

POLICY OF THE
TENNESSEE MEDICAL ASSOCIATION

INCLUDING:

A review of the policy development process

The text of resolutions adopted and currently in effect – (2005-2011)



Revised April, 2011

The full text of all resolutions introduced to and considered by the TMA House of Delegates in any year may be found in the June, July or August issue of *Tennessee Medicine*. This compilation contains only the “Resolved” portion of resolutions actually adopted by the TMA House of Delegates.

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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 Tennessee Medical Association 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 Tennessee Medical Association (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 December 1 of the year preceding the meeting of the House”

“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 nominated by the Statewide Nominating Committee and elected on an at-large basis by the direct members of TMA during the annual TMA physician leadership elections

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 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 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.” “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.”

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.” “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:

“That 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:

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 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.”

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:

- all duly certified and elected delegates;
- alternate delegates who are authorized to substitute;
- e x-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

TMA Resolution No. 27-06, states that resolutions submitted within two weeks of the opening session of the TMA House of Delegates be made available to delegates/delegations electronically for their review. Further, those resolutions brought for the within two days of the opening session of the TMA HOD be required to be entered as emergency resolutions requiring 51% of the members of the HOD present to accept them as true emergencies

TMA Resolution No. 15-02 states 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 that the 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.

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.

House of Delegates Format

In the past resolutions have been referred to appropriate reference committees for testimony to occur not only by delegates to the floor of the House, but by any other member of the TMA. After all testimony was heard, the reference committee entered into executive session, developed a report, and, through its Chair, reported back to the House of Delegates specific recommendations.

Resolution No. 27-06 directed the speaker and vice-speaker to 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

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 chairman 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 and 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, an appropriate subject heading (if not provided by the author of the resolution), and is referred to the appropriated Reference Committee by the Speaker of the House of Delegates.

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)

Fiscal Note: **

**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.*

***Resolution No. 15-02 – 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.*

ADOPTED 2005

Res. No. Title/Sponsor/Sub sponsor

- 1-05 Mandatory Second Surgical Opinions
Reaffirmation of Resolution No. 1-98 and No. 2-91
Robert D. Kirkpatrick, MD, Chairman, TMA Board of Trustees

- 2-05 Training Criteria for New Procedures)
Reaffirmation of Resolution Number 2-98 and No. 18-91
Robert D. Kirkpatrick, MD, Chairman, TMA Board of Trustees

- 3-05 TMA Funding Of Medical Students to AMA Conventions
Reaffirmation of Resolution No. 3-98 and No. 19-91
Robert D. Kirkpatrick, MD, Chairman, TMA Board of Trustees

- 4-05 Malpractice Insurance
Reaffirmation of Resolution No. 4-98 and No. 7-91
Robert D. Kirkpatrick, MD, Chairman, TMA Board of Trustees

- 5-05 Home Health Nursing Case Management
Reaffirmation of Resolution No. 5-98 AND No. 20-91
Robert D. Kirkpatrick, MD, Chairman, TMA Board of Trustees

- 6-05 Insurance Carriers' Disruption of the Physicians/Patient Relationship
Reaffirmation of Resolution No. 6-98 and No. 27-91
Robert D. Kirkpatrick, MD, Chairman, TMA Board of Trustees

- 7-05 R Overhauling the TennCare Partners Program
Reaffirmation of Resolution No. 7-98
Robert D. Kirkpatrick, MD, Chairman, TMA Board of Trustees

- 8-05 Mental Health Services)
Reaffirmation of Resolution No. 12-98
Robert D. Kirkpatrick, MD, Chairman, TMA Board of Trustees

- 9-05 Custodial Care for the Elderly and Infirm
Reaffirmation of Resolution No. 13-98
Robert D. Kirkpatrick, MD, Chairman, TMA Board of Trustees

- 10-05 Supervision of Non-Physician Providers
Reaffirmation of Resolution No. 14-98
Robert D. Kirkpatrick, MD, Chairman, TMA Board of Trustees

- 11-05 Specialty Specific Formularies
Reaffirmation of Resolution No. 15-98
Robert D. Kirkpatrick, MD, Chairman, TMA Board of Trustees

- 12-05 Insurance Benefit Mandates/Priorities
Reaffirmation of Resolution No. 21-98
Robert D. Kirkpatrick, MD, Chairman, TMA Board of Trustees
- 13-05 Bidding for Ancillary Services
Reaffirmation of Resolution NO.29-98
Robert D. Kirkpatrick, MD, Chairman, TMA Board of Trustees
- 14-05 Use of Corporal Punishment in Tennessee Schools
Reaffirmation of Resolution No. 23-98
Robert D. Kirkpatrick, MD, Chairman, TMA Board of Trustees
- 15-05 Annual Stipend for Association President
Robert D. Kirkpatrick, MD, Chairman, TMA Board of Trustees
- 16-05 Cancer Reporting
Paul B. Googe, MD, Ex-Officio Delegate, Knoxville Academy of Medicine
- 17-05 Access to Care for Medicare Patients
Joseph L. Willoughby, MD, Delegate, Williamson County Medical Society
- 19-05 Option to Pay TennCare Premiums
Robert W. Herring, Jr., MD, Delegate, Tennessee Society for Gastrointestinal Endoscopy
- 20-05 Advertising for Herbal Supplements
Jason Sharp, Delegate, Medical Student Section
- 21-05 Sun Protection Programs in Elementary Schools
Jason Sharp, Delegate, Medical Student Section
- 22-05 Remediation of Physician Competency Concerns
Wiley T. Robinson, MD, Delegate, The Memphis Medical Society
- 23-05 TennCare Medical Liability
Edward Capparelli, MD, Ex-Officio Delegate, Cocke County Medical Society
- 26-05 Chartered Component Medical Society Affiliate Membership
Donald H. Chamberlain, MD, Delegate, Chattanooga-Hamilton County Medical Society
- 27-05 TennCare Policy Changes
Edward W. Capparelli, MD, Ex-Officio Delegate, Cocke County Medical Society
- 28-05 Proposed Guidelines for Mid-Level Providers
Robert A. Vegors, MD, Delegate, Consolidated Medical Assembly of West Tennessee
- 29-05 TennCare Pharmacy Alternatives
Charles T. Womack, MD, Delegate, Putnam County Medical Society

31-05 Expert Medical Testimony

Jeffrey A. Hoplan, MD, Delegate, Carter County Medical Society

ER1-05 - Young Physician Section Representation on the Board of Trustees

Oran Lee Berkenstock, MD, Delegate, TMA Young Physician Section

ADOPTED 2006

Res. No. Title/Sponsor/Sub sponsor

- 1-06 Mandatory Acceptance of Assignment for Insurance
Reaffirmation of Resolution No. 1-9and No.1-99
F. Bronn Rayne, MD, Chairman, TMA Board of Trustees

- 2-06 Ban of “Promotional Drinking”)
Reaffirmation of Resolution No. 4-92 and 2-99
F. Bronn Rayne, MD, Chairman, TMA Board of Trustees

- 3-06 Opposition to Boxing as a Sport
Reaffirmation of Resolution No. 3-92 and 3-99
F. Bronn Rayne, MD, Chairman, TMA Board of Trustees

- 4-06 Tax on Professional Medical Services
Reaffirmation of Resolution No. 9-92 and 5-99
F. Bronn Rayne, MD, Chairman, TMA Board of Trustees

- 5-06 Control of Over-The-Counter Diet Pills
Reaffirmation of Resolution No. 12-92 and 7-99
F. Bronn Rayne, MD, Chairman, TMA Board of Trustees

- 6-06 Tobacco Use on Tennessee School System Property
Reaffirmation of Resolution No.14-92 and 8-99
F. Bronn Rayne, MD, Chairman, TMA Board of Trustees

- 7-06 Insurance Company Provider Terminations
Reaffirmation of Resolution No.17-92 and 9-99
F. Bronn Rayne, MD, Chairman, TMA Board of Trustees

