



POLICY OF THE TENNESSEE MEDICAL ASSOCIATION

MISSION STATEMENT

The mission of the TMA is to enhance the effectiveness of physicians throughout the state to protect the health interests of patients and define and promote:

- *Quality, safe and effective medical care;*
- *Public policy to protect the sanctity of the physician-patient relationship, improve access to and the affordability of quality medical services;*
- *Ethics and competence in medical education and practice;*
- *Open communications between the medical profession and the public, fostering a better understanding of the capacities of medical practice. (4/5/2009)*

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POLICY DEVELOPMENT

Introduction

The House of Delegates is the legislative and business body of the Tennessee Medical Association (TMA). Each Member of the House is responsible for guiding and directing the policy of the TMA for the best interests of the people and of the medical profession in Tennessee. After deliberation on matters of concern to the Association, the House of Delegates votes on resolutions that, if adopted, reflect the policy of the TMA. The House meets annually at the TMA Annual Meeting.

Electronic Capabilities

A goal of the TMA is to engage more members and be more efficient and effective in its policy making process. Therefore, once credentialed as a delegate or alternate delegate to the TMA House of Delegates, a member should supply a working email address to the TMA. Further, it is recommended that elected delegates and alternate delegates should confirm their technological capacities by registering themselves as part of the TMA Electronic House of Delegates.

The Certification of Delegates to the House

Chapter III, Section 3 of the TMA Bylaws states:

Each component society shall be entitled to send to the House of Delegates each year one delegate for every fifty active, veteran, and intern and resident members, and one for every fraction thereof, based upon the number of such members in the component society in good standing as of the end of the year preceding the meeting of the House. Each component society shall also be entitled to send one student delegate from its membership to the House for each medical school in its territorial jurisdiction. Each component society holding a charter from the Association, which has made its annual report and paid its assessment as provided in the Constitution and Bylaws, shall be entitled to at least one delegate. No delegate from any chartered component society shall be entitled to be seated in the House of Delegates unless the component society which he or she represents has complied with the requirements of the Association by submitting the report to the councilor of the district in which the component society is located. Each delegate of a component society shall be a proxy representing all of the component society's members, except as to matters upon which a referendum is held as provided in Article IV of the Constitution, and the meeting of the House of Delegates shall constitute the annual meeting of the members of the Association in accordance with the requirements of the law of the state of Tennessee relating to general welfare corporations.

Chapter III, Section 4 of the TMA Bylaws states:

The members of the Association who have joined directly pursuant to TMA Bylaw Chapter 1, section B.2 shall be entitled to send to the House of Delegates each year one delegate for every fifty active, veteran, and intern and resident members who have joined TMA by direct membership and are otherwise in good standing as of December 1 of the year preceding the meeting of the House. Such delegate(s) shall be appointed by the Nominating Committee.

Chapter III, Section 13 of the TMA Bylaws states:

There shall be an Organized Medical Staff Section to provide representation within the structure of the Association for the interests of medical staffs in hospitals and integrated health delivery systems. The medical staff of each hospital and other health care facilities and emerging delivery systems in the state shall be entitled to representation in the section. All representatives must be members of the Association. The Organized Medical Staff Section shall be organized under a governing body with appropriate bylaws approved by the Tennessee Medical Association Board of Trustees and shall elect one delegate to represent it in the House of Delegates of the Association.

Chapter III, Section 14 of the TMA Bylaws states:

There shall be a Medical Student Section to provide representation for the interests of medical students within the structure of the Association. The medical students of each Liaison Committee on Medical Education-accredited medical school in the state shall be entitled to representation in the section. All representatives shall be members of the Association. The Medical Student Section shall be organized under a governing body and shall elect one delegate to represent it in the House of Delegates of the Association.

Chapter III, Section 15 of the TMA Bylaws states:

There shall be a Young Physician Section to provide for the representation of the interests of young physicians within the Association. Young physicians are defined as practicing physicians under age 40 or in their first eight years of practice. Each component society shall be entitled to representation in the section. All representatives shall be members of the Association. The Young Physician Section shall be organized under a governing body and shall elect one delegate from each region to represent it in the House of Delegates of the Association. The Young Physician Section may elect its own governing body.

Chapter III, Section 16 of the TMA Bylaws states:

There shall be a Resident and Fellow Section to provide for the representation of the interests of residents and fellows within the Association. Members of the section shall be current members who are in residency training programs in the state of Tennessee. The section shall be organized under a governing body and shall elect one delegate to represent it in the House of Delegates of the Association.

Chapter III, Section 17 of the TMA Bylaws states:

All statewide medical specialty societies that meet the requisite criteria established by the House of Delegates will be eligible for representation of one delegate and one alternate delegate who shall be members of the Association if:

- 1) The specialty society or subspecialty society is recognized by the American Board of Medical Specialties or is recognized by the American Medical Association as a practice specialty; and
- 2) The specialty society or subspecialty society has a minimum of twenty (20) members licensed and practicing in Tennessee, one-fourth of which must be members of the Tennessee Medical Association.

If 25% or more of a specialty society or subspecialty society members are members of the Tennessee Medical Association, then that society is eligible for one additional delegate and alternate delegate for each 100 TMA members of that society.

Each Tennessee Medical Association member shall designate which single specialty or subspecialty shall represent them in the TMA House of Delegates. Such designation will be in accordance with a method determined by the Board of Trustees.

Credentials of Delegates and their Alternates

Prior to the Annual Meeting each year, TMA requests all component society presidents and secretaries to certify the names of all duly elected delegates and alternate delegates to the TMA House. The names of delegates and their alternates properly certified by their respective component societies by TMA's deadline are published in TMA's official Delegate Handbook. This handbook is mailed and/or posted on the website for all delegates in advance of the TMA Annual Meeting.

The Credentials Committee meets prior to each session of the House to establish the eligibility of all delegates and/or alternates. Those individuals entitled to be seated are:

- a) all duly certified and elected delegates;
- b) alternate delegates who are authorized to substitute;
- c) ex-officio delegates

Any other person desiring to substitute as a delegate must present documentation of election to the Credentials Committee for approval. The appropriate medical society president or secretary must sign such documentation.

Introduction of Resolutions to the House

Resolutions submitted within two weeks of the opening session of the TMA House of Delegates will be made available to delegates/delegations electronically for their review. Further, those resolutions brought forth within two days of the opening session of the TMA HOD are required to be entered as emergency resolutions requiring 51% of the members of the HOD present to accept them as true emergencies.

Resolutions introduced into the House of Delegates should contain fiscal notes to provide the members of the House of Delegates with needed information with which to make good sound financial policy decisions; and that the TMA Board of Trustees Finance Committee, in consultation with the TMA staff, will apply cost estimates to resolutions that have actual or potential cost either directly or indirectly on the financial position of the TMA.

Only member of the House of Delegates (i.e. delegates & ex-officio delegates) have a voice in the assembly, and only delegates or ex-officio delegates may introduce resolutions to the House. Each item of business properly introduced into the House of Delegates must be adequately studied and discussed by the House before action is taken. Once a matter is introduced, the matter becomes the official business of the House and must be acted upon.

The HOD will convene to conduct the regular business of the house and to consider all resolutions as a whole. With the House still in session each amendment/resolution will be displayed on an overhead

screen and discussed. Editorial changes or minor changes can be made as needed. More substantial amendment suggestions should be submitted to a scribe. Amendments with substantial changes will be rolled to the foot of the agenda to allow time for editing. As a last resort, unresolved resolutions are referred by the Speaker to a Special Committee on Resolutions selected by the Speaker and Vice Speaker prior to the opening session of the House.

Bylaws Amendments and Resolutions

[Note: The House is still in session for this portion.] Each amendment is displayed on an overhead screen during discussion. Editorial changes or minor changes can be made as needed. More substantial amendment suggestions should be submitted to the scribe. Amendments with substantial changes will be rolled to the foot of the agenda to allow time for typing.

- A. Speaker introduces each amendment and entertains a motion from floor to adopt or not adopt
- B. Second to motion or motion fails
- C. Discussion of motion and discussion of motions to amend resolution, if any, and any editorial changes
- D.1. Vote taken to adopt, not adopt, or adopt as amended; **OR**
- D.2. Discussions lasting more than 10 minutes are tabled by the Speaker to the end of the resolution agenda and the speaker invites members with amendments to submit them to the scribe
- E. Further discussion of tabled amendments and resolutions, if any
- F.1. Vote taken to adopt, not adopt, or adopt as amended; **OR**
- F.2. Unresolved resolutions are referred by the Speaker to the Special Committee on Resolutions along with all submitted amendment suggestions
- G. The House will reconvene at a specified time and the order of business continues with the consideration by the House of all recommendations submitted by the Special Committee on Resolutions. Each of the Special Committee on Resolutions proposed amended resolutions will be flashed up on the overhead screen for editing, if necessary. Again, the discussion would be of amended resolutions not of any Special Committee on Resolutions report. The House proceeds in this manner until all resolutions have been addressed.

Responsibility of the Special Committee on Resolutions

The Special Resolutions Committee will convene immediately following the Second Session of the House to discuss all resolutions in controversy. It does not file a report but drafts an amended resolution for submission to the House with a recommendation that the resolution be adopted, adopted as amended or, it recommends that the resolution not be adopted.

Format of Resolutions

All resolutions to be considered by the House of Delegates must be presented in the format shown below. Each resolution presented for consideration is assigned a Resolution Number and an appropriate subject heading (if not provided by the author of the resolution).

Model Resolution Form

TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. (to be assigned)

INTRODUCED BY: _____

(Only delegates and ex-officio delegates may introduce resolutions. They may introduce on their own behalf, or on behalf of a society, a TMA committee, board, council, or a related organization.)

SUBJECT: _____

Whereas, _____

(Not required and not adopted. May include introductory statements briefly identifying the problem, advise the House on timeliness or urgency of the problem, the effect of the issue on the Association, and whether action would establish or modify current policy.)

