shall consist of Abbeville, Edgefield, Greenwood, Laurens, Newberry, McCormick and Saluda Counties.
   DISTRICT 8. Shall consist of Aiken and Lexington Counties.
   DISTRICT 9. Shall consist of Richland County.
   DISTRICT 10. Shall consist of Clarendon, Lee and Sumter Counties.
DISTRICT 11. Shall consist of Berkeley, Georgetown and Williamsburg Counties.

DISTRICT 12. Shall consist of Allendale, Bamberg, Barnwell, Calhoun, Hampton and Orangeburg Counties.

DISTRICT 13. Shall consist of Beaufort, Colleton, Dorchester and Jasper Counties.

DISTRICT 14. Shall consist of Charleston County.

3.40 ORGANIZATION

3.41 OFFICERS. At its first meeting after the adjournment of the House of Delegates, the Board of Trustees shall elect from the Trustees a:

(a) Chairman,

(b) Vice Chairman,

(c) Member at Large and

(d) Clerk: who, in the absence of the Secretary of the SCMA, shall keep a record of its proceedings.

3.42 EXECUTIVE COMMITTEE. The Executive Committee shall be composed of the following:

(a) Chairman of the Board, who shall chair the Executive Committee,

(b) Vice Chairman of the Board,

(c) President,

(d) President-Elect,

(e) Treasurer,

(f) Secretary,

(g) Member at Large, and

(h) Immediate Past President.
DUTIES. The Executive Committee shall:

(a) Serve as the Finance Committee of the Board of Trustees and the Board shall report fully to the House of Delegates on any fiscal matter.

(b) Act for the Board in matters that arise between meetings of the Board and act on matters specifically referred to it by the Board. All such matters shall be reported to the Board at its next meeting.

CHAIRMAN. The Chairman of the Board, as Chairman of the Executive Committee, shall have primary responsibility for interaction with the chief executive officer, but will not become involved in operations or internal decision-making.

DUTIES OF THE EXECUTIVE COMMITTEE WHEN ACTING AS THE FINANCE COMMITTEE.

The Committee shall:

(a) Advise the Board of Trustees on all financial matters;

(b) Annually prepare and submit to the Board a budget allocating specific funds for the activities of the SCMA;

(c) Annually authorize a certified audit of the SCMA and shall authorize the same to be included in the Treasurer's report to the Board and the House of Delegates;

(d) Study and make recommendations to the Board concerning any change in dues or assessments;

(e) Advise the Treasurer and the Chief Executive Officer on any proposed expenditure not provided for in the budget;

(f) Have supervision of all assets and properties of the SCMA, including
subsidiary organizations, and shall direct the management of them; and

(g) Have the authority to borrow and lend money on behalf of the SCMA.

3.50 MEETING SCHEDULE. The Board of Trustees shall meet during the Annual Meeting and at such other times as necessity may require, subject to the call of the Chairman or on petition of three (3) Trustees.

3.60 QUORUM. A simple majority of its voting members shall constitute a quorum.

3.70 DUTIES AND PRIVILEGES. The major responsibilities of the Board of Trustees shall be as follows:

(a) To carry out the directives of the House of Delegates,

(b) To set broad operating and program policies for the SCMA as a whole,

(c) To ensure that the long-range planning process is ongoing,

(d) To monitor achievement of goals and objectives.

(e) To evaluate the SCMA’s programs and activities overall in order to determine if they effectively meet member needs.

(f) To evaluate the overall performance of the chief executive officer with input from the boards of the subsidiary organizations. (The Chairman of the Board shall be the Board's spokesperson in handling the evaluation function.)

3.71 OTHER DUTIES AND RESPONSIBILITIES. The Board members shall also:

(a) Represent the views of their constituents;

(b) Visit each component society in their district periodically for the purpose of inquiring into the condition of the profession, and providing a report of current medical affairs to the local societies and their members. Should there be any county in their district which does not have a local society, the Board
Member shall endeavor to establish same;

(c) Make an annual report of their work, and of the condition of each county in their district at the Annual Session of the Board of Trustees.