- 8-06 Indigent Care Activity)
Reaffirmation of Resolution No. 22-92 and 10-99
F. Bronn Rayne, MD, Chairman, TMA Board of Trustees

- 9-06 West Tennessee Disaster Preparedness
Reaffirmation of Resolution No. 28-92 and 11-99
F. Bronn Rayne, MD, Chairman, TMA Board of Trustees

- 10-06 Continuity of Care for TennCare Patients
Reaffirmation of Resolution No. 15-99
F. Bronn Rayne, MD, Chairman, TMA Board of Trustees

- 11-06 Hospitals Charging For Physician Applications
Reaffirmation of Resolution No. 17-99
F. Bronn Rayne, MD, Chairman, TMA Board of Trustees

- 12-06 Lung Disease Education
Reaffirmation of Resolution No. 24-99
F. Bronn Rayne, MD, Chairman, TMA Board of Trustees
- 13-06 AMA MEMBERSHIP
REAFFIRMATION OF RESOLUTION N16-99
F. Bronn Rayne, MD, Chairman, TMA Board of Trustees
- 15-06 Code of Conduct for Physicians Expert Testimony
Margaret M. Brennan MD, Delegate, Nashville Academy of Medicine
- 17-06 Georgia Physician Membership in The Chattanooga-Hamilton County
Medical Society,
TMA Board of Trustees
- 22-06 TennCare Formulary Complaint
Robert W. Herring, Jr., MD, Delegate, Tennessee Society for Gastrointestinal Endoscopy
- 25-06 State Funding For Uncompensated Care to Unassigned TennCare Disenrollees
Orville W. Swarner MF, Ex-Officio Delegate, TMA Board of Trustees
- 26-06 Medical Liability Reform
F. Bronn Rayne, MD, Chairman, TMA Board of Trustees
- 27-06 Emergency Resolutions
F. Bronn Rayne, MD, Chairman, TMA Board of Trustees
- 28-06 Support of House Bill 3933, Senate Bill 3665, Aggravated Rape of a Child
Iris Snider, Ex-Officio Delegate TMA Board of Trustees
- 30-06 Independent Medical Expert Testimony in Malpractice Cases
F. Michael Minch, MD, Ex-Officio Delegate, TMA Board of Trustees
- 32-06 TennCare Pharmacy Benefit Override
Edward W. Capparelli, MD, Ex-Officio Delegate, TMA Board of Trustees
- 34-06 Cessation of Use of the Term "Provider"
Peter A. Aldea, MD, Delegate, The Memphis Medical Society
- 35-06 Funding For Tennessee Medical Association Leadership College
F. Bronn Rayne, MD, Chairman, TMA Board of Trustees
- 36-06 Tobacco Industry Lawsuit)
Reaffirmation of Substitute Resolution No. 22-99
F. Bronn Rayne, MD, Chairman, TMA Board of Trustees

ADOPTED 2007

Res. No. Title/Sponsor/Sub sponsor

- 01-07 Health Insurance Claims Administration)
Reaffirmation of Resolution No.1-00 and No. 3-99
Richard G. Lane, MD, Chairman, TMA Board of Trustees

- 02-07 Continuation of the Community Awareness Resource and Education (CARE) Program
Reaffirmation and Modification of No. 2-00 and 8-93
Richard G. Lane, MD, Chairman, TMA Board of Trustees

- 03-07 Maintaining the TMA Contribution to the Tennessee Medical Foundation
Physicians Health Program
Reaffirmation of Resolution No. 7-00 and 19-93
Richard G. Lane, MD, Chairman, TMA Board of Trustees

- 04-07 Patient Freedom of Choice in Physician Selection
Reaffirmation of Resolution No. 8-00 and 21-93
Richard G. Lane, MD, Chairman, TMA Board of Trustees

- 05-07 Use By “Third Party Payors” [Insurance Companies, HMOs, Etc.] of “Reviewers” Who Are Neither
Licensed nor Regulated by the State of Tennessee
Reaffirmation of Resolution No. 10-00 and 34-93
Richard G. Lane, MD, Chairman, TMA Board of Trustees

- 06-07 Denial of Coverage by “Third Party Payors” [Insurance Companies, HMOs, Etc] Without
Explicit Reason or Specific Policy Language
Reaffirmation of Resolution No.11-00 and 35-93
Richard G. Lane, MD, Chairman, TMA Board of Trustees

- 07-07 TennCare Online
Reaffirmation of Resolution No. 14-00
Richard G. Lane, MD, Chairman, TMA Board of Trustees

- 08-07 Providing Health Insurance for Minimum Wages Workers
Reaffirmation of Resolution No. 25-00
Richard G. Lane, MD, Chairman, TMA Board of Trustees

- 09-07 Measures to Improve Safe Operation of All Terrain Vehicles
Alfredo Nieves, MD, Delegate, Chattanooga-Hamilton County Medical Society

- 11-07 Insurance for Motorcyclists
Dennis L Stohler, MD, Delegate, Chattanooga-Hamilton County Medical Society

- 13-07 Reporting of Adverse Events for Office Based Surgery
Nathan K. Schatzman, M.D, Delegate, Chattanooga-Hamilton County Medical Society

- 14-07 QMP Project
Kenneth L. Holbert, M.D., Delegate, Tennessee College of Emergency Physicians

- 15-07 Clean Insurance Claims
H. Victor Braren, MD., Delegate, Nashville Academy of Medicine

- 17-07 Advocacy for the Mentally Ill
Reaffirmation of Resolution No. 5-00 and 17-93
Richard G. Lane, MD, Chairman, TMA Board of Trustees

- 18-07 TennCare Fair Payment
Reaffirmation of Resolution No. 26-00
Richard G. Lane, MD, Chairman, TMA Board of Trustees

- 19-07 TennCare Medicaid Reform Proposal
Reaffirmation and Substitution of Resolution no. 29-00 and 37-93
Richard G. Lane, MD, Chairman, TMA Board of Trustees

ADOPTED 2008

Res. No. Title/Sponsor/Sub sponsor

- 1-08 EMERGENCY CARE OF MANAGED CARE ORGANIZATION PATIENTS)
Reaffirmation of Resolution No. 9-01 and 27-94
F. Michael Minch, MD, Chairman, TMA Board of Trustees
- 3-08 Insurance Company Ratings of Physicians
Jerome W. Thompson, MD, TMA Insurance Committee
- 5-08 The Approaching Physician Shortage Crisis
Mark A. Brzezienski, MD, Delegate, Chattanooga-Hamilton County Medical Society
- 6-08 Extending Dependent Health Benefits for Young Adults
Peter C. Rawlings, MD, Delegate, Chattanooga-Hamilton County Medical Society
- 7-08 Member Education on Medicare Recovery Audit Contractors
Robert Kerlan, MD, Delegate, The Memphis Medical Society
- 8-08 Immunization of Tennessee Children
Charles W. White, Jr., MD, Ex-Officio Delegate, Chairman, Public Health Committee
- 9-08 Repeal of Provisions of the Tennessee Uniform Accident and Sickness Policy
Provision Law (UPPL)
Colleen M. Schmitt, MD, Delegate, Chattanooga-Hamilton County Medical Society
- ER14-08 WIC Formula Substitution
O. Ward Swarner, MD, Delegate, Greene County Medical Society

ADOPTED 2009

Res. No. Title/Sponsor/Sub sponsor

- 1-09 Peer Review Activities
Sean P. White, MD, Delegate, Sullivan County Medical Society

- 4-09 Continued Funding for the Tennessee Medical Association Leadership College (PLLC)
John J. Ingram, III, MD, Ex-Officio Delegate

- Sub 6-09 Disaster Preparedness for the State of Tennessee
Clarence Watridge, MD, Delegate, The Memphis Medical Society

- 11-09 Statewide Standard for Identification of Health Care Providers
Michael D. Zanolli, MD, Delegate, Nashville Academy of Medicine

