HOUSE OF DELEGATES

April 29, 2017
Nashville Airport Marriott
Nashville, Tennessee
MEMORANDUM

TO: TMA House of Delegates

FROM: Jane M. Siegel, MD, Speaker, House of Delegates
      Edward W. Capparelli, MD, Vice-Speaker, House of Delegates

DATE: April 29, 2017

Welcome to Nashville
and the 182nd Annual Meeting
of the
Tennessee Medical Association

As an elected delegate from your component medical society, medical specialty society, Young Physician Section, Resident/Fellow, or Student Section of the TMA, your participation in the Tennessee Medical Association House of Delegates’ sessions is important. You are part of the decision-making process that will set policy and direction for the medical profession in Tennessee next year.

The credentialing process and seating arrangement for members of the House of Delegates is in place to accommodate the increasing number of delegates who attend, as well as the number of alternate delegates who are available to substitute for their elected delegates. Please give yourself sufficient time to be properly credentialed before the session starts.

This handbook has been prepared as a guide to assist you in your leadership role as a member of the House of Delegates. You are encouraged to become familiar with the process, and the parliamentary procedures under which we operate.

Your handbook has been condensed to focus on the business of the House and includes only officer’s reports, amendments to the Constitution and Bylaws, and resolutions to be considered. Committee reports that are informational only (requiring no action by the House) have not been reproduced; however, they are available at www.tnmed.org/hod. The entire set of meeting materials can be downloaded on your iPad or tablet by visiting this site as well. Assistance with downloading the materials is available at the registration desk.

If there is any way we can be of assistance to you in better understanding your role, please call on us.
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**Resident and Fellow Section**

<table>
<thead>
<tr>
<th>Delegate</th>
<th>Alternate Delegate</th>
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<tr>
<td>None reported</td>
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**Medical Specialty Society Delegates**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Eligible Delegates</th>
<th>Delegate</th>
<th>Alternate Delegate</th>
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<tbody>
<tr>
<td>TN Chapter, American College of Physicians</td>
<td>7</td>
<td>Richard Lane, MD</td>
<td></td>
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<td></td>
<td></td>
<td>Fred Ralston, Jr., MD</td>
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<td>Bob Vegors, MD</td>
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<td></td>
<td></td>
<td>John Fowler, MD</td>
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<tr>
<td>TN Academy of Family Physicians</td>
<td>6</td>
<td>William T. Bates, DO</td>
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<td></td>
<td></td>
<td>Katherine Hall, MD</td>
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<td>Joseph “Joey” Hensley, MD</td>
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<td>T. Scott Holder, MD</td>
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## Ex-Officio Delegates to the TMA House of Delegates – 2017
*(Ex-Officio Delegates Are Voting Delegates in the TMA House of Delegates)*