(d) In addition to the duties and privileges imposed on the Board of Trustees elsewhere in the Constitution and Bylaws, it:

1. Shall serve as the Executive Committee of the SCMA between the Annual Meeting of the House of Delegates;

2. Shall consider all questions involving the rights and standing of members, whether in relation to other members, to the component societies or to the SCMA, that are referred from the component societies;

3. Shall provide for and superintend the publication of The Journal of the SCMA and for such other publications as may be necessary. The Board of Trustees shall appoint the Editor and such assistants as may be deemed necessary. The salary of the Editor shall be determined by the Board of Trustees.

4. In sparsely settled sections, it shall have authority to organize the physicians of two (2) or more counties into societies, and these societies, when organized and chartered, shall be entitled to all rights and privileges provided for component societies until such counties shall be organized separately.

5. In the event of the death, resignation, or removal from office of any State official who under the law is required to be nominated by the SCMA for appointment, the Board of Trustees may nominate a successor, if
such action is necessary, before the next session of the House of Delegates.

(6) Shall receive the annual audit of the Treasurer and the annual report of the chief executive officer, the Editor of The Journal and other agents of the SCMA and shall present a statement of the same through its Chairman in its Annual Report to the House of Delegates.

3.80 CHIEF EXECUTIVE OFFICER

3.81 DESIGNATION. The Board of Trustees shall select a Chief Executive Officer whose salary and other compensation shall be determined by the Board of Trustees.

3.82 DUTIES AND PRIVILEGES. The Chief Executive Officer shall:

(a) Perform the duties outlined and designated by the Board, and shall work under the direct supervision of the Board and be responsible to that body;

(b) Attend the Annual Meeting of the SCMA and of the House of Delegates;

(c) Be custodian of all records, books and papers belonging to the SCMA, except such as belong to the Treasurer;

(d) Provide for the registration of the members of the SCMA and transmit a list of these to the AMA at stated intervals;

(e) As far as possible, keep an accurate list of all physicians in the State who are not members of the SCMA;

(f) Aid the Board of Trustees in the organization and improvement of the component societies and in the extension of the power and usefulness of the SCMA;

(g) Oversee the operations of the various subsidiary organizations managing their resources and directing their staff.
Conduct the official correspondence of the SCMA, notifying members of meetings, officers of their election, and committees of their appointment and duties;

Acting with the Interspecialty Council for Legislative Affairs, aid in the dissemination of information to the members of the SCMA concerning pending legislation;

Make an annual report to the House of Delegates and Board of Trustees and;

Have a staff to assist in carrying out the required duties.

### COMMITTEES

The SCMA shall have the following committees:

(a) Bioethics Committee,

(b) Committee to Plan State Meetings,

(c) Continuing Medical Education Committee,

(d) Editorial Board of *The Journal*, and

(e) Interspecialty Council for Legislative Affairs.

### QUALIFICATIONS

Any member is eligible to serve on a committee, or on an ad hoc committee unless otherwise specified in the Bylaws.

### MEMBERSHIP

For appointments, the President shall request nominees from the Board of Trustees, in addition to considering candidates of the individual’s own choice.

### TENURE

Members of all committees shall be appointed annually by the President with the advice and consent of the Board of Trustees. The terms of the appointments shall be for one (1) year.

### CHAIRMAN

Chairs of all committees shall report directly to the Board of Trustees.
3.923 MEETINGS. Each committee shall meet at least annually.

3.93 AD HOC COMMITTEES. Ad Hoc committees may be established by the House of Delegates or the Board of Trustees. The functions of such a committee, its composition and its method of appointment shall be determined by the body which establishes it. Such a committee, unless otherwise specified, shall serve for the year of its appointment.