- 14-09 Physician ["Doctors"] Services Costs as Reported by CMS and Medicare
Reaffirmation of Resolution No. 2-02 and Reaffirmation with Modification of Resolution No. 2-95
Donald T. Ellenburg, MD, Chairman, TMA Board of Trustees

- 15-09 Team Physician Support for Local High Schools
Reaffirmation of Resolution No. 3-02 and 11-95
Donald T. Ellenburg, MD, Chairman, TMA Board of Trustees

- 16-09 Tennessee Medical Education Fund
Reaffirmation of Resolution No. 16-02
Donald T. Ellenburg, MD, Chairman, TMA Board of Trustees

- 17-09 Truth in Advertising
Reaffirmation of Resolution No. 26-02
Donald T. Ellenburg, MD, Chairman, TMA Board of Trustees

Adopted 2010

Res. No. Title/Sponsor/Sub sponsor

- 01-10 Medicare Reimbursement, Geographical Differences
(Reaffirmation of Resolution No. 3-96, No. 16-89, and No. 2-03)
Robert A. Kerlan, MD, Chairman, TMA Board of Trustees
- 02-10 Freedom of Local Government Act
(Reaffirmation of Resolution No. 26-96 and No. 3-03)
Robert A. Kerlan, MD, Chairman, TMA Board of Trustees
- 03-10 Annual Component Society Report on Adoption of Peer Review Guidebook
(Reaffirmation of Resolution No. 10-96 and No. 5-03)
Robert A. Kerlan, MD, Chairman, TMA Board of Trustees
- 04-10 Health Insurance Coverage Reform
(Reaffirmation of Substitute Resolution No. 21-96 and No. 8-03)
Robert A. Kerlan, MD, Chairman, TMA Board of Trustees
- 05-10 Access to Meetings
(Reaffirmation of Resolution No.11-03)
Robert A. Kerlan, MD, Chairman, TMA Board of Trustees
- 06-10 Physical Education in Schools
(Reaffirmation of Resolution No. 12-03)
Robert A. Kerlan, MD, Chairman, TMA Board of Trustees
- 07-10 Policy on Rising Cost of Medical Education
(Reaffirmation of Resolution No. 21-03)
Robert A. Kerlan, MD, Chairman, TMA Board of Trustees
- 08-10 Uniform Physician Credentials Verification
(Reaffirmation of Resolution No.22-03)
Robert A. Kerlan, MD, Chairman, TMA Board of Trustees
- 09-10 Automatic External Defibrillators and CPR/AED Training in Tennessee Schools (Reaffirmation and Amendment of Resolution No.23-03)
Robert A. Kerlan, MD, Chairman, TMA Board of Trustees
- 10-10 Mid-Level Provider Supervision
(Reaffirmation of Resolution No. 29-03)
Robert A. Kerlan, MD, Chairman, TMA Board of Trustees
- Sub. 11-10 Responsibility of Providing Afterhours Patient Care
O. W. Swarner, MD, Delegate, Greene County Medical Society

12-10 Board of Medical Examiners 'Independence
Charles W. White, Jr, MD, Chairman Committee on Legislation
Delegate, Consolidated Medical Assembly of West TN

13-10 TMA Delegates and Alternate Delegates
James K. Ensor, Jr., MD, Delegate
The Memphis Medical Society

Adopted 2011

Res. No. Title/Sponsor/Sub sponsor

- 01-11 Third Party Payer Non-Physician Operated Triage Hotlines
(Reaffirmation of Resolution No. 14-04)
Charles W. Eckstein, MD, Chairman TMA Board of Trustees

- 02-11 Ban on the Designer Drug "Bath Salts"
Charles W. Eckstein, MD, Chairman TMA Board of Trustees

- 03-11 TMA Policy on A Physician's Obligation to Accept Non-Emergent Inpatient Consult Requests
Charles W. Eckstein, MD, Chairman TMA Board of Trustees

- 04-11 TMA Policy on Payment to Physicians for Call Coverage
Charles W. Eckstein, MD, Chairman TMA Board of Trustees

- 05-11 Response to Proposed Changes to TennCare II Demonstration
James T. Craig, Jr., MD, Delegate, Consolidated Medical Assembly of West Tennessee

- 06-11 Required Meetings of TMA Standing Committees
James T. Craig, Jr., MD, Delegate, Consolidated Medical Assembly of West Tennessee

- 07-11 TMA Policy on Certificate of Need Laws
Charles W. Eckstein, MD, Ex-Officio Delegate

- 08-11 TMA Policy on Restrictions on the Practice of Medicine
Charles W. Eckstein, MD, Ex-Officio Delegate

- 11-11 Tennessee Medical Education Fund, INC
Valerie K. Arnold, MD, Ex-Officio Delegate, The Memphis Medical Society

- 12-11 Aesthetic Medical and Surgical Procedures as the Practice of Medicine In The State of Tennessee
Michael Zanolli, MD, Ex-Officio Delegate

- ER13-11 Insurance Contracts
Jerome W. Thompson, MD, Delegate, The Memphis Medical Society

2005 ADOPTED RESOLUTIONS

Resolution No. 1-05

MANDATORY SECOND SURGICAL OPINIONS REAFFIRMATION OF RESOLUTION NO. 1-98 AND NO. 2-91

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

TRAINING CRITERIA FOR NEWPROCEDURES REAFFIRMATION OF RESOLUTION NO. 2-98 AND NO. 18-91

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. 3-05

TMA FUNDING OF MEDICAL STUDENTS TO AMA CONVENTIONS REAFFIRMATION OF RESOLUTION NO. 3-98 AND NO. 19-91

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. 4-05

**MALPRACTICE INSURANCE
REAFFIRMATION OF RESOLUTION NO. 4-98 AND NO. 7-91**

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. 5-05

**HOME HEALTH NURSING CASE MANAGEMENT
REAFFIRMATION OF RESOLUTION NO. 5-98 AND NO. 20-91**

RESOLVED, That the Tennessee Medical Association request that fees for appropriate case management of homebound nursing patients be appropriately reimbursed to Tennessee physicians by Medicare/TennCare and other significant third party insurance companies doing business in Tennessee; and be it further

RESOLVED, That a copy of this resolution be distributed to the medical director of Cigna Medicare Administration, medical director of Medicare Health Maintenance Organization plans, medical director of TennCare Managed Care Organizations, medical director and Commissioner of the TennCare Bureau of the State of Tennessee, and other medical directors of significant third party insurers doing business in Tennessee.

Resolution No. 6-05

**INSURANCE CARRIERS' DISRUPTION OF THE PHYSICIAN/PATIENT RELATIONSHIP
REAFFIRMATION OF RESOLUTION NO. 6-98 AND NO. 27-91**

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. 7-05

**OVERHAULING THE TENNCARE PARTNERS PROGRAM
REAFFIRMATION OF RESOLUTION NO. 7-98**

RESOLVED, That the Tennessee Medical Association oppose efforts by the TennCare Bureau to carve out mental health services from health delivery or reimbursement programs especially as these entities arbitrarily divide patient care into physical and mental health illnesses and conditions; and be it further RESOLVED, That the Tennessee Medical Association advocate on its members behalf that TennCare payors follow medically appropriate guidelines for the proper treatment of patients who suffer from mental or emotional illnesses, and ensure that community mental health centers and other providers timely share patient information and records so that treating physicians may provide such patients with high quality health care.

Resolution No. 8-05

**MENTAL HEALTH SERVICES
REAFFIRMATION OF RESOLUTION NO. 12-98**

RESOLVED, That the Special Medical Issues Committee investigate how the Tennessee Medical Association might work closely with the Tennessee State Legislature and the Tennessee Department of Health to issue appropriate and fair regulations requiring acute care mental health facilities to adhere to the same standard of care for serious mental health problems as acute care medical facilities.

Resolution No. 9-05

**CUSTODIAL CARE FOR THE ELDERLY AND INFIRM
REAFFIRMATION OF RESOLUTION NO. 13-98**

RESOLVED, That the Tennessee Medical Association work with the Tennessee Department of Health, the Tennessee Hospital Association, and the Tennessee State Legislature to identify potential community and state resources that can provide home and community based services for chronically ill elderly and disabled persons to enable them to choose to stay at home and receive cost-effective home custodial services.