RESOLVED, _____

(Sets forth specific intent and action.) The Resolves should stand-alone and not refer back to the prefatory statements (such as – Resolved that the Tennessee Medical Association support **such** programs or policies...) since the House adopts only the Resolves.

Sunset: *(insert year) [**All resolutions, unless there is specific or implied reference to earlier time frame, would automatically expire in seven years unless reaffirmed by the House of Delegates at that time*]

Fiscal Note: Fiscal Note Requirement on Resolutions calls for the application of cost estimates to resolutions that have actual or potential cost either directly or indirectly on the financial position of the TMA.

2010 ADOPTED RESOLUTIONS

Resolution No. 1-10

[Reaffirmation of Resolution No. 16-89, 3-96 and 2-03]

MEDICARE REIMBURSEMENT, GEOGRAPHICAL DIFFERENCES

RESOLVED, That the Tennessee Medical Association continue to support the elimination of geographical differences in Medicare reimbursement.

Resolution No. 2-10

[Reaffirmation of Resolution No. 26-96 and 3-03]

FREEDOM OF LOCAL GOVERNMENT ACT

RESOLVED, That the Tennessee Medical Association encourage the Tennessee General Assembly to enable local governments to establish their own tobacco control ordinances.

Resolution No. 3-10

[Reaffirmation of Resolution No. 10-96 and 5-03]

ANNUAL COMPONENT SOCIETY REPORT ON ADOPTION OF PEER REVIEW GUIDEBOOK

RESOLVED, That the Tennessee Medical Association (TMA) component societies file with their annual reports to the House of Delegates a statement on the status of their peer review procedures, including whether they have adopted the use of the required TMA Board of Trustees Peer Review Procedures Booklet.

Resolution No. 4-10

[Reaffirmation of Substitute Resolution No. 21-96 and 8-03]

HEALTH INSURANCE COVERAGE REFORM

RESOLVED, That the Tennessee Medical Association take a proactive role in encouraging regulatory agencies and legislators to secure for patients the following critical improvements in their health care coverage:

- (1) Guarantee the renewability and transferability of health care coverage,
- (2) Require reasonable time limits on the waiting period for initiation of health insurance coverage,
- (3) Establish reasonable limitations on out-of-pocket expenses and on time limits for pre-existing conditions; and be it further

RESOLVED, That the Tennessee Medical Association take an active role with physicians by promoting patient education about health insurance and health care legislation to better serve their needs.

Resolution No. 5-10

[Reaffirmation of Resolution No. 11-03]

ACCESS TO MEETINGS

RESOLVED, That the Tennessee Medical Association will study electronic conferencing capability; and be it further

RESOLVED, That the Tennessee Medical Association investigate conducting committee meetings, and possibly some Board meetings by electronic conferencing.

Resolution No. 6-10

[Reaffirmation of Resolution No. 12-03]

PHYSICAL EDUCATION IN SCHOOLS

RESOLVED, That the Tennessee Medical Association take a positive stance on increasing physical education in schools and work with other organizations such as the American Heart Association in promoting and backing legislation favoring increased physical education in schools.

Resolution No. 7-10

[Reaffirmation of Resolution No. 21-03]

POLICY ON RISING COST OF MEDICAL EDUCATION

RESOLVED, That the Tennessee Medical Association urge members to contact the Board of Regents and the UT System Board of Trustees to discourage excessive tuition increases for medical students in order to minimize the increasing debt load for graduates; and be it further

RESOLVED, That the Tennessee Medical Association urge members to contact their state legislature to discourage excessive tuition increases for medical schools to ensure the financial affordability of medical education for all Tennessee residents; and be it further

RESOLVED, That the Tennessee Medical Association urge its members to contact the governor, state legislature, and the universities to urge improvement in the funding of medical education.

Resolution No. 8-10

[Reaffirmation of Resolution No. 22-03]

UNIFORM PHYSICIAN CREDENTIALS VERIFICATION

RESOLVED, That the Tennessee Medical Association work with representatives from the Tennessee Hospital Association and the Department of Commerce and Insurance to develop a system of uniform credentialing that would include a uniform application form; and be it further

RESOLVED, That the Tennessee Medical Association draft and seek passage of state legislation mandating a uniform credentialing process that will include the development of a uniform application form; and be it further

RESOLVED, That the Tennessee Medical Association seek to have a uniform credentialing process that will include a uniform application form fully implemented in the state within two years; and be it further

RESOLVED, That the Tennessee Medical Association develop a secure electronic-based credentials verification process so as to facilitate the transmission of information to the various provider institutions and third party payors; and be it further

RESOLVED, That the Tennessee Medical Association (TMA) permit physicians who are not yet online to submit credentialing applications in a written format, following which this information would be entered into a secure electronic-based credentials verification process developed by the TMA and transmitted to the various provider institutions and third-party payors.

Resolution No. 9-10

[Reaffirmation of Resolution No. 23-03]

AUTOMATIC EXTERNAL DEFIBRILLATORS AND CPR/AED TRAINING IN TENNESSEE SCHOOLS

RESOLVED, That the Tennessee Medical Association support legislation recommending automatic external defibrillators (AED) in all public schools, fire trucks, police cars, public buildings and other appropriate locations along with cardiopulmonary resuscitation (CPR) and AED training for appropriate personnel; and be it further

RESOLVED, That the Tennessee Medical Association seek legislation giving immunity to lay bystanders who attempt cardiopulmonary resuscitation and automatic external defibrillator usage in good faith; and be it further

RESOLVED, That the Tennessee Medical Association encourage physicians to have automatic external defibrillators available to them in their offices.

Resolution No. 10-10

[Reaffirmation of Resolution No. 29-03]

MID LEVEL PROVIDER SUPERVISION

RESOLVED, That the Tennessee Medical Association support the need for improved supervision of midlevel providers in order that the General Assembly does not pass legislation giving Nurse Practitioners and Physician Assistants independent practice in Tennessee; and be it further

RESOLVED, That the Tennessee Medical Association introduce legislation to repeal the Tennessee Code provision requiring that Nurse Practitioner supervision rules be promulgated upon concurrence of the Board of Medical Examiners and Board of Nursing and that the Board of Medical Examiners be given the sole authority to promulgate physician supervision rules of Nurse Practitioners and Physician Assistants; and be it further

RESOLVED, That the Tennessee Medical Association urge the Board of Medical Examiners to promulgate rules that will improve documentation and verification that appropriate physician supervision is taking place.

Substitute Resolution No. 11-10

RESPONSIBILITY OF PROVIDING AFTERHOURS PATIENT CARE

RESOLVED, That the Tennessee Medical Association (TMA) Board of Trustees (Board) appoint a committee to investigate possible solutions to the problem of adequate specialists after-hours care, including projects of other states and develop recommendations to be reported to the Board at its next meeting; and be it further

RESOLVED, That the Tennessee Medical Association Board of Trustees report their final conclusions and actions at the next meeting of the House of Delegates.

Resolution No. 12-10

BOARD OF MEDICAL EXAMINERS' INDEPENDENCE

RESOLVED, That the Tennessee Medical Association (TMA) House of Delegates strongly believes that the regulation of medicine in Tennessee could be strengthened and improved by establishing the Board of Medical Examiners as an independent entity with limited oversight by state government, and be it further

RESOLVED, That the Tennessee Medical Association (TMA) pursue a legislative remedy that would establish the Board of Medical Examiners as an independent entity with limited oversight by state government, and be it further

RESOLVED, That the monies to support the independent Board of Medical Examiners activities come from the current license fee of individual physicians.

Resolution No. 13-10

TMA DELEGATES AND ALTERNATE DELEGATES

RESOLVED, That once credentialed as a delegate or alternate delegate to the Tennessee Medical Association (TMA) House of Delegates, a member should supply a working email address to the TMA or their local component medical society; and be it further

RESOLVED, That it is recommended that delegates and alternate delegates elected by their peers to serve in the Tennessee Medical Association (TMA) House of Delegates (HOD) should confirm their technological capacities by registering themselves as part of the TMA Electronic HOD.

2011 ADOPTED RESOLUTIONS

Resolution No. 1-11

[Reaffirmation of Resolution No. 14-04]

THIRD PARTY PAYER NON-PHYSICIAN OPERATED TRIAGE HOTLINES

RESOLVED, That the Tennessee Medical Association adopt a policy position opposing to nurse telephone consultation/symptom evaluation services sponsored by third party payers; and be it further

RESOLVED, That the Tennessee Medical Association support programs or legislative initiatives which would prohibit nurse and other personnel telephone consultation/symptom evaluation services sponsored by third party payers.

Resolution No. 2-11

BAN ON THE DESIGNER DRUG "BATH SALTS"

RESOLVED, That if one of the "bath salts" bills is not enacted during the 2011 session, the Tennessee Medical Association Committee on Legislation, when developing its 2012 legislative package, consider submitting a bill to the Tennessee General Assembly that would prohibit the sale or use of the designer drug commonly referred to as "bath salts" in Tennessee.

Resolution No. 3-11

TMA POLICY ON A PHYSICIAN'S OBLIGATION TO ACCEPT NON-EMERGENT INPATIENT CONSULT REQUESTS

RESOLVED, That the TMA adopts as policy that a physician asked by another to consult on a case in a nonemergent inpatient setting does not have an ethical obligation to agree to the consultation request; and be it further

RESOLVED, That the TMA encourage hospital medical staffs to provide for adequate specialty coverage when other staff members request non-emergent inpatient medical consultations. In doing so, these principles should apply:

- 1) The physician requested to provide consultation has the right to refuse to treat the patient unless obligated by contract or otherwise to do so.
- 2) Hospitals should fairly compensate physicians who provide non-emergent inpatient consultation.
- 3) Physicians who provide consultation should not be obligated to take over the care of the patient from the primary requesting physician.
- 4) Physicians requesting specialty consultations should not attempt to "dump" the patient into the care of the physician providing the consultation service because the patient is uninsured, underinsured, the physician is out-of-network, or for any other reason.
- 5) At all times, the physicians involved should make it clear to the patient what the roles are of the primary treating physician and the physician providing the medical consultation.