4.00 OFFICERS

4.10 DESIGNATIONS. The Officers of the SCMA shall be: the President, the President-Elect, the Immediate Past President, the Secretary, the Treasurer, the Speaker of the House of Delegates, and the Vice Speaker of the House of Delegates and elected Board Trustees.

4.11 DUAL OFFICE HOLDING. No elected office holder shall hold more than one office. However, an elected officer may hold an elected office and serve as a Delegate or Alternate Delegate to the AMA.

4.20 NOMINATIONS. Nominations for officers, except for the office of Treasurer and the office of District Trustee, shall be made from the floor of the House of Delegates.

4.21 TREASURER. Nomination for Treasurer shall be by the Board of Trustees and confirmed by the House of Delegates.

4.22 BOARD OF TRUSTEE MEMBERS. Nomination for the office of District Trustee shall be made by the delegates from the counties comprising the district for which the Trustee is to be elected. The nominee shall be presented to the House of Delegates for confirmation. The Young Physician Section Trustee At-Large, the Resident Physician Section Trustee and the Medical Student Section Trustee shall be
nominated from the floor of the House of Delegates and elected by the House of Delegates.

4.221 TERM OF BOARD OF TRUSTEE MEMBERS. Board of Trustee members shall be elected for a term of two (2) years, but no Trustee shall serve for more than four (4) consecutive terms. Elections should, as far as practical, be staggered so that members of the Board will be elected yearly, with Trustees from odd-numbered districts being elected in odd-numbered years, and Trustees from even-numbered districts being elected in even-numbered years. If a Trustee is elected to fill a term of less than two (2) years due to a vacancy, the partial term of office shall not be considered as a full term toward the total of four (4) terms allowed. The Young Physician Trustee At-Large shall be elected for a two (2) year term and shall not serve more than four (4) terms. If the Young Physician Trustee At-Large attains the age of forty (40) or if the Young Physician Trustee At-Large is in their eighth (8th) year of practice and over forty (40) years of age during the individual’s tenure, the individual shall be ineligible for reelection. The Resident Trustee shall serve a term of one (1) year and shall not serve for more than two (2) consecutive terms. The Medical student trustee shall serve a term of one (1) year.

4.30 ELECTIONS

4.31 TIME OF ELECTION. The officers of the SCMA shall be elected in the House of Delegates in a properly called Session.

4.32 METHOD OF ELECTION

CONTESTED ELECTIONS. All contested elections shall be by ballot, a majority of the votes cast being necessary to elect. Where there are three (3) or more nominees
for any office and no nominee receives a majority of the votes cast, the nominee receiving the lowest number of votes shall be eliminated from consideration, and a new ballot taken. This procedure shall be continued until one of the nominees receives a majority of the votes cast.

4.40 TERMS

4.41 PRESIDENT. The President shall be elected annually and shall serve one (1) full term.

4.42 PRESIDENT-ELECT. A President-Elect shall be elected annually and shall become President after the installation ceremonies at that Annual Meeting. The President-Elect shall serve one (1) full term.

4.43 SECRETARY. The Secretary shall be elected annually and the term shall be limited to three (3) consecutive terms.

4.44 TREASURER. The Treasurer shall be elected annually and the term shall be limited to three (3) consecutive terms.

4.45 SPEAKER OF THE HOUSE OF DELEGATES. The Speaker of the House of Delegates shall serve a term of two (2) years, but not more than three (3) consecutive terms.

4.46 VICE SPEAKER OF THE HOUSE OF DELEGATES. The Vice Speaker of the House of Delegates shall serve a term of two (2) years, but not more than three (3) consecutive terms.

4.50 DUTIES AND PRIVILEGES OF OFFICERS

4.51 PRESIDENT. The President shall:

(a) Be a positive leader and spokesman for the profession of the State;
(b) Reflect the policies of the SCMA in actions spoken and implied;

(c) Visit the various sections of the State and meet with the Trustees and societies in an effort to advance the work of the SCMA;

(d) Preside at all General Meetings of the SCMA;

(e) Deliver a report at the General Meetings of the SCMA; and

(f) Appoint committee members not otherwise provided for.