Resolution No. 10-05

**SUPERVISION OF NON-PHYSICIAN PROVIDERS
REAFFIRMATION OF RESOLUTION NO. 14-98**

RESOLVED, That the Board of Trustees of the Tennessee Medical Association review the supervision policy of the Board of Medical Examiners for non-physician providers including nurse practitioners, physician assistants, and certified registered nurse anesthetists and present its recommendation to the 1999 House of Delegates; and be it further RESOLVED, RESOLVED, That the policy of supervision of non-physician providers include, but not be

limited to, the following principles:

- 1) The supervising physician retains ultimate responsibility of the patient care rendered by the nonphysician provider (NPP).
- 2) The supervising physician remain responsible for assuring that all activities are within the scope of the NPP's and supervising physician's training and experience.
- 3) The physician must afford adequate supervision to ensure that the NPP provides care in accordance with accepted medical standards.
- 4) Supervision includes, but is not limited to: a) Written protocols developed by the supervising physician delineating NPP functions and responsibilities; b) The continuous availability of direct communication either in person or by electronic communications between the NPP and the supervising physician; c) Regular chart review; and d) The designation of alternate physician(s) in the absence of the supervisor, or if care is outside the supervisor's training or experience.

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. 12-05

**INSURANCE BENEFIT MANDATES/PRIORITIES
REAFFIRMATION OF RESOLUTION NO. 21-98**

()

RESOLVED, That Tennessee Medical Association (TMA) urge the Tennessee Departments of Commerce, Insurance, and Health, to form a task force with TMA participation to adopt a benefit grading system for each plan type (indemnity, point of service, preferred provider organizations, and health maintenance organizations) to help both legislators and consumers better assess plans.

Resolution No. 13-05

**BIDDING FOR ANCILLARY SERVICES
REAFFIRMATION OF RESOLUTION NO. 29-98**

RESOLVED, That the Tennessee Medical Association urge the Tennessee State Legislature to investigate TennCare managed care organizations' bidding processes for ancillary services (such as laboratory, pharmacy, and home health) so that TennCare recipients are assured adequate care; and be it further

RESOLVED, That the Tennessee Medical Association urge the House of Delegates of the American

Medical Association to support federal policies on ancillary services that would ensure patient access to appropriate and timely diagnosis and treatment.

Resolution No. 14-05

**USE OF CORPORAL PUNISHMENT IN TENNESSEE SCHOOLS
REAFFIRMATION OF RESOLUTION NO. 23-98**

RESOLVED, That the Tennessee Medical Association oppose the use of corporal punishment as a primary means of discipline in Tennessee schools; and be it further

RESOLVED, That the Tennessee Medical Association encourage educators to implement alternative methods of discipline in schools; and be it further

RESOLVED, That the Tennessee Medical Association urge its component medical societies to address the issues of corporal punishment with their local school districts and to urge and support the development of alternative means of discipline.

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. 16-05

CANCER REPORTING

RESOLVED, That the Tennessee Medical Association will participate with the Tennessee Department of Health Office of Cancer Surveillance to educate and encourage physicians to actively support cancer reporting and to contribute cancer patient data to the Tennessee Cancer Registry.

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. 19-05

OPTION TO PAY TENNCARE PREMIUMS

RESOLVED, That the Tennessee Medical Association recommend to the Governor that any TennCare patient set for termination be given the opportunity to keep his/her TennCare benefits by paying an actuarially sound premium consistent with his/her medical status at a rate that would not require the state, in any way, to subsidize his/her premium.

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; and be it further

RESOLVED, That our delegation to the American Medical Association present this resolution at its 2005 House of Delegates meeting.

Resolution No. 21-05

SUN PROTECTION PROGRAMS IN ELEMENTARY SCHOOLS

RESOLVED, That our Tennessee Medical Association work with the Tennessee Cancer Control Coalition, Tennessee Board of Education, the National Association of State Boards of Education, the Centers for Disease Control and Prevention and other appropriate entities to encourage elementary schools to develop sun protection policies; and be it further

RESOLVED, That our delegation to the American Medical Association present this resolution at its 2005 House of Delegates meeting.

Resolution No. 22-05

REMEDICATION OF PHYSICIAN COMPETENCY CONCERNS

RESOLVED, That the Tennessee Medical Association study the creation of a Foundation that could maintain physician confidentiality and shield physicians from Board of Medical Examiner action while providing a structure for physician remediation and monitoring in the area of clinical competence.

Resolution No. 23-05

TENNCARE MEDICAL LIABILITY

RESOLVED, That the Tennessee Medical Association work with the Tennessee State Legislature to put in place laws limiting or eliminating physician malpractice liability incurred during the treatment of TennCare patients subject to state-imposed limitations of benefits.

Substitute Resolution No. 26-05

CHARTERED COMPONENT MEDICAL SOCIETY AFFILIATE MEMBERSHIPS

RESOLVED, That regular dues paying members or resident members of a chartered component medical society of the Tennessee Medical Association (TMA) may become members of another chartered medical society. Their membership in the TMA must be certified by the Tennessee Medical Association. This applies to intrastate relationships between component medical societies of the Tennessee Medical Association; and be it further

RESOLVED, That Bylaw Chapter 1, (B) Section 4 be amended by insertion as follows:

Sec. 4. Component societies may establish an allied membership category for regular dues paying or resident members of another component medical society of the Tennessee Medical Association; and be it further

RESOLVED, That the Bylaw Chapter 1 (B) Sections 4, 5, 6 and 7 be renumbered as follows:

Sec. 5 Only one component...

Sec. 6 Component societies are...

Sec. 7 In hearing appeals...; and be it further

RESOLVED, That Bylaw Chapter 1 (B) Section 7 be amended as follows:

Sec. 8 When a member in good standing in a component society moves, the member's name, upon request, and with the consent of the member's component society, shall be transferred without cost to the roster of the component society in whose jurisdiction the member moves; and be it further

RESOLVED, That Bylaw Chapter 1 (B) Sections 8, 9, 10, 11 and 12 be renumbered as follows:

Sec. 9 A physician may...

Sec. 10 Each Component society...

Sec. 11 Frequent meetings shall...

Sec. 12 At some meeting...

Sec. 13 The secretary of...; and be it further

RESOLVED, That the Tennessee Medical Association Board of Trustees contact medical societies of contiguous states to set up an ad hoc committee for the specific purpose of exploring a membership relationship for physicians who practice in contiguous states including the state of Tennessee and report

back in 2006.

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.

Resolution No. 28-05

PROPOSED GUIDELINES FOR MID-LEVEL PROVIDERS

RESOLVED, That the Tennessee Medical Association support the following guidelines for the practice of Mid-level providers such as nurse practitioners or physician assistants the state of Tennessee:

1. The practice of mid-level providers such as nurse practitioner, advance practice nurse, and physician assistant should come solely under the supervision and policy of the Board of Medical Examiners, rather than a mid-level board.
2. That the mid-level provider's practice must be within the scope of the practice of the supervising physician.
3. That the weekly supervision with 100% review of the charts by the supervising physician be required and be monitored by the Board of Medical Examiners to apply to individuals offsite.
4. That mid-level providers wear name tags designating whether they are a nurse practitioner, physician assistant or other mid-level provider.
5. That any request for a specialty consultation by a mid-level provider not covered by a written protocol be reviewed and approved by the supervision physician.
6. That the name of the supervising physician be clearly displayed in the office and in any advertisement, and that the phone number including the afterhours phone number for emergencies be clearly displayed.