<table>
<thead>
<tr>
<th>Officers</th>
<th>TMA Former Presidents</th>
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<tbody>
<tr>
<td>Keith Anderson, MD, President</td>
<td>John B. Dorian, MD (1978-79)</td>
</tr>
<tr>
<td>Nita W. Shumaker, MD, President-Elect</td>
<td>George W. Holcomb, Jr., MD (1982-83)</td>
</tr>
<tr>
<td>John W. Hale Jr., MD, Immediate Past President</td>
<td>James T. Galyon, MD (1987-88)</td>
</tr>
<tr>
<td>Jane Siegel, MD, Speaker House of Delegates</td>
<td>Howard L. Salyer, MD (1991-92)</td>
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<tr>
<td>Charles W. White, Sr., MD (1993-94)</td>
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<tr>
<td><strong>Board of Trustees</strong></td>
<td>Virgil H. Crowder, Jr., MD (1994-95)</td>
</tr>
<tr>
<td>James H. Batson, MD, Chair</td>
<td>Robert E. Bowers, Jr., MD (1995-96)</td>
</tr>
<tr>
<td>James K. Ensor, Jr., MD, Vice Chair</td>
<td>Richard M. Pearson, MD (1996-97)</td>
</tr>
<tr>
<td>Ted S. Taylor, MD, Secretary/Treasurer</td>
<td>David G. Gerkin, MD (1998-99)</td>
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<tr>
<td>Bhavesh B. Barad, MD</td>
<td>James Chris Fleming, MD (1999-2000)</td>
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<tr>
<td>P. Raj Budati</td>
<td>Barrett F. Rosen, MD (2000-2001)</td>
</tr>
<tr>
<td>Elise Denneny, MD</td>
<td>David K. Garriott, MD (2001-2002)</td>
</tr>
<tr>
<td>Brian R. Dulin, MD</td>
<td>Michael A. McAdoo, MD (2002-2003)</td>
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<tr>
<td>Rodney P. Lewis, MD</td>
<td>John J. Ingram, III, MD (2004-05)</td>
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<tr>
<td>Peter J. Swarr, MD</td>
<td>Phyllis E. Miller, MD (2005-06)</td>
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<tr>
<td>Wm. Kirk Stone, MD</td>
<td>Charles R. Handorf, MD (2006-07)</td>
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<tr>
<td>J. Mack Worthington, MD (2007-08)</td>
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<tr>
<td><strong>Vice-Speaker House of Delegates</strong></td>
<td>Richard J. DePersio, MD (2009-10)</td>
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<tr>
<td>Edward W. Capparelli, MD</td>
<td>B. W. Ruffner, Jr., MD (2010-11)</td>
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<tr>
<td>F. Michael Minch, MD (2011-12)</td>
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<tr>
<td><strong>Councillors</strong></td>
<td>Wiley T. Robinson, MD (2012-2013)</td>
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<tr>
<td>Region 1 Justin Monroe, MD</td>
<td>Chris E. Young, MD (2013-2014)</td>
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<td>Region 3 Omar L. Hamada, MD</td>
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<td>Region 4 Richard G. Soper, MD</td>
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<td>Region 5 James C. Gray, MD</td>
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<td>Region 6 Shauna Lorenzo-Rivero, MD</td>
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<td>Region 7 Richard M. Briggs, MD</td>
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<tr>
<td>Region 8 Charles E. Leonard, MD</td>
<td>John J. Dreyzehner, MD</td>
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<tr>
<td><strong>Editor of Tennessee Medicine</strong></td>
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<tr>
<td><strong>Department of Health</strong></td>
<td>David G. Gerkin, MD</td>
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<tr>
<td><strong>AMA Delegation</strong></td>
<td>John J. Dreyzehner, MD</td>
</tr>
<tr>
<td>Donald B. Franklin, Jr., MD, Chair</td>
<td>David R. Reagan, MD</td>
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<tr>
<td>John J. Ingram, III, MD, Vice Chair</td>
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<tr>
<td>Richard J. DePersio, MD</td>
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<tr>
<td>Lee R. Morisy, MD</td>
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<tr>
<td>B. W. Ruffner, Jr., MD</td>
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COMMITTEES OF THE HOUSE

Credentials Committee
Wm. Kirk Stone, MD, Union City, Chair
Elise Denneny, MD, Knoxville
Fred Ralston, Jr., MD, MACP Fayetteville

The Credentials Committee should meet at the credentials desk on Saturday prior to the House sessions to pass on the eligibility of those seeking a seat in the House of Delegates. All duly certified and elected delegates or their alternate delegates and ex-officio delegates are entitled to be seated.

Any other persons presenting themselves as delegates must have documentation of election signed by their component medical society President or Secretary to present to the Credentials Committee for approval. The chair of the Credentials Committee should use the list of delegates and ex-officio delegates in the Handbook to check the attendance of all persons at each session of the House and file the same with the Chief Executive Officer at adjournment.