Resolution No. 4-11
TMA POLICY ON PAYMENT TO PHYSICIANS FOR CALL COVERAGE

RESOLVED, That the following be adopted as official policy of TMA:

- 1) Each hospital organized medical staff should adopt bylaws, policies and procedures to address the question of responsibility for unassigned call; both on an emergent basis and non-emergent inpatient basis, to make sure that these patients receive proper care
- 2) The Tennessee Medical Association supports the development of core credentials for each specialty, approved by hospital medical staffs, in an attempt to balance the need for general call coverage and specialization, and to ensure a clear understanding of what is expected of credentialed physicians regarding call coverage;
- 3) The Tennessee Medical Association supports the right of organized hospital medical staffs to make best efforts to schedule physician members to take unassigned call in their core privilege areas; however, the TMA opposes any requirement for care beyond stabilization and appropriate referral of patients requiring care that is beyond the normal practice parameters of physicians who have limited their practice to a subspecialty;
- 4) The Tennessee Medical Association supports payment by hospitals to physicians who are on-call to provide care to indigent and unassigned patients in hospital emergency departments.
- 5) The Tennessee Medical Association supports payment by hospitals to physicians provide on call care to indigent and unassigned patients in hospital emergency departments.

Resolution No. 5-11
RESPONSE TO PROPOSED CHANGES TO TENNCARE II DEMONSTRATION

RESOLVED, That the Tennessee Medical Association offer an alternate proposal to the proposed amendment to the TennCare II Demonstration that:

- 1) Patients with chronic medical illnesses such as diabetes, heart disease, chronic lung disease, etc., shall be enrolled in a local patient-centered medical home as defined by state and federal regulations.
- 2) The annual limits of eight (8) days per person for inpatient hospitalization; non-emergent outpatient hospital services; and physician and nurse practitioner office visits be waived as long as a patient is enrolled in a patient-centered medical home, and
- 3) That provider services for patients enrolled in a patient-centered medical home be reimbursed at a higher rate to cover the time and cost of more intense patient management.

Resolution No. 6-11
REQUIRED MEETINGS OF TMA STANDING COMMITTEES

RESOLVED, That all Tennessee Medical Association standing committees be required to meet in person, or electronically at least quarterly; or if no activity is necessary that staff notify the members of the committee that no meeting is required; and be it further

RESOLVED, That an official report of quarterly meetings of all Tennessee Medical Association standing committees be submitted to the Board of Trustees (BOT) no later than one week prior to the quarterly meeting of the BOT.

Resolution No. 7-11

TMA POLICY ON CERTIFICATE OF NEED LAWS

RESOLVED, That the Tennessee Medical Association adopts as policy that Certificate of Need (CON) laws do not promote or encourage competitive markets, economic efficiencies, or the continued development or quality of the health care industry.

Resolution No. 8-11

TMA POLICY ON RESTRICTIONS ON THE PRACTICE OF MEDICINE

RESOLVED, That the Tennessee Medical Association adopts as policy that physicians, by virtue of their medical license, have the right to offer any medical service, for which they have been trained by demonstration of their qualification, to their own patient; and be it further

RESOLVED, That Tennessee Medical Association advocate against health plans' efforts to discriminate in their reimbursement policies for services such as imaging, based on the physician's medical specialty certification or setting where the service takes place; and be it further

RESOLVED, That the Tennessee Medical Association support the expansion of the Tennessee Board of Medical Examiners' authority over all aspects of medical practice including supervision of mid-level providers.

Resolution No. 11-11

TENNESSEE MEDICAL EDUCATION FUND, INC

RESOLVED, That the Tennessee Medical Association suggests that the Tennessee Medical Education Foundation include the charitable purpose to "developing leaders to serve in organized medicine."

Resolution No. 12-11

AESTHETIC MEDICAL AND SURGICAL PROCEDURES AS THE PRACTICE OF MEDICINE IN THE STATE OF TENNESSEE

RESOLVED, That the Tennessee Medical Association support actions to expand the definition of the practice of medicine in the State of Tennessee to specifically include all actions which treat or professes to diagnose, treat, operates on or prescribes for any physical ailment or any physical injury to or deformity of another **or to enhance the aesthetic appearance of another** and be it further

RESOLVED, That the legislative committee of the Tennessee Medical Association make the identification and regulation of medical spas which are not part of a physician's office or part of a regulated outpatient surgical center a priority item for legislative action in 2012.

Emergency Resolution No. 1-11

INSURANCE CONTRACTS

RESOLVED, That all provisional insurance contracts and amendments that require review and analysis by physicians must be noticed to providers at least 90 days in advance before becoming effective.

2012 ADOPTED RESOLUTIONS

Resolution No. 1-12

[Reaffirmation of Resolution No. 3-98, 19-91 and 3-05]

TMA FUNDING OF MEDICAL STUDENTS TO AMA CONVENTIONS

RESOLVED, That the Tennessee Medical Association annually budget a stipend of not more than \$2,000 for each of its component medical societies with active medical student sections to provide an opportunity for the leaders of those schools' medical student sections to attend the American Medical Association (AMA) Medical Student Section annual and interim meetings and the AMA annual leadership conference; and be it further

RESOLVED, The delegates eligible for stipends would be from medical student sections in which at least 50 percent of the student body are members of the Tennessee Medical Association; and be it further

RESOLVED, That students interested in obtaining stipends to American Medical Association (AMA) meetings must be members of the Tennessee Medical Association (TMA) and must apply to their component medical society at least two months before the AMA Medical Student Section (MSS) national meetings by writing a letter of intent to their component medical society indicating their position within the TMA MSS and their activities in the TMA MSS in the past.

Resolution No. 2-12

[Reaffirmation of Resolution No. 15-05]

ANNUAL STIPEND FOR ASSOCIATION PRESIDENT

RESOLVED, That beginning with fiscal year 2006 the President of the Tennessee Medical Association be offered a stipend of \$15,000 as recognition of their service and to partially offset their loss of practice salary; and be it further

RESOLVED, That a stipend of \$15,000 be presented to the President of the Tennessee Medical Association in equally monthly payments beginning the first month of the term of the President of the Tennessee Medical Association (month beginning after the Annual meeting and running through the following Annual meeting).

Resolution No. 3-12

[Reaffirmation of Resolution No. 17-05]

ACCESS TO CARE FOR MEDICARE PATIENTS

RESOLVED, That the Tennessee Medical Association through its grassroots campaign, encourage all members to inform patients of this crisis; and be it further

RESOLVED, That the Tennessee Medical Association develop a position pamphlet to distribute to patients to educate them about this access to care issue; and be it further

RESOLVED, That physicians be encouraged to place in their office, appropriate signage outlining this serious problem; and be it further

RESOLVED, That every physician in Tennessee, utilizing its office staff and its "medical family", write elected officials, both federal and local, outlining for them this potential crisis in access to care.

Resolution No. 4-12

[Reaffirmation of Resolution No. 20-05]

ADVERTISING FOR HERBAL SUPPLEMENTS

RESOLVED, That our Tennessee Medical Association strongly encourage the naming of herbal supplements in a manner so that they cannot be confused with prescription drugs by including “herbal” in the name; and be it further

RESOLVED, That our Tennessee Medical Association strongly discourage the packaging of herbal supplements in a way that makes them resemble prescription drugs; and be it further

RESOLVED, That our Tennessee Medical Association strongly discourage the advertising of herbal supplements in a way that resembles prescription drug advertisements; and be it further

RESOLVED, That our Tennessee Medical Association work with the appropriate agencies to strengthen regulations regarding the advertising and distribution of herbal supplements; and be it further

RESOLVED, That our Tennessee Medical Association encourage the Food and Drug Administration to require that all herbal supplements carry an ingredient list similar to that required for foodstuffs and pharmaceuticals.

Resolution No. 8 -12

EDUCATION & TREATMENT ADVOCACY FOR ADDICTION DISORDERS

RESOLVED, That the Tennessee Medical Association (TMA) adopt policy to:

- 1) Encourage all physicians in Tennessee, especially TMA member physicians, to participate in continuing medical education regarding recognition of signs & symptoms of Addiction Disorders and how to refer individuals to effective treatment; and
- 2) advocate for increased funding for treatment in the public and private sectors, and be it further

RESOLVED, That the Tennessee Medical Association delegation to the American Medical Association (AMA) call upon the AMA House of Delegates and the AMA Board of Trustees to solicit and support AMA policies that:

- 1) promote public education regarding recognition of signs and symptoms of Addiction Disorders and how to refer affected individuals to effective treatment;
- 2) promote continuing medical education regarding recognition of signs and symptoms of addiction disorders and how to refer affected individuals to effective treatment.

2013 ADOPTED RESOLUTIONS

Resolution No. 1-13

[Reaffirmation of Resolution No. 1-92 and 1-99]

MANDATORY ACCEPTANCE OF ASSIGNMENT FOR INSURANCE

RESOLVED, That the Tennessee Medical Association oppose the principle of mandatory acceptance of assignment as a requirement for reimbursement for the care of patients who are recipients of Medicare benefits; and be it further

RESOLVED, That the Tennessee Medical Association vigorously oppose any future effort to include mandatory acceptance of assignment as a condition for reimbursement from any government or private source.

Resolution No. 2-13

[Reaffirmation of Resolution No. 22-92 and 10-99]

INDIGENT CARE ACTIVITY

RESOLVED, That the Tennessee Medical Association (TMA) through the Board of Trustees continue to encourage its members via its local component societies to provide free care and reduced cost services to the indigent and that the TMA act as a resource for the development and enhancement of such activities.

Resolution No. 3-13

[Reaffirmation of Resolution No. 17-99]

HOSPITALS CHARGING FOR PHYSICIAN APPLICATIONS

RESOLVED, That application fees associated with hospital staff membership be decided by the medical staff; and be it further

RESOLVED, That any monies raised by application fees associated with hospital staff membership be used for the collective good of the medical staff and do not offset the hospital's administrative costs.