Resolution No. 29-05

TENNCARE PHARMACY ALTERNATIVES

RESOLVED, That the Tennessee Medical Association House of Delegates support mandatory generic drug substitution for the TennCare program provided that a physician retain authority to override a generic default by so indicating on the prescription that the brand name should be filled; and be it further

RESOLVED, That the Tennessee Medical Association encourage physicians to resist the efforts of pharmaceutical representatives to pressure physicians into prescribing brand name drugs when generics are available unless it is for the health and safety of the TennCare patient; and be it further

RESOLVED, That the Tennessee Medical Association work with the Tennessee Pharmacist Association to develop statewide programs to assist low-income patients who do not have pharmacy coverage; and be it further

RESOLVED, That the Tennessee Medical Association encourage it's members to support initiatives and programs not tied to the pharmaceutical industry, such as Together Rx Access; the Partnerships for Prescription Assistance; RxAssist; and National Organization for Rare Disease, in order to provide an easy, affordable way for low-income individuals to obtain needed medications.

Resolution No. 31-05

EXPERT MEDICAL TESTIMONY

RESOLVED, That the Tennessee Medical Association develop a committee to which physicians can refer expert medical testimony from either the prosecution or defense that they believe to be false or misleading for review; and be it further

RESOLVED, That the Tennessee Medical Association work with insurers, state licensing boards as well as specialty societies to insure that physicians who give false or inaccurate testimony have consequences that are severe enough to offset the financial gain of giving such testimony.

Emergency Resolution No. 1-05

YOUNG PHYSICIAN SECTION REPRESENTATION ON THE TMA BOARD OF TRUSTEES

RESOLVED, That The Board of Trustees shall be composed of the president of the Association, the speaker of the House of Delegates, the vice-speaker of the House of Delegates, the immediate past president, the president-elect, members elected on a regional basis as described in the bylaws, and a Young Physician Section member; and be it further

RESOLVED, That the Young Physician Section member of the Board of Trustees shall be selected by the Young Physician Section when its number reaches and maintains at least 300 members for a year, to be reviewed annually.

2006 ADOPTED RESOLUTIONS

Resolution No. 1-06

MANDATORY ACCEPTANCE OF ASSIGNMENT FOR INSURANCE REAFFIRMATION OF RESOLUTION NO. 1-92 AND 1-99

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. 2-06

BAN OF "PROMOTIONAL DRINKING" REAFFIRMATION OF RESOLUTION NO. 4-92 AND 2-99

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

OPPOSITION TO BOXING AS A SPORT REAFFIRMATION OF RESOLUTION NO. 5-92 AND 3-99

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

TAX ON PROFESSIONAL MEDICAL SERVICES REAFFIRMATION OF RESOLUTION NO. 9-92 AND 5-99

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

**CONTROL OF OVER-THE-COUNTER DIET PILLS
REAFFIRMATION OF RESOLUTION NO. 12-92 AND 7-99**

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

**TOBACCO USE ON TENNESSEE SCHOOL SYSTEM PROPERTY
REAFFIRMATION OF RESOLUTION NO. 14-92 AND 8-99**

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 7-06

**INSURANCE COMPANY PROVIDER TERMINATIONS
REAFFIRMATION OF SUBSTITUTE RESOLUTION NO. 17-92 AND 9-99**

RESOLVED, That the Tennessee Medical Association petition the Tennessee Department of Commerce and Insurance to: (1) issue and enforce regulations under Tennessee's health insurance laws in order to regulate the process by which third party payors may terminate physician providers; (2) require that third party payors take responsibility for informing patients of the business reasons for such terminations, and provide 90 day notice to all involved parties so continuity of care is not interrupted since such interruptions may be detrimental to the patients health; and be it further

RESOLVED, In the event the Tennessee Department of Commerce and Insurance fails to regulate the manner in which third party payors: (1) terminate physician providers; (2) reasonably notify physicians and patients of such termination period so that patients, may if desired, secure alternative insurance or another physician, then the Tennessee Medical Association shall draft and submit to the Tennessee General Assemble remedial legislation to accomplish those ends.

Resolution No. 8-06

**INDIGENT CARE ACTIVITY
REAFFIRMATION OF RESOLUTION NO. 22-92AND 10-99**

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. 9-06

**WEST TENNESSEE DISASTER PREPAREDNESS
REAFFIRMATION OF RESOLUTION NO. 28-92 AND 11-99**

RESOLVED, That the Tennessee Medical Association provide assistance to the citizens of West Tennessee in preparing for a major earthquake along the New Madrid Fault or any other catastrophe of similar magnitude; and be it further

RESOLVED, That the Tennessee Medical Association petition state and federal governments and military authorities to immediately develop and implement contingency plans which will provide immediate medical assistance to this region in such an event.

Resolution No. 10-06

**CONTINUITY OF CARE FOR TENNCARE PATIENTS
REAFFIRMATION OF RESOLUTION NO. 15-99**

RESOLVED, That the Tennessee Medical Association strongly urge the Tennessee State Legislature and the TennCare Oversight Committee to create a 60-day grace period following a change of enrollment, so that the patient's former managed care organization (MCO) will honor open specialist referrals and prescriptions for chronic medications requiring MCO prior authorization allowing the patient adequate time to get established with a new primary care provider.

Resolution No. 11-06

**HOSPITALS CHARGING FOR PHYSICIAN APPLICATIONS
REAFFIRMATION OF RESOLUTION NO. 17-99**

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. 12-06

**LUNG DISEASE EDUCATION
REAFFIRMATION OF RESOLUTION NO. 24-99**

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. 13-06

**AMA MEMBERSHIP
REAFFIRMATION OF RESOLUTION NO. 16-99**

RESOLVED, That this House of Delegates encourage physicians in Tennessee to renew their commitment to ensuring a strong professional medical organization in the American Medical Association and focus on the commonality of issues that can unite physicians to present a powerful voice as patients' advocates; and be it further

RESOLVED, That all members of the Tennessee Medical Association and local component societies urge their colleagues to immediately join the American Medical Association.

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

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. 17-06

GEORGIA PHYSICIAN MEMBERSHIP IN THE CHATTANOOGA-HAMILTON COUNTY MEDICAL SOCIETY WITHOUT MEMBERSHIP IN TMA

RESOLVED, That the Tennessee Medical Association Bylaw Chapter I, Section B.3 be amended by insertion and deletion as follows

.....Each component society shall judge the individual qualifications of its members. Component societies may establish an affiliate membership category for other health professionals if this category is deemed appropriate for local purposes but only physicians as defined in Chapter I (A), Section 9 of the Bylaws are eligible for membership in the Tennessee Medical Association. In addition, the Chattanooga-Hamilton County Medical Society may establish a physician affiliate membership category for physicians who exclusively practice medicine in Georgia and are members of the Medical Association of Georgia if this category is deemed appropriate for Chattanooga-Hamilton County Medical Society purposes. Only licensed and registered physicians who are active, veteran, or intern or resident members, and students who are members in good standing of the Tennessee Medical Association may be elected to office in a component society or to represent it in the House of Delegates of the Tennessee Medical Association....

Resolution No. 22-06

TENNCARE FORMULARY COMPLAINT

RESOLVED, That the Tennessee Medical Association register a complaint with appropriate persons in state government that the TennCare Bureau is not consulting with the Governor's TennCare Pharmacy Advisory Committee prior to issuing policies and is also not following the recommendations of its Advisory Committee regarding choices it is making regarding the formulary

Resolution No. 25-06

STATE FUNDING FOR UNCOMPENSATED CARE TO UNASSIGNED TENNCARE DISENROLLEES

RESOLVED, That the TMA recommend to the Legislature that state funds continue to be budgeted for the Safety Net program to cover those disenrolled from the TennCare program and not otherwise covered by any other health insurance plan; and further let it be

RESOLVED, That the TMA advocate that the Legislature set aside state funds to be budgeted to cover uncompensated care provided by physicians to patient while such unassigned patients are treated by "on-call" physicians

Resolution No. 26-06

MEDICAL LIABILITY REFORM

RESOLVED, That between now and the convening of the 105th General Assembly of the State of Tennessee in January 2007, the Tennessee Medical Association (TMA) strongly encourage all local

medical societies and its members to help supplement ongoing Medical Liability Reform (MLR) Campaign by:

- initiating efforts to determine local candidate and elected officials' position on MLR;
- becoming involved in legislative candidacies across the state to promote MLR and support candidates in support of MLR
- working to ascertain the performance and capability of trial and appellate judges who oversee medical malpractice cases
- notifying the TMA of the position of legislators and candidates on MLR, and the capabilities and performance of judges, and be it further

RESOLVED, That TMA continue its ongoing MLR campaign to earn legislative reform to create a more reasonable and fair medical liability system to encourage physicians to stay in Tennessee as well as make our state more attractive to physicians looking to escape other AMA medical liability crisis state(s); and be it further.