Special Committee on Resolutions
David Gerkin, MD, Knoxville, Chair
John McCarley, MD, Chattanooga
Stuart Polly, MD, Memphis

With the demise of reference committees it became necessary to establish a group at each House of Delegates meeting to be on stand-by to discuss any resolutions that cannot be resolved by the HOD as a whole. Unresolved resolutions are referred by the speaker to the Special Committee on Resolutions. If needed, the committee will convene during a recess 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 that the resolution not be adopted.
Order of Business

First Session of the House of Delegates
Saturday, April 29, 2017
Nashville Airport Marriott, Nashville, TN

Jane M. Siegel, MD, Speaker
Edward W. Capparelli, MD, Vice-Speaker

7:00 AM – 9:00 AM
7:00 AM – 9:00 AM
DELEGATE CREDENTIALING
Ballroom Foyer

9:00 AM – 11:30 AM
9:00 AM – 11:30 AM
TMA HOUSE OF DELEGATES
Cumberland Ballroom

1. Call to Order ................................................................. Speaker
2. Invocation/National Anthem/Pledge of Allegiance...................... Speaker
3. Introduction of Distinguished Guests ......................................... Speaker
4. Memorials Report .................................................................. Matthew Mancini, MD
5. Housekeeping Announcements ............................................... Speaker
6. Report of Credentials Committee and Seating of Delegates .......... Wm. Kirk Stone, MD
7. Declaration of a Quorum .......................................................... Wm. Kirk Stone, MD
8. Approval of Actions of Last Session (As reported in Tennessee Medicine magazine and the 2016 Annual Report) Speaker
9. Ratification of Outstanding Physician Award .......................... Keith G. Anderson, MD
10. Reports of Officers
(A) President ........................................................................ Keith G. Anderson, MD
(B) Chair, Board of Trustees ............................................... James H. Batson, MD
(C) Secretary-Treasurer ....................................................... Tedford S. Taylor, MD
(D) Chairman, Judicial Council .............................................. Charles E. Leonard, MD
(E) Chief Executive Officer .................................................. Russell E. Miller, Jr., CAE
11. Reports of Committees
No. 1 Committee on Constitution & Bylaws .............................. Robin Williams, MD
No. 2 Insurance Issues Committee ........................................ Charles E. Leonard, MD
No. 3 Committee on Public Health ........................................ Adele M. Lewis, MD
No. 4 Committee on Legislation ............................................. Ronald H. Kirkland, MD
No. 5 IMPACT ..................................................................... Brent R. Moody, MD
No. 6 Professional Relations Committee ................................. Elise C. Denneney, MD
No. 7 Membership & Recruitment Committee ...................... Jerome W. Thompson, MD
12. Informational Reports
No. 1  Tennessee Medical Foundation ........................................... Michael J. Baron, MD
No. 2  Board of Medical Examiners .................................................. Subhi D. Ali, MD
No. 3  Tennessee Medical Education Fund ........................................ Subhi D. Ali, MD
No. 4  Report of the Editor ............................................................. David G. Gerkin, MD
No. 5  John Ingram Institute ............................................................ John J. Ingram, III, MD
TMA Alliance ................................................................................ Mrs. Milli Yium

13. Special Report
No. 1  Memorials Report

14. Doctors of Medical Science Discussion ........................................ John “Jack” Lacey, III, MD

15. House Discussion: Allied Professional Expansion of Services .......... Keith G. Anderson, MD

16. Consent Calendar
- Resolutions to Sunset and Become Permanent Policy ........................ Speaker
- Resolutions to Sunset .................................................................. Speaker
- Reaffirmation of 2010 Resolutions ................................................ Speaker

17. Introduction of Amendments ........................................................ Speaker
   (a) to the Constitution
   (b) to the Bylaws

18. Introduction of Resolutions ............................................................ Speaker

19. Introduction of Additional Amendments and Resolutions, if any .......... Speaker
   (In emergency only – must have 51% approval of the House)

20. Report of the Nominating Committee ........................................... Keith G. Anderson, MD

21. Announcements
- Recognize Ann Anderson

22. Recess until 2:30 PM Saturday, April 29, 2017
Order of Business

Second Session of the House of Delegates
Saturday, April 29, 2017
Nashville Airport Marriott, Nashville, Tennessee