Resolution No. 4-13

[Reaffirmation of Resolution No. 30-06]

INDEPENDENT MEDICAL EXPERT TESTIMONY IN MEDICAL LIABILITY CASES

RESOLVED, That the Tennessee Medical Association encourage the use of independent medical experts to advise a judge when the judge does not fully understand the medical issues involved in the case; and be it further

RESOLVED, That the Tennessee Medical Association will, when requested, provide suggestions for medical experts to advise a judge, taking into account their knowledge of the medical facts in the case, and taking care to avoid conflicts of interest such as personal, legal, or financial relationships; and be it further

RESOLVED, That the Tennessee Medical Association will support the position that any costs associated with obtaining independent medical testimony to advise a judge when the judge does not fully understand the medical issues involved in the case be taxed to the participants in the same manner as other court costs.

Resolution No. 5-13

INCLUSION OF COSMETIC SURGERY IN THE STATE MEDICAL PRACTICE ACT (MPA)

RESOLVED, That the Tennessee Medical Association support actions to expand the definition of the practice of medicine in the State of Tennessee to specifically include within it any surgical procedure performed for cosmetic or aesthetic purposes; and be it further

RESOLVED, That the legislative committee of the Tennessee Medical Association make the inclusion of cosmetic surgery in the Tennessee Medical Practice Act, a priority item for legislative action in 2013.

Resolution No. 6-13

DELEGATION OF COSMETIC SURGICAL PROCEDURES

RESOLVED, That the Tennessee Medical Association support efforts to prevent unlicensed and unsupervised cosmetic surgical procedures through legislative action and enforcement by the Board of Medical Examiners; and be it further

RESOLVED, That the legislative committee of the Tennessee Medical Association make the delegation of cosmetic surgical procedures without adequate physician supervision outside of a medical environment a priority item for legislative action in 2013.

Substitute Resolution No. 7-13

EXPANDING ACCESS TO CARE

RESOLVED, That the Tennessee Medical Association support access to affordable healthcare for all Tennesseans; and be it further

RESOLVED, That the Tennessee Medical Association supports a trial for three years to expand access to care by using Medicaid expansion funds either to subsidize uninsured residents to purchase health insurance through the Federal Insurance Exchanges or through direct Medicaid Expansion; and be it further

RESOLVED, That the Tennessee Medical Association insists that benefits to residents received via health insurance purchased through federal exchanges, be at a minimum at least comparable to Medicaid/TennCare benefits; and be it further

RESOLVED, That the Tennessee Medical Association will make itself fully available to the Governor and the state legislature to advocate for healthcare coverage in Tennessee.

Resolution No. 8-13

MENTAL HEALTH SCREENING

RESOLVED, That the Tennessee Medical Association support efforts for more state and Federal money for mental health screening and treatment in community hospitals and public health clinics.

Resolution No. 11-13

MATERNAL MORTALITY REVIEW

RESOLVED, That the Tennessee Medical Association support the establishment of a peer review protected and HIPAA compliant maternal mortality review process under the auspices of the Tennessee Department

of Health to review maternal deaths in Tennessee and make recommendations for system changes to improve health care services for women in this state.

Resolution No. 12-13

REBUILDING TENNESSEE MEDICAL ASSOCIATION'S GRASSROOTS NETWORK

RESOLVED, That each component medical society is requested to hold at least one meeting per year with their local legislative delegation to discuss issues important to physicians and our patients, and be it further

RESOLVED, That each component medical society work to identify at least two physicians per legislator who will serve as a key contact and resource to that legislator so that when important issues arise, each legislator will have constituent physicians acting as liaisons they know and trust to talk to about issues critical to organized medicine. The names of the liaisons shall be shared with the Tennessee Medical Association so they can keep these individuals informed as issues arise; and be it further

RESOLVED, That the Tennessee Medical Association legislative staff be available to participate in meetings and calls with component medical societies to assist in communications with their local legislative delegation; and be it further

RESOLVED, That the Tennessee Medical Association legislative staff report back to this body at the next meeting of this House on the grassroots activities of each component medical society as set forth in this resolution.

Resolution No. 13-13

IN DEFENSE OF MEDICAL EDUCATION AND PHYSICIAN INVOLVEMENT

RESOLVED, The Tennessee Medical Association, through its American Medical Association (AMA) delegation, petition the AMA to work with the Centers for Medicare and Medicaid Services and other federal authorities to remove the onerous language stating, "Any contribution and participation of a billable service must be performed in the presence of a teaching physician or resident..."and"...the teaching physician may not refer to your documentation of physical examination findings or medical decision making in his personal note"; and be it further

RESOLVED, That Tennessee Medical Association, through its American Medical Association (AMA) delegation, petition the AMA for a more suitable alternative that recognizes more accurate documentation of care while allowing the profession of medicine to resume educating its future colleagues in a more cost effective and efficient manner.

Resolution No. 14-13

PRESCRIPTION DRUG TRANSPARENCY IN TENNESSEE

RESOLVED, That the Tennessee Medical Association work with insurers and pharmacies in Tennessee to mandate that what patients pay for name brand medication and that of any generic equivalent be made available on the health insurer and pharmacy organizations website.

Resolution No. 15-13
TRANSPARENCY OF HOSPITAL CHARGES IN TENNESSEE

RESOLVED, That the Tennessee Medical Association work with the health insurers and hospitals in Tennessee to draft legislation that would require insurers and hospitals to electronically post what patients pay out of pocket for hospital benefits, (“charge master”) the benefit paid by the patient’s insurance, the benefit payable by Medicare and TennCare in an easily comparable format.

2014 ADOPTED RESOLUTIONS

Resolution No. 2-14

TENNCARE MEDICAID REFORM PROPOSAL

RESOLVED, That the Tennessee Medical Association, as part of its ongoing TennCare policy, advocate that the State of Tennessee:

- 1) Strive to increase access to health care for all of our citizens;
- 2) Keep quality patient care, not cost, at the forefront of all programmatic decisions;
- 3) Ensure that any reform of, or replacement to, TennCare health insurance take into account and include the concerns of organized medicine and be transparent, comprehensible, and uniform across all Managed Care Organizations (MCOs) in all phases of development and implementation, especially when physicians are placed in a position of financial risk;
- 4) Maintain enhanced MCO oversight and provide a grievance system that contains fair due process in order for physicians to appeal MCO or programmatic determinations that impact them; and
- 5) Refrain from policy, regulation, or payment reduction that penalizes the entire, or a large segment of, the physician community for the actions of a few who would inappropriately utilize or misuse the resources of the Program.

Resolution No. 3-14

INCLUSION OF ELECTRONIC COMMUNICATIONS IN E-HEALTH REIMBURSEMENT

RESOLVED, That the Tennessee Medical Association support legislation to expand the definition of telehealth services provided to patients to include electronic means of communication and health care delivery, and be it further

RESOLVED, That the Tennessee Medical Association strongly support legislation that would require payers to reimburse all means of tele-health services provided to patients by providers; and be it further

RESOLVED, That the Tennessee Medical Association work with the American Medical Association Current Procedural Terminology (CPT) Editorial Panel for the development of CPT Codes for all electronic transmission of healthcare.

Resolution No. 5-14

TREAT E-CIGARETTES IN THE SAME MANNER AS OTHER TOBACCO PRODUCTS CONTAINING NICOTINE

RESOLVED, That the Tennessee Medical Association take positive action to encourage the State of Tennessee to make e-cigarettes subject to all laws, rules and regulations affecting tobacco products.

Resolution No. 6-14

RESOLUTION TO DIRECT THE DEVELOPMENT OF NARROWING PHYSICIAN NETWORKS

RESOLVED, That the Tennessee Medical Association support legislation that payers be subject to equal opportunity regulations when establishing provider networks; and be it further

RESOLVED, That the Tennessee Medical Association vigorously support transparency in the inclusion and exclusion criteria for developing networks to promote equal access; and be it further

RESOLVED, That the Tennessee Medical Association support recourse solutions for physicians who are unfairly excluded from a network.

Resolution No. 7-14

NOTIFICATION OF SUBSTITUTION OF BIOSIMILAR MEDICATIONS

RESOLVED, That the Tennessee Medical Association take positive action to promote legislation or regulation addressing prescribing issues for biologics, including requiring that both the patient and their prescribing physician be notified any time a biosimilar medication is substituted for a biologic medication and requiring that pharmacists and prescribers retain records of patients who receive biosimilars for a set period of time.

Resolution No. 8-14

[Reaffirmation of Resolution No. 17-93, 5-00 and 17-07]

ADVOCACY FOR THE MENTALLY ILL

RESOLVED, That the Tennessee Medical Association support an increase in health related services for all mentally ill patients.

2015 Adopted Resolutions

Resolution No. 1-15

[Reaffirmation of Resolution No. 5-08]

THE APPROACHING PHYSICIAN SHORTAGE CRISIS

RESOLVED, The Tennessee Medical Association will work toward expanding residency positions and medical schools; and be it further

RESOLVED, The Tennessee Medical Association will seek to invigorate our young people's interest in medicine as a career with effective mentoring programs; and be it further

RESOLVED, The Tennessee Medical Association will partner with public and private concerns regarding a solution to the enormous individual financial burden of medical education; and be it further

RESOLVED, The Tennessee Medical Association will adopt a posture that graduate medical education (GME) must be expanded and Medicare caps on GME must be lifted; and be it further

RESOLVED, The Tennessee Medical Association will seek to build a statewide and national consensus regarding the future physician shortage crisis and exercise its responsibility to our state and country to ensure that an adequate supply of physicians will be available for our next generation.

Resolution No. 2-15

[Reaffirmation of Resolution No. 9-08]

REPEAL OF PROVISIONS OF THE TENNESSEE UNIFORM ACCIDENT AND SICKNESS POLICY PROVISION LAW (UPPL)

RESOLVED, That the Tennessee Medical Association seek the repeal of relevant provisions of the Uniform Accident and Sickness Policy Provision Law (UPPL) which prevent reimbursement for medical services for alcohol and narcotic-related injuries if such repeal is recommended in the Comptroller's 2008 report.