RESOLVED, That TMA:

1. urge every member to contribute \$1,000 annually,
2. ask its coalition partners to contribute financially to help fund ongoing efforts to make medical liability reform a reality in Tennessee, and
3. encourage all Tennessee Medical Association members to contribute to IMPACT to help elect medicine friendly legislators.

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. 28-06

SUPPORT OF HOUSE BILL 3833, SENATE BILL 3665 AGGRAVATED RAPE OF A CHILD

RESOLVED, That the Tennessee Medical Association supports the elevation of aggravated child rape to a Class A Range III sentence, and an increase the penalty for aggravated child rape from 20-40 years to 40-60 years.

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. 32-06

TENNCARE PHARMACY BENEFIT OVERRIDE

RESOLVED, That the Tennessee Medical Association made it a priority to work with the TennCare officials to develop a process for long-term pharmacy limit overrides for people with multiple chronic illnesses that is physician friendly and allows for twelve-month overrides

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

Resolution No. 35-06

**FUNDING FOR TENNESSEE MEDICAL ASSOCIATION
LEADERSHIP COLLEGE**

RESOLVED, That through its current resources, i.e., current budget or reserves, the Tennessee Medical Association fund the start-up-of the Leadership College, and be it further

RESOLVED, That organizations nominating members to attend the Tennessee Medical Association Leadership College be asked to underwrite or contribute to the funding of their respective representative(s)

Resolution No. 36-06

**REAFFIRMATION OF SUBSTITUTE RESOLUTION NO. 22-99
TOBACCO INDUSTRY LAWSUIT SETTLEMENT**

RESOLVED, That the Tennessee Medical Association support a multi-pronged approach to spending the tobacco settlement funds to include, but not limited to:

1. Strengthening of state and federal laws that would prohibit the sale of tobacco to minors,
2. Preventative education outlining the dangers of long-term tobacco use, particularly among the nation's youth,
3. Cessation education for all smokers or tobacco users, and
4. Funding to pay for direct medical costs of all Tennesseans who suffer from tobacco-related diseases

2007 ADOPTED RESOLUTIONS

Resolution No. 1-07

HEALTH INSURANCE CLAIMS ADMINISTRATION REAFFIRMATION OF RESOLUTION NO. 1-00 and 3-93

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. 2-07

CONTINUATION OF THE COMMUNITY AWARENESS RESOURCE AND EDUCATION [“CARE”] PROGRAM REAFFIRMATION AND MODIFICATION OF RESOLUTION NO. 2-00 and 8-93

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

RESOLVED, That the current dues funding of programs to (1) increase the public’s confidence in their personal physician, both clinically and professionally and as a patient advocate for health care needs, (2) maintain the Tennessee Medical Association as a significant resource for providing accurate, in-depth medical information to key target audiences, and (3) persuade and motivate physicians to take personal interest in the specific issues and concerns of their patients, be continued at the present rate of \$35.00 per dues paying member; and be it further

RESOLVED, That the formal name used to capulate the projects and management of the association’s corporate communications and public relations activities – the CARE Program - no longer be used since the programs and activities developed and maintained are activities of the association as a whole and no longer viewed as special projects or committee-based initiatives; and be it further

RESOLVED, That the TMA Board of Trustees have the responsibility for overseeing the development of campaigns and events funded through the ‘association relations’ budget item.

Resolution No. - 3-07

MAINTAINING THE TMA CONTRIBUTION TO THE TENNESSEE MEDICAL FOUNDATION PHYSICIANS HEALTH PROGRAM REAFFIRMATION OF RESOLUTION NO. 7-00 and 19-93

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. 4-07

**PATIENT FREEDOM OF CHOICE IN PHYSICIAN SELECTION
REAFFIRMATION OF RESOLUTION NO. 8-00 and 21-93**

RESOLVED, That the Tennessee Medical Association in a future session of the Tennessee General Assembly pursue the passage of legislation that would allow any physician licensed under Title 63, Chapters 6 or 9 to participate in health plan panels as long as the physicians were willing to accept the insurer's reimbursement requirements and other administrative regulations for participation and meet community standards for delivery of quality care.

Resolution No. 5-07

**USE BY "THIRD PARTY PAYORS" [INSURANCE COMPANIES, HMOs, ETC.]
OF "REVIEWERS" WHO ARE NEITHER LICENSED NOR REGULATED
BY THE STATE OF TENNESSEE
REAFFIRMATION OF RESOLUTION NO. 10-00 and 34-93**

RESOLVED, That the Tennessee Medical Association pursue the passage of legislation which will require third party payors doing business in Tennessee to identify the names and specialties of their medical reviewer(s) both to their insured patients and to the treating physician(s) when the third party payor refuses or rejects an insured patient's request for coverage; and be it further

RESOLVED, That the Tennessee Medical Association pursue the passage of legislation which will require any individual(s) or group(s) outside of Tennessee who review and/or advise third party payors regarding the eligibility of patients for health coverage be licensed or otherwise regulated by the state of Tennessee for such purpose(s); and be it further

RESOLVED, That the Tennessee Medical Association pursue passage of legislation which will require third party payors doing business in Tennessee to have a medical director residing in Tennessee with a Tennessee medical license.

Resolution No. 6-07

**DENIAL OF COVERAGE BY "THIRD PARTY PAYORS" [INSURANCE COMPANIES, HMOs, ETC.]
WITHOUT EXPLICIT REASON OR SPECIFIC POLICY LANGUAGE
REAFFIRMATION OF RESOLUTION NO. 11-00 and 35-93**

RESOLVED, That the Tennessee Medical Association pursue the passage of legislation to require "third party payors" doing business in Tennessee to clearly and precisely state in understandable language any coverage restrictions or limitations for diagnostic tests, examinations, or treatments in their health insurance policies or plans in large, bold letters in a prominent place at the front of said policy or plan; and be it further

RESOLVED, That the Tennessee Medical Association pursue the passage of legislation to require "third party payors" doing business in Tennessee to provide and explain to insured patients and their treating physicians the exact justification and criteria which they use for rejecting any and all claim(s) for coverage of medical care; and be it further

RESOLVED, That the Tennessee Medical Association pursue the passage of legislation to require "third party payors" to base their justification for refusing coverage to insured patients only on the explicit language in policy provisions, and not exclude as "experimental," "investigational," or "cosmetic" any treatment which has been shown to have non-cosmetic health benefits within the legitimate medical literature.

Resolution No. 7-07

TENNCARE ONLINE REAFFIRMATION AND MODIFICATION RESOLUTION NO. 14-00

RESOLVED, That the TennCare Bureau and its component managed care organizations put into place an online verification system to include, but not be limited to, real-time patient status verification; participating physician lists; formularies; prior approval policies and requirements; procedures and processes for over-riding the pharmacy benefit requirements; the list of medical procedures and services requiring pre-authorization; and the processes and establish an on-line mechanism by which to obtain pre certification of medical services, including imaging services.

Resolution No. 8-07

PROVIDING HEALTH INSURANCE FOR MINIMUM WAGeworkERS REAFFIRMATION OF RESOLUTION NO. 25-00

RESOLVED, That the next increase in the federal minimum wage be applied to health insurance for those minimum wage earners not currently covered; and be it further

RESOLVED, That the American Medical Association debate the feasibility of legislation mandating that the next increase in the federal minimum wage be applied to health insurance for those minimum wage earners not currently covered; and be it further

RESOLVED, That the next increase in the federal minimum wage be applied to health insurance for minimum wage earners not currently covered and be purchased from the private market, with the extent of coverage determined by the amount of money available from this increase.

