

OFFICER'S REPORT B

REPORT OF THE BOARD OF TRUSTEES

April 29, 2017

TO: HOUSE OF DELEGATES  
TENNESSEE MEDICAL ASSOCIATION

SUBMITTED BY: JAMES H. BATSON, MD, FAAP, CHAIR

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1 It has been my distinct honor and pleasure to serve the Tennessee Medical Association (TMA)  
2 as Chair of the Board of Trustees. My thanks go out to all of the board members and TMA  
3 staff who have worked diligently in representing our association.

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5 We initially conducted a thorough review of the most pressing issues facing Tennessee  
6 physicians at the beginning of the 2016-2017 year. Team based care, prescription drug abuse  
7 and healthcare payment reform were the top priorities that set the direction of the  
8 organization.

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10 The Board gave Drs. John Hale and Nita Shumaker authority to represent TMA's interests on  
11 the summer legislative task force on scope of practice. Although the sessions were not  
12 ultimately productive with the nurse practitioners, they helped to solidify our resolve to fight  
13 for true standards of patient care.

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15 The Board approved the 2017 legislative agenda as recommended by the legislative  
16 committee. Top issues included scope of practice, maintenance of certification (MOC),  
17 balance billing and payer accountability.

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19 We opposed the state's effort to move episodes of care payment models into commercial  
20 health plans and produced a commitment to delay any expansion by at least a year. We also  
21 adopted a statement on medical marijuana and proactively issued TMA's recommendations  
22 on federal healthcare reform as the Trump administration promotes a repeal of the  
23 Affordable Care Act (ACA).

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25 The Board oversaw much needed improvements in our accounting processes. Our  
26 investment strategies were also adjusted to reflect a more deliberate and aggressive  
27 approach for our reserve fund.

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29 The Board authorized funding to contribute toward a federal lawsuit challenging the  
30 TennCare primary care rate bump audits and recoupment.

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32 Starting in 2017, TMA will eliminate funding for the student section to participate in American  
33 Medical Association (AMA) events but will allocate resources toward their participation in

1 local medical societies including a new, statewide program: Learn, Engage, Advocate and  
2 Develop (LEAD), to encourage engagement.

3

4 We also had the privilege of managing one of the most significant financial transactions for  
5 TMA in the past 25 years as we sold our building on 21<sup>st</sup> Avenue in Nashville and purchased  
6 another property on 8<sup>th</sup> Avenue. This move makes a more sensible size for our staff and  
7 created a sizeable surplus for the reserve fund.

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9 Our Physician Services have expanded the TMA Group Health Insurance Plan to groups with  
10 over 100 physician members. We plan to offer it to smaller groups in the future as the covered  
11 pool grows.

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13 New group memberships have helped increase our numbers to the highest level of dues  
14 paying members since 2005.

Respectfully submitted,

James H. Batson, MD, FAAP, Chair

2016-2017 Board Members

Keith Anderson, MD, President

Nita W. Shumaker, President-Elect

John W. Hale, Jr., MD, Immediate Past President

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Resolutions 1-16 and 2-16 were reaffirmations and no further reports are due

**Resolution No. 3-16** Dues Increase

Action: Completed for 2016. All members and medical society leaders were notified by mail and email of the House of Delegates (HOD) actions and plans to increase dues, along with increase information about the activities of the Tennessee Medical Association (TMA) to subtly justify the increase, beside the fact that dues have not increased in 12 years. We received less than five comments or complaints. We paid particular attention to the members joining through our group memberships with personal calls to the practices. Dues will be increased another \$10 in 2018, 2019, 2020, 2021 and 2022.

**Resolution No. 4-16** TENNCARE/CMS Audits and Clawbacks

Action complete. The Tennessee delegation to the American Medical Association (AMA) introduced the resolution during the 2016 annual meeting of the AMA House of Delegates. The resolution was adopted as submitted by the AMA House of Delegates in July 2016.

**Resolution No. 5-16** Prevention of Misleading Health Care Representation

Action: Legislative Committee passed to the Professional Relations Committee with a recommendation for a public education campaign to help patients better understand healthcare provider credentials. TMA Communications staff is working on a campaign for Q4 2016 and into 2017.

**Resolution No. 6-16** Protection of Minors from the Hazardous Effects of Ultraviolet Radiation from Tanning Lamps

Action: The Legislative Committee reviewed the Legislation and has said TMA will support this legislation, if filed. TMA will let the Tennessee Dermatology Society take the lead.

**Resolution No. 7-16** Upper Cumberland Medical Society Membership Pilot Project

Action complete and ongoing. Membership and Communications staff has supported Drs. Gray and Batson in efforts to grow membership in the Upper Cumberland region. The TMA website was updated to offer UCMS membership as an option for physicians in counties without an active component medical society. Staff also submitted a recommended membership recruitment plan to UCMS officers in June. TMA Marketing and Events Coordinator Sara Balsom, who joined in July, is the staff point person for UCMS.

**Resolution No. 8-16** Funding Graduate Medical Education

Action complete. TMA legal staff lobbied the TennCare Bureau to include a provision in its 2016 Waiver Request to raise the GME funding limit from \$50 million to \$75 million. Grassroots visits by Dr. Woodbury to several West Tennessee legislators in support of this request took place during the summer of 2016. The TennCare Bureau made the decision not to include a GME cap raise in its 2016 Waiver request to CMS. As the first Resolved will not come to fruition, action on the second Resolved is pretermitted.