Resolution No. 3-15

SUPERVISORY RELATIONSHIP NOTATION IN CONTROLLED SUBSTANCE MONITORING DATABASE (CSMD)

RESOLVED, That the Tennessee Medical Association formally request that the Department of Health invest in upgrades to the Controlled Substance Monitoring Database (CSMD) report so that each prescription reported includes the name of the midlevel prescriber as well as the midlevel prescriber's supervising physician.

Resolution No. 8-15

TENNESSEE DRUG SHORTAGES

RESOLVED, That the Tennessee Medical Association work with the Tennessee Department of Health, Tennessee Pharmacy Association, Tennessee Hospital Association, and other pertinent stakeholders to develop a state specific database for drug shortages and develop strategies to mitigate drug shortages.

Resolution No. 9-15
TENNESSEE HEALTH CARE INNOVATION INITIATIVE

RESOLVED, That the Tennessee Medical Association pursue legislation to oversee the implementation of the Tennessee Health Care Innovation Initiative and allow Tennessee Medical Association and other pertinent stakeholders the opportunity to address relevant issues to the Legislature.

Resolution No. 10-15
HEALTH DISPARITIES

RESOLVED, That the Tennessee Medical Association promote to physicians, healthcare providers and the communities they serve, an increased awareness, education, and intervention to reduce healthcare disparities and improve health outcomes in Tennessee.

Resolution No. 13-15
EXPANSION OF ACCESS FOR OFFICE BASED SURGERY

RESOLVED, The Tennessee Medical Association petition the Tennessee Board of Medical Examiners to expand access to Level III office-based surgery for ASA III patients when an anesthesiologist evaluates the patient pre-operatively, develops an anesthetic plan, and is present on-site to diagnose and treat peri-operative medical issues.

Resolution No. 15-15
MAINTENANCE OF CERTIFICATION ADVOCACY

RESOLVED, That the Tennessee Medical Association (TMA) Board of Trustees assign a committee to review and report by the Fall Board meeting, the findings of the 2015 Maintenance of Certification (MOC) survey issued by Steven W. Swann, MD, FACS and to submit recommendations, if any, of appropriate advocacy action TMA should undertake to improve the MOC process for Tennessee physicians.

Resolution No. 18-15
PATIENT CENTERED PHYSICIAN LED TEAM-BASED CARE AS POLICY OF THE ASSOCIATION

RESOLVED, That the Tennessee Medical Association adopts as its official policy physician-led team-based care yields the highest quality; the safest patient care; and the most savings to the health care system for the citizens of Tennessee; and be it further

RESOLVED, That the Tennessee Medical Association adopt the following principles regarding physician-led team based care:

- Health care teams, no matter the setting, should be led by physicians.
- Health care teams should be led by physicians who have ultimate responsibility and authority to carry out final decisions about the composition of the team, practitioners are trained according to their unique function in the team, communication about patient care between team members is routine, and team members complete tasks to agree upon protocols as directed by the physician leader; and be it further

RESOLVED, That it be a legislative priority to introduce legislation in the Tennessee General Assembly to reflect the policy and principles of physician-led team based care.

Emergency Resolution 1-15
PROTECTION OF THE DOCTOR PATIENT RELATIONSHIP

RESOLVED, That the Tennessee Medical Association uphold and defend the sanctity of the doctor-patient relationship and stand against legislative interference in this relationship and against unenforceable mandates.

2016 Adopted Resolutions

Resolution No. 01-16

[Reaffirmation of Resolution No. 6-09]

DISASTER PREPAREDNESS FOR THE STATE OF TENNESSEE

RESOLVED, That the Tennessee Medical Association educate physicians and coordinate with existing disaster plans to include:

- 1) Enrollment of physicians who will serve as disaster physician volunteers
- 2) Education of physicians in the characteristics of the optimal medical disaster responder
- 3) Coordination of the physician response team with the other state and federal emergency agencies.

Resolution No. 2-16

[Reaffirmation of Resolution No. 16-02 and 16-09]

TENNESSEE MEDICAL EDUCATION FUND CONTRIBUTION

RESOLVED, That the Tennessee Medical Association (TMA) add \$10 to the TMA annual dues of active members which will be contributed to the Tennessee Medical Education Fund, Inc. (TMEF) for tuition assistance for medical students in Tennessee.

Resolution No. 3-16

DUES INCREASE

RESOLVED, That the Tennessee Medical Association membership dues be increased \$25 per dues paying member beginning in 2017, bringing the total dues amount to \$510; followed the next five years with an additional \$10 per year, bringing the dues to \$560 by 2022.

Resolution No. 4-16

TENNCARE/CMS AUDITS AND CLAWBACKS

RESOLVED, That the Tennessee Medical Association's delegation to the American Medical Association (AMA) put forth a resolution to the 2016 AMA House of Delegates directing AMA to undertake federal advocacy efforts to:

- 1) Redefine "primary care provider" for purposes of the regulations governing the enhanced payments to primary care physicians mandated by section 1202 of the Health Care and Education Reconciliation Act of 2010 ("Section 1202"). Such definition should include the current providers board certified in a specialty considered primary care; or providers attesting to the 60% Threshold under the same methodology as used in the parallel statutory formula in Section 5501(a) of PPACA; or, in states utilizing managed care organizations, providers who are, or have been held out by such MCOs as primary care providers by having patients assigned to such primary care providers and holding such providers out to the public as primary care providers; and the 60% Threshold formula previously utilized in attestation.

- 2) Order that the audits conducted, or to be conducted of the enhanced payments to primary care physicians, by state Medicaid agencies or their agents be conducted pursuant to the amended flexible formula redefining "primary care provider".
- 3) Order that state Medicaid agencies, or their agents, immediately cease recoupments, or hold amounts of funds already recouped in trust, until a new audit using the redefined formula can be completed.

Resolution No. 5-16

PREVENTION OF MISLEADING HEALTH CARE REPRESENTATION

RESOLVED, That the Tennessee Medical Association support legislation to prevent usage of any derivation of the terms "medical" or "med" in advertisements, signage, websites, etc., by a spa, hair salon, boutique or any business that provides aesthetic services such as injections or lasers unless the business, clinic, spa, etc. has a Tennessee licensed medical doctor practicing "fulltime" at that site or the site is the primary practice site of the "medical director".

Resolution 6-16

PROTECTION OF MINORS FROM THE HAZARDOUS EFFECTS OF ULTRAVIOLET RADIATION FROM TANNING LAMPS

RESOLVED, That the Tennessee Medical Association support the enactment of state legislation to protect minors from the hazards of ultraviolet radiation by prohibiting the sale of tanning services utilizing ultraviolet rays to those 18 years of age and under.

Resolution 7-16

UPPER CUMBERLAND MEDICAL SOCIETY MEMBERSHIP PILOT PROJECT

RESOLVED, That a Upper Cumberland Medical Society Membership Pilot Project be initiated within the Upper Cumberland Development/Upper Cumberland Health Region whereby the annual Tennessee Medical Association (TMA) dues statements sent to direct members include the option to join Tennessee Medical Association through the Upper Cumberland Medical Society; and be it further

RESOLVED, That the Upper Cumberland Medical Society, working with the Tennessee Medical Association Judicial Council and Membership Committee, report to the 2017 House of Delegates whether regional membership grew and physicians became more involved as a result of the Upper Cumberland Membership Pilot Project, and be it further

RESOLVED, That the Judicial Council report to the 2017 House of Delegates whether a similar program as the Upper Cumberland Membership Pilot Project be initiated statewide.

Resolution 8-16

FUNDING OF GRADUATE MEDICAL EDUCATION

RESOLVED, That the Tennessee Medical Association, citing the expanding state population, lobby both the state and federal legislative and executive branches to adjust the Graduate Medical Education Waiver Cap from \$50 million to \$75 million; and be it further

RESOLVED, That the Tennessee Medical Association advocate for the State of Tennessee to fund its one-third portion of the Graduate Medical Education Waiver Cap to the maximal amount through a line item in the State of Tennessee's budget.

Resolution 9-16
MEDICAL SPA REGISTRY TRANSPARENCY

RESOLVED, That the Tennessee Medical Association petition the Tennessee Board of Medical Examiners to modify the Department of Health's Medical Spa Registry application to require the reporting of average number of hours of supervision the medical director provides per week for each medical spa being registered; and be it further

RESOLVED, That the Tennessee Medical Association petition the Tennessee Board of Medical Examiners to modify the Department of Health's Medical Spa Registry application to require the reporting of the average number of hours the medical director is on-site per week at each medical spa facility being registered; and be it further

RESOLVED, That the Tennessee Medical Association petition the Tennessee Board of Medical Examiners to modify the Department of Health's Medical Spa Registry application to require the reporting of percentage of ownership by medical director(s) for each medical spa being registered; and be it further

RESOLVED, That the Tennessee Medical Association require public access to the State of Tennessee's Medical Spa Registry in the form of a searchable database, to include:

- Name
- Address
- City
- Zip code
- average number of hours of supervision the medical director provides per week
- the average number of hours the medical director is on-site per week.

Resolution 10-16
LIMIT PRENATAL EXPOSURE TO OPIATES

RESOLVED, That the Tennessee Medical Association explore possible means to encourage birth control for women who are prescribed opiates.

Resolution 12-16
PHYSICIAN WELLNESS

RESOLVED, That the Tennessee Medical Association promote opportunities for education and training on issues relating to physician wellness and burnout.

Resolution 13-16
INTERVENTIONS FOR OPIOIDS DEPENDENT PREGNANT WOMEN

RESOLVED, That the Tennessee Medical Association advocate for increased funding for programs for education, prevention and treatment for pregnant women addicted to opiates and other illicit drugs; and be it further

RESOLVED, That the Tennessee Medical Association advocate for comprehensive medical oversight for

the treatment of polysubstance-addicted pregnant women.