Resolution No. 9-07

MEASURES TO IMPROVE SAFE OPERATION OF ALL TERRAIN VEHICLES

RESOLVED, That the Tennessee Medical Association seek legislation requiring that:

1. operators of All Terrain Vehicles in the State of Tennessee have a valid driver's license;
2. appropriate helmet use be required when operating an All Terrain Vehicle; and
3. purchasers of All Terrain Vehicles (ATVs) must have proof of liability insurance at the time of their ATV purchase and during operation of the vehicle; and be it further

RESOLVED, That the Tennessee Medical Association take steps to encourage the All Terrain Vehicle manufacturing industry to stress the need for safe and appropriate operation of their product as a public education campaign

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:

- have a well-defined and limited scope of clinical services, consistent with state scope of practice laws.
- use standardized medical protocols derived from evidence-based practice guidelines to ensure patient safety and quality of care.
- 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.
- establish protocols for ensuring continuity of care with practicing physicians within the local community.
- 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.
- 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.
- post the name and Tennessee medical license number and medical specialty and contact information for the supervising physician for the clinic location.
- establish appropriate sanitation and hygienic guidelines and facilities to ensure the safety of patients.
- 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.*
- 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 pursue legislation requiring motor cycle owners to have proof of liability insurance at the time of their purchase, at the time of licensure and renewal, and during operation of the vehicle, and be it further resolved

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

Resolution No. 13-07

REPORTING OF ADVERSE EVENTS FOR OFFICE BASED SURGERY

RESOLVED, That the Tennessee Medical Association support and work to encourage the State of Tennessee to adopt requirements for reporting adverse events for Level II and III office-based surgery as defined by the Tennessee Board of Medical Examiners; and be it further

RESOLVED, That the Tennessee Medical Association urge the Tennessee legislature to make self reporting of these events legally privileged information; and be it further

RESOLVED, That the Tennessee Medical Association urge the Tennessee Board of Medical Examiners to create a registry of all Tennessee physicians that perform Level II and III office-based surgery

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 on-going 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. 15-07

CLEAN INSURANCE CLAIMS

RESOLVED, That the Tennessee Medical Association proceed to work straight away with all involved entities to legally define "clean claims" in a tight fashion to decrease hassle factors and improve timely physician reimbursement

Resolution No. 17-07

**ADVOCACY FOR THE MENTALLY ILL
REAFFIRMATION OF RESOLUTION NO. 5-00 and 17-93**

RESOLVED, That the Tennessee Medical Association actively oppose both the closing of any Tennessee-operated mental health hospital and further bed reductions, and support, instead, an increase in health-related services for all mentally ill patients.

Resolution No. 18-07

**TENCARE FAIR PAYMENT
REAFFIRMATION OF RESOLUTION NO. 26-00**

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.

Resolution No. 19-07

**TENNCARE MEDICAID REFORM PROPOSAL
REAFFIRMATION AND SUBSTITUTION OF RESOLUTION NO. 29-00 and 37-93**

RESOLVED, That the Tennessee Medical Association, as part of its ongoing TennCare Policy, urge the State of Tennessee to:

- Ensure that all stakeholders are represented in policy decision-making;
- Require an annual actuarial study verified by an independent source and fund the program accordingly;
- Maintain enhanced Administrative Services Organization, Managed Care Organization, and successor program oversight;
- Ensure that the state bears its fair share of programmatic and financial risks, instead of simply dumping risk on stakeholders;
- Ensure that matching fund opportunities are achieved;
- Preclude behavioral and mental illness carve-outs that bifurcate care;
- Strive to increase patient access to care;
- Pay providers promptly for patient care services;
- Ensure providers are paid for past claims when an Administrative Services or Managed Care Organizations bankrupts

RESOLVED, That the Tennessee Medical Association work with other health care providers in Tennessee, as deemed reasonable and appropriate, to ensure that any reform of or replacement to TennCare take into account and include the concerns of organized medicine

2008 ADOPTED RESOLUTIONS

Resolution No. 1-08

REAFFIRMATION OF RESOLUTION NO. 9-01 and 27-94 EMERGENCY CARE OF MANAGED CARE ORGANIZATION PATIENTS

RESOLVED, That the Tennessee Medical Association confer with the Tennessee Hospital Association in an effort to jointly resolve the difficulties encountered when patients need emergency care but the hospitals and physicians who provide that treatment are not under contract with the patient's insurer; and be it further

RESOLVED, That the Tennessee Medical Association urge the Tennessee Department of Commerce and Insurance to issue appropriate regulations, or, if unsuccessful, pursue passage of legislation, to establish a uniform definition of "emergency care" that would include those health care services provided to evaluate and treat medical conditions of recent onset and severity that would lead a prudent lay person possessing an average knowledge of medicine and health to believe that urgent and/or unscheduled medical care is required and to compensate any non-contract physician or hospital that provides needed emergency care at a level commensurate with community standards.

Resolution No. 3-08

INSURANCE COMPANY RATINGS OF PHYSICIANS

RESOLVED, That TMA's 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; and be it further

RESOLVED, The Tennessee Medical Association shall encourage the Tennessee Commissioner of Commerce and Insurance and the Tennessee Attorney General to investigate the accuracy and validity of administrative claims-based physician rating and tiering systems utilized by health insurers licensed in the State of Tennessee; and be it further

RESOLVED, The Tennessee Medical Association shall pursue an amendment to T.C.A. §56-32-230(e) requiring that,

- Tennessee health insurers shall certify and report the accuracy and validity of any physician rating and tiering data before it is published.
- Any cost and administrative burden associated with an insurer's physician rating system and the certification of its accuracy shall be the sole responsibility of the insurer.
- Any contract provision request a physician to submit clinical and quality data to a health plan shall be adequately reimbursed.; and be it further

RESOLVED, Tennessee Medical Association immediately convene an ad hoc task force to report to the Board of Trustees Executive Committee in June a plan to:

- develop an advertising campaign to educate employers and the public that TMA does not oppose fair and accurate physician rating/tiering initiatives, and present balanced information regarding the limited information available to employers and patients through ratings/tiering based on flawed data,
- stress that use by employers or patients of a single health plan's physician rating/tiering report

may not provide adequate quality information about a particular physician because it may leave out quality information that could be obtained from government payers, other commercial health plans, other physicians, or other reliable sources.

- encourage employers and patients to demand fair and accurate ratings (by independent organizations) that consider a wider sample of patients
- alert employers and patients of the need to be aware that some purported quality measures may be affected by factors outside the control of physicians such as patient compliance with their doctor's recommendations, contraindications for performing a particular quality measure, and services performed on a patient by another physician.
- Inform patients that when choosing a physician, they should not use health plan physician ratings/tiering alone but also consider other factors such as their trust in their physician

RESOLVED, The Tennessee Medical Association shall encourage its members to participate in the clinically based quality and cost reporting initiatives being undertaken by their respective professional societies.

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. 6-08

EXTENDING DEPENDENT HEALTH BENEFITS FOR YOUNG ADULTS

RESOLVED, That the Tennessee Medical Association supports the extension of existing dependent health insurance benefits to individuals up to age 25, regardless of student status; and be it further

RESOLVED, That the Tennessee Medical Association encourages Tennessee to amend TCA 56-7-2302 to provide the extension of existing dependent health insurance benefits to individuals up to age 25, regardless of student status; and be it further

RESOLVED, That a copy of this resolution shall be sent to state legislative leaders across the country and in the Congress.