Jane M. Siegel, MD, Speaker
Edward W. Capparelli, MD, Vice-Speaker

1:00 PM – 2:30 PM  DELEGATE CREDENTIALING  Ballroom Foyer
2:30 PM  TMA HOUSE OF DELEGATES  Cumberland Ballroom

1. Call to Order ........................................................................................................... Speaker
2. Announcement of Tellers....................................................................................... Speaker
3. Declaration of a Quorum .............................................................................. Wm. Kirk Stone, MD
4. Housekeeping Announcements ........................................................................... Speaker
5. Introduction of Distinguished Guests ............................................................... Speaker
6. Introduction of Additional Amendments and Resolutions if any .................. Speaker
(In emergency only – must have 51% approval of the House)
7. Issuance or Suspension of Component Society Charters, if any
............................................................................................................ Charles Leonard, MD, Chairman, Judicial Council
8. Procedures of the House of Delegates ................................................................. Speaker
9. Announcement of Special Committee on Resolutions ...................................... Speaker
10. Consideration of Constitutional Amendment (if any)..................................... Full House
11. Consideration of Bylaw Amendments ................................................................. Full House
12. Consideration of Resolutions ........................................................................... Full House
13. Election of Speaker and Vice-Speaker ............................................................. Keith G. Anderson, MD
14. Announcement of Place and Dates of Annual Meeting 2018.......................... Speaker
15. Other Business .................................................................................................... Speaker
16. Adjourn
OFFICER’S REPORT A

REPORT OF THE PRESIDENT

April 29, 2017

TO: HOUSE OF DELEGATES
TENNESSEE MEDICAL ASSOCIATION

SUBMITTED BY: KEITH G. ANDERSON, MD, PRESIDENT

Year End Summary

Membership
- Focus on recruitment and retention of large group and employed physicians by meeting with executive and administrative staff rather than focusing on physician members alone. Offering values to institutions such as physician leadership training. Identifying opportunities to align advocacy with Tennessee Medical Association (TMA) members and institutions.
- Renewing our commitment to independent and small group physicians. TMA is dedicated to serving all physicians regardless of practice setting, location or specialty. Continue to offer legal, educational and business resources to their practices.
- Exploring new ways to engage student and resident members and offer value to their experience.

Alignment with Subspecialty Societies
- Held two well-received structural meetings of subspecialty lobbyists and physician leaders. Objective was to identify priorities and potential conflict regarding legislative agendas with the goal of presenting unity to the members of the General Assembly.
- Exploring methods for lobbyists to meet on a frequent basis during the legislative session.
- Continue to encourage Subspecialty Societies to hold annual meetings simultaneously with the TMA, and routinely invite officers to TMA Board meetings.

Legislative Affairs
- Provider Stability Act passed through the General Assembly and signed into law by Governor Haslam.
- Maintenance of Certification bill to address the cost and hassles associated with recertification. Bill would prevent MOC as a condition for re-credentialing and license renewal.
- Successfully required all MOC hours to qualify for CME credit through the Board of Medical Examiners.
- Scope of Practice - Successfully negotiated a three-year moratorium on the filing of any bill for APRN independent practice.
• Patients for Fair Compensation - Because of strong opposition from the TMA, this bill likely will not move forward.

• Doctor of Medical Science (DMS) - New bill sponsored and supported by some of our members that would allow conditional independence for Physician Assistants that are awarded the DMS. The bill was deferred for a year to allow the TMA membership to become informed and familiar with the complexity of this legislation.

• Continue to monitor development of legislation for balance billing by participating in Task Force activity.

• Introduced and passed legislation that would ensure that osteopathic physicians have the same protections as other healthcare providers for peer reviews.

Other Highlights

• Executive meeting with State Volunteer Mutual Insurance Company (SVMIC) regarding alignment of educational activity and resources common to TMA membership and SVMIC clients.

• Successful sale of TMA headquarters and relocation to a site more in line with business needs at an ideal location.

• Another banner year for Doctor’s Day on the Hill, with more than 300 in attendance.

• Continue to engage the business community through talks to civic organizations such as Rotary Clubs.