Resolution 15-16
PHYSICIANS PREPARING STERILE COMPOUNDING

RESOLVED, That the Tennessee Delegation to the American Medical Association be encouraged to support the efforts of the American Medical Association to convince the United States Pharmacopeia (USP) to retain the current special rules for procedures in the medical office that could include but not be limited to allergen extract compounding in the medical office setting and, if necessary, engage with the U.S. Food and Drug Administration (FDA) and work with the U.S. Congress to ensure that small volume physician office-based compounding is preserved; and be it further

RESOLVED, That the Tennessee Medical Association reaffirm that the regulation of compounding in the physician office for the physician's patients be under the purview of state medical boards and not state pharmacy boards; and be it further

RESOLVED, That the Tennessee Medical Association encourage our state medical board support the current 2008 USP Chapter 797 sterile compounding rules as they apply to allergen extracts, including specifically requirements related to the beyond use dates of compound allergen extract stock.

Resolution 16-16
MAINTENANCE OF CERTIFICATION (MOC) AND LICENSURE (MOL) VS BOARD CERTIFICATION, CME AND LIFELONG COMMITMENT TO LEARNING

RESOLVED, That the Tennessee Medical Association oppose efforts by any nationally recognized accredited organization, including, but not limited to, American Board of Medical Specialties and the Federation of State Medical Boards to require physicians to meet the mandates imposed by Maintenance of Certification and Maintenance of Licensure as conditions of employment, licensure, reimbursement or professional insurance coverage; and be it further

RESOLVED, That the Tennessee Medical Association continue to support reasonable lifelong continuing medical education and lifelong specialty board certification requirements as determined by the physician him/herself; advocate against time-limited specialty medical board certifications; and oppose discrimination against physicians who are certified and choose NOT to engage in corporate re-certification programs labeled as "voluntary" by the specialty medical boards; and be it further

RESOLVED, That the Tennessee Medical Association seek the adoption of policy and legislation in Tennessee that will prohibit discrimination by any hospital or employer, state medical licensing board, insurer, Medicaid, and other entities, which might restrict a physician's right to practice medicine without interference (including discrimination by varying fee schedules) due to lack of recertification, lack of participation in Maintenance of Licensure, Maintenance of Certification or other time-limited board certification; and be it further

RESOLVED, That the Tennessee Medical Association's American Medical Association delegation submit a resolution to the AMA House of Delegates to adopt as its policy, to oppose discrimination by any hospital or employer, state board of medical licensure, insurers, Medicare, Medicaid, and other entities, which results in the restriction of a physician's right to practice medicine without interference (including discrimination by varying fee schedules) due to lack of recertification or participation in a Maintenance of Licensure, Maintenance of Certification, or other time-limited board certification.

Permanent Policy of the TMA Starting in 2001

**THE BOARD OF TRUSTEES IS OF THE OPINION THAT THE FOLLOWING
RESOLUTIONS HAVE BECOME A PART OF TMA POLICY WITHOUT BEING
REAFFIRMED:**

RESOLUTIONS ADOPTED IN 2001

Resolution No. 1-01

[Reaffirmation of Resolution No. 2-94]

MANDATORY AUTO SAFETY BELT USAGE

RESOLVED, That the House of Delegates of the Tennessee Medical Association (TMA) encourage TMA members to authorize exemption for patients only in those instances where the safety considerations afforded by seat belt usage are outweighed by the appropriateness of restraints in relation to the patient's physical handicap.

Resolution No. 2-01

[Reaffirmation of Resolution No. 5-94]

POTENTIALLY UNETHICAL CONTRACTS

RESOLVED, That the Tennessee Medical Association admonish its member physicians not to sign contracts that place them in potentially unethical situations by rewarding them financially for not referring patients; and be it further

RESOLVED, That physicians be reminded they are the patients' advocates and have affirmative, ethical obligations to disclose to patients or referring colleagues their ownership interest in a facility or therapy prior to utilization; and be it further

RESOLVED, That physicians act unethically when they exploit the patient in any way by inappropriate or unnecessary utilization; and be it further

RESOLVED, That when a physician's commercial interest conflicts so greatly with his or her patient's interest as to be incompatible, the physician should make alternative arrangements for the care of the patient.

Resolution No. 4-01

[Reaffirmation of Resolution No. 8-94]

REENTRY ASSISTANCE NEEDED BY PHYSICIANS HEALTH PROGRAM

RESOLVED, That the Tennessee Medical Association continue to endorse and support the efforts of the Tennessee Medical Foundation's Physicians Health Program Committee to provide a reentry professional support network that effectively deals with practice deficits, including assistance in surgery, participation in medical staff seminars, and other continuing medical education activities in areas that are not necessarily the home community; and be it further

RESOLVED, That the Tennessee Medical Association (TMA) work with the Tennessee Medical Foundation (TMF) to ensure that the TMF's reentry support network include utilizing certain medical specialists and willing members of the TMA to assist in implementation of the reentry support network.

Resolution No. 21-01

CONFLICT OF INTEREST STATEMENT

RESOLVED, That members of the Tennessee Medical Association Board of Trustees and committees abstain from voting on any issue where there is a potential or realized conflict of interest.

Resolution No. 22-01

MEMBER ACCESS TO TMA BOARD OF TRUSTEES

RESOLVED, That the Tennessee Medical Association (TMA) Board of Trustees establish a set agenda item to allow members of the TMA the opportunity to bring issues before the Board and that this opportunity be regularly and widely communicated to the membership.

RESOLUTIONS ADOPTED IN 2002

Resolution No. 1-02

[Reaffirmation of Resolution No. 1-95; Reaffirmation of Resolution Nos. 3-88 and 7-88 in Combination]

BASIC PRINCIPLES AND STANDARDS REGARDING THE DELIVERY OF HIGH QUALITY MEDICAL CARE

RESOLVED, That the Tennessee Medical Association deplore plans which ignore the importance of health care, the patient's freedom of choice, and the value of the ongoing physician-patient relationship; and be it further

RESOLVED, That the House of Delegates of the Tennessee Medical Association (TMA) reaffirm the following basic principles about the delivery of high quality medical care:

- 1) That communication and consultation with the TMA be readily available at all times to all responsible parties having an interest in matters relating to the delivery of medical care services and to the public health;
- 2) That medical care of uniformly high quality be available to all persons living in Tennessee;

- 3) That the maintenance of high quality in medical care is of paramount importance, and that all other considerations are secondary to this goal;
- 4) That each practitioner is directly accountable for his/her professional acts and deportment to his/her patients, medical peers, and to authorized licensing agencies, and that the public interest is well protected by such accountability;
- 5) That lay (non-physician) control of, or interference with, professionally approved medical care policies and ethical practices is contrary to the public interest and should be prohibited;
- 6) That patients have the freedom of choice in choosing their physician(s) or their health care delivery system, and that physicians have the freedom of choice in accepting patients except in emergency situations, and that assignment by any third party of patient to physician or physician to patient without freedom of choice is in violation of this principle and cannot be tolerated; and be it further

RESOLVED, That the House of Delegates of the Tennessee Medical Association affirm the basic standards that managed care plans must meet in order to qualify for certification as set forth in the model American Medical Association Patient Protection Act; and be it further

RESOLVED, That the Tennessee Medical Association express and outline its concern by sending a copy of this resolution to appropriate agencies or entities responsible for authorizing and regulating such plans.

Resolution No. 4-02

[Reaffirmation of Resolution No. 13-95]

TENNESSEE MEDICAL ASSOCIATION MEMBERSHIP

RESOLVED, That the Tennessee Medical Association (TMA) reaffirm that opportunities for membership in the TMA, with its organized activities including medical education and training, employment listings in the *TMA Journal*, and all other aspects of professional endeavors, should not be denied by the TMA to any duly licensed physician because of a physician's sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, or age; and be it further

RESOLVED, That the existence of the Tennessee Medical Association's policy of nondiscrimination in membership recruitment and services be made known to officers of component medical societies for their appropriate use.

Resolution No. 5-02

DUES INCREASE

RESOLVED, That, beginning with the 2003 dues year, annual dues for active members of the Tennessee Medical Association will be increased \$80.00 with analysis of the impact of this dues increase on the fiscal integrity and membership status of the organization to be presented by the Board of Trustees at the House of Delegates meeting in 2004.

Resolution No. 6-02

CHARTER NAME CHANGE

RESOLVED, That the Tennessee Medical Association House of Delegates approve a charter name change from the Memphis & Shelby County Medical Society to The Memphis Medical Society to become effective July 1, 2002.

Resolution No. 9-02
RESIDENT PHYSICIANS

RESOLVED, That the Tennessee Medical Association establish a Resident/Fellow Physician Section; and be it further

RESOLVED, That the Tennessee Medical Association and its component medical societies vigorously pursue resident/fellow physician membership with the goal of 90% membership among the residents in this state; and be it further

RESOLVED, That when the number of resident/fellow physician members reaches at least 300 for a year, to be reviewed annually, an advisory seat to attend the Tennessee Medical Association Board of Trustees meetings be established for a resident/fellow.

Resolution No. 15-02
FISCAL NOTE REQUIREMENT ON RESOLUTIONS

RESOLVED, That resolutions introduced into the House of Delegates contain fiscal notes to provide the members of the House of Delegates with needed information with which to make good sound financial policy decisions; and be it further

RESOLVED, That the Tennessee Medical Association (TMA) Board of Trustees Finance Committee, in consultation with the TMA staff, apply cost estimates to resolutions that have actual or potential cost either directly or indirectly on the financial position of the Tennessee Medical Association.

RESOLUTIONS ADOPTED IN 2003

Resolution No. 9-03
TMA REPRESENTATIVES MEETING WITH MEDICAL STUDENTS

RESOLVED, That annually the Tennessee Medical Association (TMA) President or designee offer his/her services and time to meet with medical students of each of the medical schools across the state to promote organized medicine and TMA membership.

Resolution No. 13-03
PUBLIC SCHOOL EMERGENCY MEDICATION AVAILABILITY

RESOLVED, That the Tennessee Medical Association work with the Tennessee Department of Education and the state legislature to promote rules allowing immediate access to emergency medications such as rescue inhalers, adrenaline and glucagon injections in the classroom when deemed appropriate by the student's physician.