4.52 PRESIDENT-ELECT. The President-Elect shall:

(a) Oversee the SCMA’s Legislative activities in the South Carolina General Assembly;

(b) Endeavor to visit as many of the component societies as possible; and

(c) Chair the Interspeciality Council for Legislative Affairs.

4.53 SECRETARY. The Secretary shall:

(a) Keep minutes of the Annual Meeting of the SCMA and of the House of Delegates during their respective proceedings;

(b) Be Secretary of the Board of Trustees;

(c) Make an annual report to the House of Delegates.

4.54 TREASURER. The Treasurer shall:

(a) Be bonded in sum to be determined by Board of Trustees;

(b) Be responsible for the execution of:

(1) Demanding and receiving all funds due the SCMA; together with bequests and other contributions;

(2) Paying money for the normal debts of the SCMA and such other payments in accordance with instructions from the Finance
Committee, the Board of Trustees, or the House of Delegates; and

(3) Submitting the accounts, books and records of the SCMA to a certified public accountant approved by the Board of Trustees for an annual audit;

(c) Annually render a report and an account of the state of the funds of the SCMA to the Board of Trustees;

(d) Be responsible for the performance of any additional financial matter when assigned by the Finance Committee and/or Board of Trustees; and

4.55 SPEAKER. The Speaker of the House of Delegates shall:

(a) Preside over all meetings of the House of Delegates;

(b) Preserve order during the Annual Meeting;

(c) Have the delegates of each component society checked by the Reference Committee on Credentials at all Sessions;

(d) Select the Parliamentarian;

(e) Appoint the House of Delegates' Credentials Committee and Reference Committees; and

(f) Chair the Committee to Plan State Meetings.

4.56 VICE SPEAKER. The Vice Speaker of the House of Delegates shall;

(a) Preside over the House of Delegates in the absence of the Speaker, or at the Speaker's request; and

(b) Chair the Constitution and Bylaws Committee.

4.60 VACANCIES

4.61 APPOINTMENT. In the event of any vacancy, or inability to serve, in the office of
the Secretary, the Treasurer, or AMA Delegates or Alternate Delegates, the Board of Trustees shall fill the vacancy until the next annual election.

4.62 ASSUMPTION

4.621 PRESIDENT-ELECT. In the case of the President’s vacancy from office, or the inability to serve, the President-Elect shall succeed to the office of President.

4.622 CHAIRMAN OF BOARD OF TRUSTEES. In the event that the President and President-Elect both lack the ability to serve, the Chairman of the Board of Trustees shall assume the Presidency until new officers are duly elected and installed in the next session of the House of Delegates.

4.623 VICE SPEAKER OF THE HOUSE OF DELEGATES. In the event of the Speaker of the House of Delegates’ vacancy from office or inability to serve, the Vice Speaker of the House of Delegates shall succeed the Speaker of the House of Delegates for the unexpired term.

4.63 ELECTIONS

4.631 PRESIDENT-ELECT. In the event of the President-Elect’s vacancy from office, or inability to serve, the Board of Trustees may call for an election of a new President-Elect at a special Session of the House of Delegates.

4.632 VICE SPEAKER. In the event of the Vice Speaker’s vacancy from office, or inability to serve, the position will be filled by the vote of the House of Delegates. If the initial election is for less than two (2) years, the Vice Speaker shall be eligible to be re-elected to three (3) consecutive terms of two (2) years each.

4.633 BOARD OF TRUSTEE MEMBER. In the case of a vacancy on the Board of Trustees or the inability of a Trustee to serve, the Board of Trustees may appoint,
upon the recommendation of the applicable District, the Young Physician Section, the Resident Physician Section, or Medical Student Section, trustees, from the same district or section to serve until the next session of the House of Delegates.