• Published several op-ed pieces regarding subject matter pertinent to the public.

• Published an opinion paper regarding TMA position of changes to the Affordable Care Act.

• Attended American Medical Association National Advocacy Meeting in Washington including several visits with Tennessee legislators.

• Attend Summit for Quality Payment Program reform.

In closing, I am honored and privileged to have served as the 2016-17 President of the Tennessee Medical Association. I am grateful for a strong and engaging staff, a dedicated Board of Trust, an active delegation and for all members of the TMA.

Respectfully Submitted,

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

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

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

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

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

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

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

Starting in 2017, TMA will eliminate funding for the student section to participate in American Medical Association (AMA) events but will allocate resources toward their participation in
local medical societies including a new, statewide program: Learn, Engage, Advocate and Develop (LEAD), to encourage engagement.

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

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

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

Respectfully submitted,

James H. Batson, MD, FAAP, Chair

2016-2017 Board Members
Keith Anderson, MD, President
Nita W. Shumaker, President-Elect
John W. Hale, Jr., MD, Immediate Past President
James H. Batson, MD, Chair
James Ensor, Jr., MD, Vice Chair
Tedford S. Taylor, MD, Secretary/Treasurer
Jane Siegel, MD, Speaker, House of Delegates
Elise Denny, MD
Mr. Raj Budhati
Bhavesh Barad, MD
Brian R. Dulin, MD
Wm. Kirk Stone, MD
John D. McCarley, MD
Peter Swarr, MD
Rodney P. Lewis, MD
Resolutions 1-16 and 2-16 were reaffirmations and no further reports are due

**Resolution No. 3-16**  Dues Increase  
*Action:* Completed for 2016. All members and medical society leaders were notified by mail and email of the House of Delegates (HOD) actions and plans to increase dues, along with increase information about the activities of the Tennessee Medical Association (TMA) to subtly justify the increase, beside the fact that dues have not increased in 12 years. We received less than five comments or complaints. We paid particular attention to the members joining through our group memberships with personal calls to the practices. Dues will be increased another $10 in 2018, 2019, 2020, 2021 and 2022.

**Resolution No. 4-16**  TENNCARE/CMS Audits and Clawbacks  
*Action complete.* The Tennessee delegation to the American Medical Association (AMA) introduced the resolution during the 2016 annual meeting of the AMA House of Delegates. The resolution was adopted as submitted by the AMA House of Delegates in July 2016.

**Resolution No. 5-16**  Prevention of Misleading Health Care Representation  
*Action:* Legislative Committee passed to the Professional Relations Committee with a recommendation for a public education campaign to help patients better understand healthcare provider credentials. TMA Communications staff is working on a campaign for Q4 2016 and into 2017.

**Resolution No. 6-16**  Protection of Minors from the Hazardous Effects of Ultraviolet Radiation from Tanning Lamps  
*Action:* The Legislative Committee reviewed the Legislation and has said TMA will support this legislation, if filed. TMA will let the Tennessee Dermatology Society take the lead.

**Resolution No. 7-16**  Upper Cumberland Medical Society Membership Pilot Project  
*Action complete and ongoing.* Membership and Communications staff has supported Drs. Gray and Batson in efforts to grow membership in the Upper Cumberland region. The TMA website was updated to offer UCMS membership as an option for physicians in counties without an active component medical society. Staff also submitted a recommended membership recruitment plan to UCMS officers in June. TMA Marketing and Events Coordinator Sara Balsom, who joined in July, is the staff point person for UCMS.
**Resolution No. 8-16**  Funding Graduate Medical Education  
*Action complete.* TMA legal staff lobbied the TennCare Bureau to include a provision in its 2016 Waiver Request to raise the GME funding limit from $50 million to $75 million. Grassroots visits by Dr. Woodbury to several West Tennessee legislators in support of this request took place during the summer of 2016. The TennCare Bureau made the decision not to include a GME cap raise in its 2016 Waiver request to CMS. As the first Resolved will not come to fruition, action on the second Resolved is pretermitted.