Resolution No. 26-03

POLICY ON PROPOSED IMPLEMENTATION OF CLINICAL ASSESSMENT EXAM

RESOLVED, That the Tennessee Medical Association urgently contact the National Board of Medical Examiners (NBME), all organization represented on the NBME Governing Board and the Tennessee delegation to the Federation of State Medical Boards (FSMB) to request a vote against and/or suspension of the implementation of proposed Clinical Skills Assessment Exam until such time as:

- 1) The examination has been demonstrated to be statistically valid, reliable, practical, and evidence based.
- 2) Scientific studies have been published in peer review journals validating the examination for United States medical students and graduates and demonstrating that the fiscal and societal benefits of the examination justify the costs.
- 3) Testing sites are available in more reasonable geographic locations than currently proposed by the NBME; and be it further

RESOLVED, That the Tennessee Medical Association encourage the Tennessee State Medical Licensing Board to exclude the Clinical Skills Assessment Exam (CSA) from state medical licensure requirements until the exam has been reassessed.

Resolution No. 32-03

PROMOTING BETTER HEALTH IN SCHOOLS IN TENNESSEE

RESOLVED, That the Tennessee Medical Association urgently contact the Legislative Education Committee currently considering removal from public schools of vending machines which dispense no nutritious foods and give our full support for this measure; and be it further

RESOLVED, That the Tennessee Medical Association promote legislation to reintroduce mandatory physical fitness classes in all grade levels; and be it further

RESOLVED, That the Tennessee Medical Association promote legislation to introduce health classes to teach obesity and diabetes avoidance at all grade levels in Tennessee schools.

RESOLUTIONS ADOPTED IN 2004

Resolution No. 1-04

[Reaffirmation of Resolution No. 7-97 and 17-90]

REGULATIONS OF GENDER SELECTION ABORTION

RESOLVED, That the Tennessee Medical Association place itself on record as being opposed to abortion solely for the purpose of gender selection.

Resolution No. 3-04
SYRINGE AND NEEDLE EXCHANGE PROGRAMS REAFFIRMATION OF RESOLUTION NO. 34-97

RESOLVED, That the Tennessee Medical Association House of Delegates endorse the needle exchange program as an important public health method to help prevent the spread of HIV in intravenous drug users.

Resolution No. 15-04
POLICY ON TOBACCO

RESOLVED, That the following Tennessee Medical Association Resolutions be hereby sunset:

- 1) No. 8-99 (Reaffirmation of Resolution No. 14-92; Tobacco Use on Tennessee School System Property)
- 2) No. 23-00 (Teen Smoking)
- 3) No. 10-02 (Raising Legal Age To Purchase Cigarettes)
- 4) No. 12-02 (Tobacco Abuse In Tennessee)
- 5) No. 25-03 (Tobacco Products And Health Related Facilities)
- 6) No. 33-03 (Eliminating Smoking In Workplaces And Public Places); and be it further

RESOLVED, That the Tennessee Medical Association (TMA):

- 1) Continue to actively support legislation that would:
 - a. Make it illegal to sell tobacco products to anyone under the age of 21;
 - b. Raise the legal age to purchase cigarettes in Tennessee from 18 to 21 years of age;
 - c. Increase the cigarette excise tax, as well as taxes on other tobacco products;
 - d. Promote tobacco use prevention and tobacco use cessation efforts;
 - e. Ban the sale of tobacco and tobacco related products from any business that dispenses medications;
 - f. Ban the sale of tobacco from unsupervised vending machines.
- 2) Continue to support tobacco education and the total elimination of the use of tobacco products on school properties in Tennessee by students, faculty, administrators and visitors.
- 3) Delegation to the American Medical Association (AMA) call upon the AMA House of Delegates and the AMA Board of Trustees to solicit and support federal legislation that bans the sale of tobacco related products from any business that dispenses medications to any recipients of federal medical insurance (i.e., Medicare, Medicaid/TennCare, etc.).
- 4) Support efforts to encourage the Tennessee Legislature to make each and every state building smoke-free, including the Legislative Plaza and any other building in which state government conducts business.
- 5) Encourage the Tennessee State Legislature to pass legislation modeled on the Model Ordinance Eliminating Smoking in Workplaces and Public Places developed by the Americans for Nonsmokers' Rights and endorsed by the American Medical Association Advocacy Resource Center.
- 6) Encourage all physicians in Tennessee, and especially TMA-member physicians, to actively communicate with their legislators in encouraging their support of these efforts.

- 7) Encourage the Tennessee State Legislature to repeal legislation that preempts local smoking ordinances.

Resolution No. 16-04
TENNESSEE SEAT BELT UTILIZATION

RESOLVED, That the Tennessee Medical Association support the enforcement of laws and policies that promote seat belt use in all the jurisdictions in the state of Tennessee.

Resolution No. 19-04
OPPOSITION TO COMPELLING MEDICAL STUDENTS TO STAY IN-STATE AND PRACTICE UNDER TENNCARE IN ORDER TO REPAY STATE MEDICAL SCHOOL SUBSIDIES

RESOLVED, That the Tennessee Medical Association oppose any legislation that would compel graduates of Tennessee public medical schools (University of Tennessee College of Medicine and Quillen College of Medicine at East Tennessee State University) to practice in Tennessee on the completion of medical training, including a medical residency, as a condition of matriculation (New HOD Policy); and be it further RESOLVED, That the Tennessee Medical Association continue to work with the Tennessee Legislature, the Governor of Tennessee, and the respective Boards of East Tennessee State University and University of Tennessee to find creative solutions to the issues of rising medical tuition costs and the issues of lack of patient access without unduly burdening students who chose to pursue their medical education in Tennessee (Directive to Take Action).

Resolution No. 20-04
TOBACCO-FREE STATE IN PUBLIC PLACES

RESOLVED, That the Tennessee Medical Association desires that Tennessee become a smoke-free state in all public places; and be it further RESOLVED, That the Tennessee Medical Association seek other organizations to jointly support legislation to make it a reality that Tennessee become a smoke-free state in all public places.

RESOLUTIONS ADOPTED IN 2005

Resolution No. 1-05
[Reaffirmation of Resolution No. 1-98 and 2-91]
MANDATORY SECOND SURGICAL OPINIONS

RESOLVED, That the Tennessee Medical Association continue its opposition to mandatory second opinions whether they be imposed by private insurance companies or by federal and state funded programs.

Resolution No. 2-05

[Reaffirmation of Resolution No. 2-98 and 18-91]

TRAINING CRITERIA FOR NEW PROCEDURES

RESOLVED, That the Tennessee Medical Association support the position that training criteria for new procedures be the exclusive province of the hospital or ambulatory surgical treatment center medical staff and that Medicare and other third party payors should not seek to impose arbitrary credentialing requirements; and be it further

RESOLVED, That the Tennessee Medical Association, through its Committee on Governmental Services and Third Party Payors and other means, work with Medicare and other insurers to end the practice of imposing arbitrary credentialing requirements.

Resolution No. 4-05

[Reaffirmation of Resolution No. 4-98 and 7-91]

MALPRACTICE INSURANCE

RESOLVED, That this House of Delegates reaffirm its appreciation of the tremendous effort required to establish and maintain a sound professional liability insurance company, the outstanding manner in which all aspects of SVMIC's service and protection have been carried out, and the desire that SVMIC continue to receive the wholehearted backing and support of all component societies and physicians of Tennessee; and be it further

RESOLVED, That the Tennessee Medical Association continue with efforts to educate all members in matters related to malpractice insurance and particularly promote its exclusive endorsement of State Volunteer Mutual Insurance Company as the preferred malpractice carrier.

Resolution No. 6-05

[Reaffirmation of Resolution No. 6-98 and 27-91]

INSURANCE CARRIERS' DISRUPTION OF THE PHYSICIAN/PATIENT RELATONSHIP

RESOLVED, That the Tennessee Medical Association reaffirm Resolution No. 27-91 and exercise all advocacy avenues available to ensure that insurance carriers and managed care organizations are caring out in good faith their contractual and statutory responsibilities toward their enrollees, are refraining from imposing unreasonable restrictions on access to medical treatments deemed necessary by patients' physicians, and are not otherwise interfering with the physician-patient relationship.

Resolution No. 11-05

SPECIALTY SPECIFIC FORMULARIES REAFFIRMATION OF RESOLUTION NO. 15-98

RESOLVED, That the Tennessee Medical Association oppose medical specialty specific formularies; and be it further

RESOLVED, That the Tennessee Medical Association oppose and work to prevent third party and governmental payors, their formulary committees, and other entities that determine drug formularies and prescription authorization procedures from using physicians' medical specialty as a reason for prior approvals, denials, or increased paperwork burdens.

Resolution No. 27-05
TENNCARE POLICY CHANGES

RESOLVED, That the Tennessee Medical Association work with practicing physicians to interact closely and regularly with the TennCare leadership to assure that policies implemented are simple and require limited disruption to physician practices in their implementation.

RESOLUTIONS ADOPTED IN 2006

Resolution No. 2-06

[Reaffirmation of Resolution No. 4-92 and 2-99]

BAN OF "PROMOTIONAL DRINKING"

RESOLVED, That the Tennessee Medical Association continue to urge the Tennessee Restaurant Association and other such trade associations to urge their member establishments not to engage in "promotional drinking."

Resolution No. 3-06

[Reaffirmation of Resolution No. 5-92 and 3-99]

OPPOSITION TO BOXING AS A SPORT

RESOLVED, That the Tennessee Medical Association continue to:

- 1) Educate the Tennessee public about the dangerous effects of boxing on the health of participants; and
- 2) Encourage the discontinuance as a sport of both amateur and professional boxing; and
- 3) Communicate the feeling in this area to the appropriate regulatory bodies in Tennessee.

Resolution No. 4-06

[Reaffirmation of Resolution No. 9-92 and 5-99]

TAX ON PROFESSIONAL MEDICAL SERVICES

RESOLVED, That the Tennessee Medical Association be opposed to any tax that singles out physicians, their practices, and their patients, because of the adverse impact upon quality care at the most affordable price.