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 Tennessee Medical Association legal staff compile a reference list of lawyers with experience in prosecuting appeals of Program Safeguard Contractor and Recovery Audit Contractor audits to be made available to TMA members; and be it further

RESOLVED, That the Tennessee Medical Association encourage and support legislative initiatives to simplify the tedious appeals process available to physicians and that physicians be able to recover a portion of their legal expenses proportional to the amount of the alleged improper payments that are overturned on appeal; and be it further

RESOLVED That the Tennessee Medical Association encourage and support legislative initiatives to prevent contingencies fees paid to recovery audit contractors from being based on a percentage of alleged "improve" Medicare payments to providers; and be it further

RESOLVED, That a copy of this resolution be sent to the American Medical Association (AMA) through our Tennessee Medical Association delegation to the AMA

Resolution No. 8-08

IMMUNIZATION OF TENNESSEE CHILDREN

RESOLVED, That the Tennessee Medical Association (1) support the Tennessee Department of Health (TDOH) goal of immunizing 90% of Tennessee's children; (2) work closely with the Tennessee Chapter, American Academy of Pediatrics (AAP) and the Tennessee Academy of Family Physicians (TAFP) on efforts to reach this goal; and be it further

RESOLVED, That the Tennessee Medical Association (1) encourage and support legislative initiatives to assure funding of vaccines by all private insurance companies or by the Vaccine for Children program for those who meet their guidelines. This funding should cover all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for all children in Tennessee 19 years of age or younger; (2) encourage physicians to improve the level of immunizations in their practice area

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.

Emergency Resolution No. 14-08

WIC FORMULA SUBSTITUTION

RESOLVED, That your Tennessee Medical Association strongly advocate for easier criteria and an easier process to obtain alternative formulas for Women, Infants and Children program infants who exhibit complications warranting a formula substitution.

2009 ADOPTED RESOLUTIONS

Resolution No. 1-09

PEER REVIEW ACTIVITIES

RESOLVED, That the Tennessee Medical Association (TMA) establish a mechanism by which local medical societies chartered by the TMA be allowed to refer physician complaints to the TMA for action when the local society does not have adequate specialty representation to provide local peer review.

Resolution No. 4-09

CONTINUED FUNDING FOR THE TENNESSEE MEDICAL ASSOCIATION LEADERSHIP COLLEGE (PLC)

RESOLVED, That the Tennessee Medical Association continue to operate the TMA Physician Leadership College; and be it further

RESOLVED, That the Tennessee Medical Association account for the TMA Physician Leadership College in its annual budget; and be it further

RESOLVED, That organizations nominating members to participate in the Tennessee Medical Association Physician Leadership College (PLC) be asked to continue to contribute toward the funding of their respective representative(s) in an amount set forth by the PLC steering committee.

Substitute 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. 11-09

STATEWIDE STANDARD FOR IDENTIFICATION OF HEALTH CARE PROVIDERS

RESOLVED, That the Tennessee Medical Association calls upon the Legislative Committee to consider legislation requiring all medical personnel within the state of Tennessee wearing an identification badge or other visible identification in settings where health care is delivered, excluding sterile settings such as operating rooms or when other protective clothing or covering is required, to:

1. include an image and written designation of the medical personnel's name and professional licensure or training status.

Resolution No. 14-09

**(PHYSICIAN ["DOCTORS"] SERVICES COSTS AS REPORTED BY CMS AND MEDICARE
REAFFIRMATION OF RESOLUTION NO. 2-02
REAFFIRMATION WITH MODIFICATION OF RESOLUTION NO. 2-95**

RESOLVED, That the Tennessee Medical Association, in conjunction with the American Medical Association, continue to urge and demand that the Department of Health and Human Services and the *Centers for Medicare and Medicaid Services (CMS)* should at all times distinguish between physicians (MD or DO) and non-physicians and discontinue the use of the all-inclusive term "provider" when reporting or referring to costs of physician (MD or DO) services.

Resolution No. 15-09

**TEAM PHYSICIAN SUPPORT FOR LOCAL HIGH SCHOOLS
REAFFIRMATION OF RESOLUTION NO. 3-02 and 11-95**

RESOLVED, That all Tennessee Medical Association component medical societies contact high schools in their county or region to determine the need for medical support as it pertains to athletic programs; and be it further

RESOLVED, That all Tennessee Medical Association local medical societies attempt to fulfill the medical needs of local high schools by making member physicians aware of schools lacking proper medical support and encouraging them to volunteer to serve as a team physician.

Resolution No. 16-09

**TENNESSEE MEDICAL EDUCATION FUND CONTRIBUTION
REAFFIRMATION OF RESOLUTION NO. 16-02**

RESOLVED, That the Tennessee Medical Association (TMA) add ten dollars 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. 17-09

**TRUTH IN ADVERTISING
REAFFIRMATION OF RESOLUTION NO. 26-02**

RESOLVED, That the physicians who utilize publications as part of their advertising should insure that the publication(s) openly and honestly explain how the physicians were chosen, especially if the only criteria

was to pay for the advertising space; and be it further
RESOLVED, That the Tennessee Medical Association House of Delegates instruct the delegation to the
American Medical Association to introduce this resolution.

2010 ADOPTED RESOLUTIONS

Resolution No. 1-10

MEDICARE REIMBURSEMENT, GEOGRAPHICAL DIFFERENCES REAFFIRMATION OF RESOLUTION NO. 3-96, NO. 16-89, and 2-03

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

Resolution No. 2-10

FREEDOM OF LOCAL GOVERNMENT ACT REAFFIRMATION OF RESOLUTION NO. 26-96, and 3-03

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

ANNUAL COMPONENT SOCIETY REPORT ON ADOPTION OF PEER REVIEW GUIDEBOOK REAFFIRMATION OF RESOLUTION NO. 10-96, and 5-03

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

HEALTH INSURANCE COVERAGE REFORM REAFFIRMATION OF SUBSTITUTE RESOLUTION NO. 21-96 and NO. 8-03

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

**ACCESS TO MEETINGS
REAFFIRMATION OF RESOLUTION NO. 11-03**

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

**PHYSICAL EDUCATION IN SCHOOLS
REAFFIRMATION OF RESOLUTION NO. 12-03**

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

**POLICY ON RISING COST OF MEDICAL EDUCATION
REAFFIRMATION OF RESOLUTION NO. 21-03**

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

**UNIFORM PHYSICIAN CREDENTIALS VERIFICATION
REAFFIRMATION OF RESOLUTION NO. 22-03**

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

AUTOMATIC EXTERNAL DEFIBRILLATORS AND CPR/AED TRAINING IN TENNESSEE SCHOOLS REAFFIRMATION OF RESOLUTION NO. 23-03

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

MID LEVEL PROVIDER SUPERVISION REAFFIRMATION OF RESOLUTION NO. 29-03

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

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

THIRD PARTY PAYER NON-PHYSICIAN OPERATED TRIAGE HOTLINES Reaffirmation of Resolution No. 14-04

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 non-emergent 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 in-patient 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. 13-11

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

**Permanent Policy of the TMA
2001-2004 Sunset Permanent Policy**

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

**MANDATORY AUTO SAFETY BELT USAGE
(REAFFIRMATION OF RESOLUTION NO. 2-94)**

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

**POTENTIALLY UNETHICAL CONTRACTS
(REAFFIRMATION OF RESOLUTION NO. 5-94)**

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

**REENTRY ASSISTANCE NEEDED BY PHYSICIANS HEALTH PROGRAM
(REAFFIRMATION OF RESOLUTION NO. 8-94)**

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 tem 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

BASIC PRINCIPLES AND STANDARDS REGARDING THE DELIVERY OF HIGH QUALITY MEDICAL CARE (REAFFIRMATION OF RESOLUTION NO. 1-95) (REAFFIRMATION OF RESOLUTIONS NO. 3-88 AND NO. 7-88 IN COMBINATION)

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

TENNESSEE MEDICAL ASSOCIATION MEMBERSHIP (REAFFIRMATION OF RESOLUTION NO. 13-95)

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 glucagons 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

REGULATIONS OF GENDER SELECTION ABORTION REAFFIRMATION OF RESOLUTION NO. 7-97 AND NO. 17-90

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. 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.

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