4.70 REMOVAL OF OFFICERS

4.71 REASONS FOR REMOVAL. An officer of the SCMA may be removed from office for any of the following reasons:

(a) Continued, gross or willful neglect of the duties of the office;

(b) Failure or refusal to disclose necessary information on matters of organization business;

(c) Unauthorized expenditures, misuse of organization funds; unwarranted attacks on, or refusal to cooperate with the President;

(d) Misrepresentation of the organization and its officers to outside persons; or

(e) Conviction of a felony.

4.72 PROCEDURES. A three-fourths (3/4) vote of the voting membership of the Board of Trustees after a hearing on the merits of a removal may remove an officer of the SCMA. The procedures for removal of any officer must assure that the officer receive the following:

(a) Reasonable notice of the charges;

(b) Fair notice of the hearing;

(c) A fair opportunity to hear the evidence and confront and cross-examine witnesses;

(d) A fair opportunity to refute the charges;

(e) A fair hearing before the members of the Board of Trustees.
5.00 GENERAL MEETING

5.10 COMPOSITION. All registered members may attend and participate in the proceedings and discussion of the General Meeting. The General Meeting shall be presided over by the President or, in the President’s absence, by the President-Elect.

5.20 ORDER OF BUSINESS. The address of the President shall be presented during the General Meeting. The membership may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

5.30 REFERENDUM. During the General Meeting of the SCMA, membership may order a general referendum upon any question.

5.31 PROCEDURE. Refer to Section 9.00 of the Constitution.

5.40 SPECIAL SESSIONS. Special sessions of the House of Delegates shall be called by the President on petition of the Board or on petition of twenty-five (25) delegates representing at least ten (10) component societies.

6.00 SUBSIDIARIES. Will and shall conduct activities consistent with our articles of incorporation.

6.10 ENUMERATION AND DUTIES. The subsidiaries will include, but not be limited to the following entities with functions as follows:

(a) The SCMA Foundation will:

(1) Seek grants from public and private sources for programs and activities consistent with the mission and goals of the SCMA.

(2) Seek contributions from physicians, other individuals, and organizations to support programs and activities consistent with the mission and goals of
(3) Fund allowable programs and services to be executed by SCMA to meet member needs or help achieve the SCMA’s goals and objectives (e.g., public health program).

(4) Fund basic or applied research consistent with SCMA's mission, goals and objectives.

(b) MEDPAC will be:

(1) A key element in the SCMA's lobbying efforts.

(2) Bipartisan in its policies and support the SCMA's overall goals and objectives in its efforts.

(c) The Members' Insurance Trust will:

(1) Provide health insurance programs deemed appropriate for member needs and economic considerations.

(2) Expand programs and subscribers as appropriate in order to remain viable.

(3) Be competitive to ensure viability and support the SCMA’s financial objectives.

(4) Serve as a vehicle to support the SCMA's membership services objectives.

(d) SCMA Financial Services, Inc. will:

(1) Market insurance products that are deemed appropriate in terms of member’s needs.

(2) Evaluate insurance products and negotiate the best possible rates for the membership to ensure the best product for the membership.
(3) Develop markets outside the physician community to support the SCMA’s financial and membership services objectives.

(e) SCMA Practice Management Services, Inc. will:

(1) Assist member physicians in areas of practice management including legal, information systems, finance and accounting, and any other area within the scope of practice management.

(2) Support SCMA financial and membership services objectives.

6.20 BYLAWS. The subsidiary organizations shall have bylaws approved by the Board of Trustees of the SCMA. Copies of same shall remain on file at the SCMA office.

7.00 FUNDS

7.10 FISCAL YEAR. The fiscal year for the SCMA shall run from July 1 through June 30.

7.20 FUNDS. Funds shall be raised by the payment of annual dues and assessments by each member of the SCMA, or by other methods approved by the Board of Trustees.

7.21 ANNUAL DUES. The amount of annual dues for Active Members shall be determined by the House of Delegates. A change in the amount of annual dues shall require a two-thirds (2/3) vote of the delegates present. EXCEPTION: The annual dues for other membership categories shall be determined by the Board of Trustees.