Resolution No. 5-06

[Reaffirmation of Resolution No. 12-92 and 7-99]

CONTROL OF OVER-THE-COUNTER DIET PILLS

RESOLVED, That the Tennessee Medical Association, with the support of the Tennessee Congressional delegation, encourage the Food and Drug Administration (FDA) to ban over-the-counter diet pills except for those approved by the FDA.

Resolution No. 6-06

[Reaffirmation of Resolution No. 14-92 and 8-99]

TOBACCO USE ON TENNESSEE SCHOOL SYSTEM PROPERTY

RESOLVED, That the Tennessee Medical Association continue to actively support anti-smoking legislation, education and the elimination of the use of tobacco products on school properties in Tennessee.

Resolution No. 12-06

[Reaffirmation of Resolution No. 24-99]

LUNG DISEASE EDUCATION

RESOLVED, That the Tennessee Medical Association both as an organization and through the encouragement of its members work on programs to educate Tennesseans about chronic lung disease and the inherent long-term risks of smoking tobacco products.

Resolution No. 15-06

CODE OF CONDUCT FOR PHYSICIANS EXPERT TESTIMONY

RESOLVED, That the following be adopted as Policy of the Tennessee Medical Association regarding code of conduct for physician expert testimony.

- 1) A physician expert witness shall be an impartial educator on the subject of the practice of medicine.
- 2) A physician expert witness shall represent and testify to the practice behavior of a prudent physician giving different viewpoints if such there are. The expert should not present his or her own views as the only correct ones if they differ from what might be done by other prudent physicians. The expert should identify as such personal opinions not generally accepted by other physicians. The expert shall with reasonable accuracy state whether a particular action was clearly within, clearly outside or close to the margins of the standard of care.
- 3) A physician expert witness shall review all pertinent available medical information about a particular patient before rendering an opinion about the appropriateness of medical or surgical management of that patient.
- 4) A physician expert witness shall have sufficient knowledge of and experience in the specific subject of expert opinion services to warrant designation as an expert. The expert should provide the forum with accurate and documentable opinions on the matter at hand.
- 5) A physician expert witness should be impartial and champion only what he or she believes to be the truth. The expert shall not be evasive, answering all properly framed questions pertaining to his or her opinions on the subject matter thereof.

- 6) A physician expert witness shall not accept a contingency fee. Charges for medical expert opinion services shall be reasonable and commensurate with the time and effort given to preparing and providing those services, and further be it, and be it further

RESOLVED, That violation of the policy code of conduct for physician expert testimony be included as a grounds for disciplinary action in the Tennessee Medical Association Peer Review Procedures Booklet.

Resolution No. 27-06
EMERGENCY RESOLUTIONS

RESOLVED, That resolutions submitted within two weeks of the opening session of the Tennessee Medical Association (TMA) House of Delegates be made available to delegates/delegations electronically for their review; and be it further

RESOLVED, That resolutions brought forth within two days of the opening session on the Tennessee Medical Association (TMA) House of Delegates (HOD), be required to be entered as emergency resolutions requiring 51% of the members of the HOD present to accept them as “true emergencies, and be it further

RESOLVED, That the Speaker and Vice-Speaker of the Tennessee Medical Association (TMA) House of Delegates (HOD) appoint a committee of the HOD to review its current operations, paying particular attention to requiring deadlines for submission of business presented to the HOD for action, and other processes that could be streamlined to improve the efficiency of the HOD operations.

Resolution No. 34-06
CESSATION OF USE OF THE TERM "PROVIDER"

RESOLVED, That as of today, every reputable physician who is legally licensed and registered in Tennessee under Title 63, Chapters 6 or 9 of the Tennessee Code Annotated, or any other state of the United States, who is practicing or who will agree to practice medicine or osteopathy will no longer be "providers"; and be it further

RESOLVED, That henceforth:

1. The Tennessee Medical Association (TMA) and its associated organizations will not utilize the terms "Provider" or "healthcare Provider" in any communications
2. Instead, all communications by the Tennessee Medical Association (TMA) and its associated organizations to physicians and regarding or concerning physicians will henceforth contain the terms: Physician, Physicians, Doctor, Doctors, M.D. M.D., or DO
3. The Tennessee Medical Association (TMA) and its sister societies will pledge to further work to vigorously demand the same consideration for its physicians from all other health care entities (i.e. hospitals, insurance companies etc.)
4. The Local, State and National media will be educated on this issue and on the vital importance to quality of national medical care of educating future generations of DOCTORS and PHYSICIANS instead of future generations of PROVIDERS.

RESOLUTIONS ADOPTED IN 2007

Resolution No. 1-07

[Reaffirmation of Resolution No. 3-93 and 1-00]

HEALTH INSURANCE CLAIMS ADMINISTRATION

RESOLVED, That the Tennessee Medical Association Board of Trustees develop and support legislative efforts to preclude health insurance carriers from delaying patient treatment because of unnecessary, redundant, or inefficient and non-uniform certification and claims' processing requirements; and be it further

RESOLVED, That a copy of this resolution be sent to the Tennessee Commissioner of Commerce and Insurance, and to health insurance carriers licensed to issue health policies in Tennessee, and that it be presented to the American Medical Association.

Resolution No. 3-07

[Reaffirmation of Resolution No. 19-93 and 7-00]

MAINTAINING THE TMA CONTRIBUTION TO THE TENNESSEE MEDICAL FOUNDATION PHYSICIANS HEALTH PROGRAM

RESOLVED, That the Tennessee Medical Association continue to provide financial support to the Tennessee Medical Foundation's Physicians Health Program at the level of \$30 per dues paying member, and thereby help ensure the Program's ability to provide complete physician health services statewide through a full time medical director and at least three part-time assistant medical directors.

Resolution No. 10-07

PRINCIPLES FOR STORE-BASED HEALTH CLINICS (MINUTE CLINICS)

RESOLVED, The Tennessee Medical Association support regulation that would require store-based health clinics to:

- 1) Have a well-defined and limited scope of clinical services, consistent with state scope of practice laws.
- 2) Use standardized medical protocols derived from evidence-based practice guidelines to ensure patient safety and quality of care.
- 3) Establish arrangements by which their health care practitioners have direct access to and supervision by those with medical degrees (MD and DO) as consistent with state laws.
- 4) Establish protocols for ensuring continuity of care with practicing physicians within the local community.
- 5) Establish a referral system with physician practices or other facilities for appropriate treatment if the patient's conditions or symptoms are beyond the scope of services provided by the clinic.
- 6) Clearly inform patients in advance of the qualifications of the health care practitioners who are providing care, as well as any limitation in the types of illnesses that can be diagnosed and treated.
- 7) Post the name and Tennessee medical license number and medical specialty and contact information for the supervising physician for the clinic location.

- 8) Establish appropriate sanitation and hygienic guidelines and facilities to ensure the safety of patients.
- 9) Use electronic health records as a means of communicating patient information and facilitating continuity of care, *including giving patients the option of having a copy of their medical record transmitted to their primary care physician of record.*
- 10) Encourage patients to establish care with a primary care physician to ensure continuity of care.

Resolution No. 11-07
INSURANCE FOR MOTORCYCLISTS

RESOLVED, That the Tennessee Medical Association continue to support mandatory use of helmets for all motorcycle use.

Resolution No. 14-07
QMP PROJECT

RESOLVED, That the Tennessee Medical Association strongly opposes deferral of care unless follow-up networks are well-defined, operative and capable of caring for patients in a timely manner; and be it further.

RESOLVED, That the Tennessee Medical Association strongly opposes the institutional imposition of ongoing liability on physicians resulting from instances where patients are deferred for non-emergent care; and be it further

RESOLVED, That the Tennessee Medical Association recommend that very specific and concrete standards be adopted by hospitals to insure patient access to an alternate setting for the purpose of receiving timely and appropriate treatment.

Resolution No. 18-07
 [REAFFIRMATION OF RESOLUTION NO. 26-00]
TENCARE FAIR PAYMENT

RESOLVED, That the Tennessee Medical Association strongly encourage the TennCare Bureau and its component managed care organizations to utilize actuarially sound reimbursement rates from an independent source that reflects the actual costs for rendering services to patients.

RESOLUTIONS ADOPTED IN 2008

Resolution No. 3-08
INSURANCE COMPANY RATINGS OF PHYSICIANS

RESOLVED, That Tennessee Medical Association's (TMA) official position regarding health plan physician rating and tiering initiatives is that such initiatives based or weighted primarily on claims data is a flawed methodology and is misleading to the public.

Resolution No. 7-08

MEMBER EDUCATION ON MEDICARE RECOVERY AUDIT CONTRACTORS

RESOLVED, That Tennessee Medical Association continue to educate its members regarding their rights during Program Safeguard Contractor surveys and Recovery Audit Contractor audits; and be it further RESOLVED, That the Tennessee Medical Association advocate for initiatives to simplify the tedious appeals process available to physicians and advocate that physicians be able to recover their legal expenses proportional to the amount of the alleged improper payments that are overturned on appeal.

Resolution No. 8-08

IMMUNIZATION OF TENNESSEE CHILDREN

RESOLVED, That the Tennessee Medical Association work closely with the Tennessee Chapter, American Academy of Pediatrics (AAP) and the Tennessee Academy of Family Physicians (TAFP) on efforts to reach the Tennessee Department of Health's goal of immunizing Tennessee's children.

RESOLUTIONS ADOPTED IN 2014

Resolution No. 01-14

Corporate Communication Strategies

RESOLVED, That this House of Delegates affirm its acknowledgement that strategic planning and communications preparedness is paramount to the effectiveness of the Tennessee Medical Association; and be it further

RESOLVED, That the \$35 dues increase initially adopted in 1993 is now permanent; and be it further

RESOLVED, That Resolution 2-07 "Continuation of the Community Awareness Resource and Education "CARE" Program" is replaced by Resolution No. 1-14 "Corporate Communication Strategies" establishing permanent policy.

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