**Resolution No. 9-16** Medical Spa Registry Transparency

Action complete. Per the Resolution's directive, TMA submitted a petition in May 2016 to the Tennessee Board of Medical Examiners requesting that it modify the Medical Spa Registry to require reporting of the average number of hours of supervision the medical director provides at each location per week; the average number of hours the medical director is on-site per week; the percentage of ownership of the medical director; and that the public searchable database be enhanced. At its July 19, 2016 meeting, the Board rejected all of TMA's requests that the Registry be enhanced. The Board cited three reasons for its decision: 1) the level of reporting scrutiny would be different than what other medical offices are required to do despite the fact that the same requirements for registration are in place for any entity, including a physician office, which meets the definition of "medi spa", 2) the information requested is not required by statute despite the fact the statute uses the phrase "at a minimum" which under rules of statutory construction would allow for the gathering of additional related information; and 3) burden on Board staff despite the fact the statute authorizes the Board to collect a fee from registrants that could fund additional staff time.

**Resolution No. 10-16** Limit Prenatal Exposure to Opiates

Action: The Public Health Committee suggests the Tennessee Department of Health Controlled Substance Monitoring Database program continue to include birth control education for women of child-bearing age in any educational activities for Tennessee licensed prescribers. Research is being conducted to determine the legalities and cost of attaching warning labels regarding prenatal dangers to opiate prescriptions. Continue to recognize and support the free prenatal and well women services of the A Step Ahead programs in Tennessee metro areas. Encourage successful Neonatal Abstinence Syndrome (NAS) reducing programs such as the Tennessee Department of Health East Tennessee Regional Health program that offers female inmates in 41 Tennessee jails NAS education and long-acting, reversible contraception in 41 Tennessee jails.

**Resolution No. 12-16** Physician Wellness

Action: On June 20, 2016, the TMA Education Committee considered the

Resolution 12-16 on Physician Wellness. The Committee felt this was a very worthy topic. However, the education division was already addressing this gap, considering the educational conference in April just offered a physician burnout session, as well as work life balance education and how to have difficult conversations with patients to help physicians deal with a stressful aspect of practicing. The committee further recommended, however, that we continue to offer wellness education and/or facilitate these topics by another specialty society at the large annual educational conference for 2017. TMA has already scheduled several physician wellness topics for the educational conference in 2017. More intense physician wellness services addressing suicide are already being successfully offered through the Tennessee Medical Foundation (TMF), and TMA should continue to refer to the TMF for those intensive services.

**Resolution No. 13-16** Interventions for Opioid Dependent Pregnant Women

Action: On June 15, 2016, the TMA Legislative Committee considered the Resolution for inclusion in its 2017 legislative package. The Committee recommended that the Resolution not be included in TMA's legislative package, but that TMA and the Tennessee Pharmacist Association engage in a joint public educational effort to promote birth control use for women of child-bearing age receiving opioid prescriptions, if grant money is available for the project. The Committee further recommended that the Resolution be referred to the TMA Public Health Committee to effectuate the grant/joint educational effort. This decision was ratified by the Board of Trustees in July 2016. In addition, Julie Griffin, TMA's Director of Government Affairs, participated in a meeting with the Public Health Committee to go over the suggestions made by the Legislative Committee. The Public Health committee suggests the Tennessee Department of Health Controlled Substance Monitoring Database program committee include instructions on safer, more cost-effective treatment of pregnant opioid patients. Specific protocols for weaning patients off opioid medications may be helpful in controlling this problem.

**Resolution No. 15-16 Physicians Preparing Sterile Compounding**

Action: There were a number of resolutions submitted similar to the TMA resolution. Tennessee elected to cosponsor **Resolution: 204 (A-16) along with numerous other states and specialty organizations.** The AMA House of Delegates passed this resolution in June of 2016. Dr. Lee Berkenstock testified on behalf of the delegation on the issue. It is not AMA policy to:

1. Engage in efforts to convince 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.
2. Form a coalition with affected physician specialty organizations such as allergy, dermatology, immunology, otolaryngology, oncology, ophthalmology, neurology, and rheumatology to jointly engage with USP, FDA and the U.S. Congress on the issue of physician office-based compounding preparations and the proposed changes to USP Chapter 797.
3. Reaffirm 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.
4. 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 compounded allergen extract stock.

**Resolution No. 16-16 Maintenance of Certification (MOC) and Licensure (MOL) vs. Board Certification, CME and Lifelong Commitment to Learning**

Action complete. The first Resolved was complete upon adoption; it is now official TMA policy to oppose MoC as a condition of employment, licensure, reimbursement or med mal insurance coverage. The second Resolved was complete upon adoption; TMA will continue to support CME while advocating against time-limited specialty board certification, and will oppose discrimination against physicians who do not seek re-certification programs. The third Resolved was complete upon the approval of inclusion of a MoC anti-discrimination bill in TMA's 2017 legislative package. The fourth Resolved is complete; the Tennessee AMA delegation introduced a resolution during the 2016 AMA annual meeting of its House of Delegates. A companion resolution introduced by another state passed that contained the sum and substance of TMA's resolution. AMA now officially opposes discrimination based on a physician choosing not to pursue time-limited specialty certification.