7.22 ASSESSMENTS

7.221 GENERAL ASSESSMENTS. General Assessments shall be determined as needed by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the SCMA for publications and for such other purposes as will promote the welfare of the profession.

7.23 ADDITIONAL FUNDS. Funds may also be raised by voluntary contributions, from
the SCMA's publications, and from subsidiaries; and in any other manner approved by the Board of Trustees.

7.30 EXPENSES. The expenses of all meetings of the SCMA shall be paid for by the SCMA and the Treasurer is authorized to pay such expenses out of the SCMA funds, with approval of the Board of Trustees. Funds may be appropriated by the House of Delegates to defray the expenses of the SCMA for publications and for such other purposes as will promote the welfare of the profession.

8.00 THE SEAL. The SCMA shall have a common seal, with power to break, change or renew the same by a two-thirds (2/3) vote of the House of Delegates.

9.00 REFERENDUM. See Section 9.00 of Constitution and of Bylaws.

10.00 AMENDMENTS. These Bylaws may be amended at any meeting of the House of Delegates by a two-thirds (2/3) vote of the delegates present provided that the proposed amendments have been circulated to the membership of the SCMA no less than thirty (30) days prior to the Annual Meeting and provided the amendments are not substantially changed by the Reference Committee on Constitution and Bylaws or the House of Delegates.
PAST PRESIDENTS
SOUTH CAROLINA MEDICAL ASSOCIATION

1848-52  James Moultrie, MD *
1853-54  R. E. Wylie, MD *
1855-56  E. Horlbeck, MD *
1857-58  R. W. Gibbes, Sr., MD *
1859-60  J. A. Mayes, MD *
1869    A. N. Talley, MD *
1870    T. T. Robertson, MD *
1871    F. Peyre Porcher, MD *
1872    John T. Darby, MD *
1873    S. Baruch, MD *
1874    James McIntosh, MD *
1875    J. F. M. Geddings, MD *
1876    James McIntosh, MD *
1877    J. F. M. Geddings, MD *
1878-79  S. S. Marshall, MD *
1880    F. M. Robertson, MD *
1881    B. W. Taylor, MD *
1882    F. L. Parker, MD *
1883    F. F. Gary, MD *
1884    R. A. Kinloch, MD *
1885    A. A. Moore, MD *
1886    O. B. Mayer, Jr., MD *
1887    Cornelius Kollock, MD *
1888    T. Grange Simons, MD *
1889    C. R. Taber, MD *
1890    James Evans, MD *
1891    Thomas P. Bailey, MD *
1892    J. R. Bratton, MD *
1893    W. H. Nardin, MD *
1894    J. L. Ancrum, MD *
1895    T. J. McKie, MD *
1896    J. L. Napier, MD *
1897    L. C. Stephens, MD *
1898    C. W. Kollock, MD *
1899    T. T. Earle, MD *
1900    W. P. Porcher, MD *
1901    G. R. Dean, MD *
1902    T. G. Croft, MD *
1903    Manning Simons, MD *
1904    E. F. Darby, MD *
1905    Robert Wilson, MD *
1906    David Furman, MD *
1907    T. P. Whaley, MD *
1908    LeGrand Guerry, MD *
1909    S. C. Baker, MD *
1910    J. L. Dawson, MD *
1911    J. H. McIntosh, MD *
1912    J. W. Jervey, MD *
1913    C. M. Rees, MD *
1914    William Weston, MD *
1915    E. F. Parker, MD *
1916    G. A. Neuffer, MD *
1917    C. B. Earl, MD *
1918    F. H. McLeod, MD *
1919    J. A. Hayne, MD *
1920    E. W. Pressly, MD *
1921    W. P. Timmerman, MD *
1922    H. L. Shaw, MD *
1923    C. F. Williams, MD *
1924    L. O. Mauldin, MD *
1925    D. M. Crossom, MD *
1926    R. S. Cathcart, MD *
1927    G. H. Bunch, MD *
1928    D. L. Smith, MD *
1929    R. E. Hughes, MD *
1930    C. R. May, MD *
1931    K. M. Lynch, MD *
1932    C. A. Mobley, MD *
1933    J. R. Young, MD *
1934    R. E. Abell, MD *
1935    William Egleston, MD *
1936    S. E. Harmon, MD *
1937    R. C. Bruce, MD *
1938    J. H. Taylor, MD * and
1939    L. M. Stokes, MD *
1940    Douglas Jennings, MD *
1941    W. L. Pressly, MD *
1942    J. M. Truluck, MD *
1943    Thomas A. Pitts, MD*
1944    W. A. Smith, MD *
1945    W. R. Wallace, MD *

Past Presidents - 1
1946  W. T. Brockman, MD *
1947  J. C. McLeod, MD *
1948  O. B. Chamberlain, MD *
1949  R. B. Durham, MD *
1950  R. Macdonald, Sr., MD *
1951  W. R. Tuten, MD *
1952  J. Dechard Guess, MD *
1953  L. P. Thackston, MD *
1954  C. R. F. Baker, MD *
1955  Thomas R. Gaines, MD *
1956  O. B. Mayer, MD*  
1957  W. H. Prioleau, MD *
1958  D. Lesesne Smith, MD *
1959  Robert L. Crawford, MD *
1960  W. Weston, Jr., MD *
1961  J. P. Cain, Jr., MD *
1962  Charles N. Wyatt, MD *
1963  J. H. Gressette, MD *
1964  Robert Wilson, MD *
1965  Frank C. Owens, MD *
1966  Julian P. Price, MD *
1967  G. D. Johnson, MD *
1968  Norman O. Eaddy, MD *
1969  Joel W. Wyman, MD*  
1970  William L. Perry, MD*
1971  Ben N. Miller, MD *
1972  John P. Booker, MD*
1973  Edward F. Parker, MD*  
1974  Harold P. Hope, MD *  
1975  D. G. Kilgore, Jr., MD*  
1976  C. Tucker Weston, MD*  
1977  J. D. Gilland, MD*  
1978  Waitus O. Tanner, MD*  
1979  John C. Hawk, Jr., MD*  
1980  H. L. Peeples, MD*  
1981  Halsted M. Stone, MD*  
1982  William H. Hunter, MD*  
1983  Euta M. Colvin, MD*  
1984  Randolph D. Smoak, Jr., MD  
1985  Kenneth N. Owens, MD*  
1986  Leonard W. Douglas, MD* and J. Gavin Appleby, MD *  
1987  Walter J. Roberts, Jr., MD*  
1988  C. R. Duncan, Jr., MD  
1989  T. C. Rowland, Jr., MD  
1990  Daniel W. Brake, MD  
1991  John W. Simmons, MD  
1992  J. Chris Hawk, III, MD  
1993  Bartolo M. Barone, MD*  
1994  Edward Catalano, MD  
1995  O. Marion Burton, MD*  
1996  Benjamin E. Nicholson, MD*  
1997  Carol S. Nichols, MD  
1998  S. Nelson Weston, MD  
1999  Stephen A. Imbeau, MD  
2000  William H. Hester, MD  
2001  Roger A. Gaddy, MD  
2002  J. Capers Hiott, MD  
2003  R. Duren Johnson, Jr., MD  
2004  Boyce G. Tollison, MD  
2005  John P. Evans, MD  
2006  Gerald A. Wilson, MD  
2007  Jerry R. Powell, MD*  
2008  Gerald E. Harmon, MD  
2009  Richard A. Schmitt, MD  
2010  John G. Black, MD  
2011  Gregory Tarasidis, MD  
2012  Gary A. Delaney, MD  
2013  Andrew J. Pate, MD  
2014  Bruce A. Snyder, MD  
2015  H. Tim Pearce, MD  
2016  Marshall L. Meadors, MD  

* Deceased