**Resolution No. 9-16**  Medical Spa Registry Transparency  
*Action complete.* Per the Resolution’s directive, TMA submitted a petition in May 2016 to the Tennessee Board of Medical Examiners requesting that it modify the Medical Spa Registry to require reporting of the average number of hours of supervision the medical director provides at each location per week; the average number of hours the medical director is on-site per week; the percentage of ownership of the medical director; and that the public searchable database be enhanced. At its July 19, 2016 meeting, the Board rejected all of TMA’s requests that the Registry be enhanced. The Board cited three reasons for its decision: 1) the level of reporting scrutiny would be different than what other medical offices are required to do despite the fact that the same requirements for registration are in place for any entity, including a physician office, which meets the definition of “medi spa”, 2) the information requested is not required by statute despite the fact the statute uses the phrase “at a minimum” which under rules of statutory construction would allow for the gathering of additional related information; and 3) burden on Board staff despite the fact the statute authorizes the Board to collect a fee from registrants that could fund additional staff time.

**Resolution No. 10-16**  Limit Prenatal Exposure to Opiates  
*Action: The Public Health Committee suggests the Tennessee Department of Health Controlled Substance Monitoring Database program continue to include birth control education for women of child-bearing age in any educational activities for Tennessee licensed prescribers. Research is being conducted to determine the legalities and cost of attaching warning labels regarding prenatal dangers to opiate prescriptions. Continue to recognize and support the free prenatal and well women services of the A Step Ahead programs in Tennessee metro areas. Encourage successful Neonatal Abstinence Syndrome (NAS) reducing programs such as the Tennessee Department of Health East Tennessee Regional Health program that offers female inmates in 41 Tennessee jails NAS education and long-acting, reversible contraception in 41 Tennessee jails.*

**Resolution No. 12-16**  Physician Wellness  
*Action: On June 20, 2016, the TMA Education Committee considered the*
Resolution 12-16 on Physician Wellness. The Committee felt this was a very worthy topic. However, the education division was already addressing this gap, considering the educational conference in April just offered a physician burnout session, as well as work life balance education and how to have difficult conversations with patients to help physicians deal with a stressful aspect of practicing. The committee further recommended, however, that we continue to offer wellness education and/or facilitate these topics by another specialty society at the large annual educational conference for 2017. TMA has already scheduled several physician wellness topics for the educational conference in 2017. More intense physician wellness services addressing suicide are already being successfully offered through the Tennessee Medical Foundation (TMF), and TMA should continue to refer to the TMF for those intensive services.

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

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


Resolution No. 15-16  
Physicians Preparing Sterile Compounding

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

1. Engage in efforts to convince United States Pharmacopeia (USP) to retain the current special rules for procedures in the medical office that could include but not be limited to allergen extract compounding in the medical office setting and, if necessary, engage with the U.S. Food and Drug Administration (FDA) and work with the U.S. Congress to ensure that small volume physician office-based compounding is preserved.

2. Form a coalition with affected physician specialty organizations such as allergy, dermatology, immunology, otolaryngology, oncology, ophthalmology, neurology, and rheumatology to jointly engage with USP, FDA and the U.S. Congress on the issue of physician office-based compounding preparations and the proposed changes to USP Chapter 797.

3. Reaffirm regulation of compounding in the physician office for the physician’s patients be under the purview of state medical boards and not state pharmacy boards.

4. Support the current 2008 USP Chapter 797 sterile compounding rules as they apply to allergen extracts, including specifically requirements related to the beyond use dates of compounded allergen extract stock.

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

Action complete. The first Resolved was complete upon adoption; it is now official TMA policy to oppose MoC as a condition of employment, licensure, reimbursement or med mal insurance coverage. The second Resolved was complete upon adoption; TMA will continue to support CME while advocating against time-limited specialty board certification, and will oppose discrimination against physicians who do not seek re-certification programs. The third Resolved was complete upon the approval of inclusion of a MoC anti-discrimination bill in TMA’s 2017 legislative package. The fourth Resolved is complete; the Tennessee AMA delegation introduced a resolution during the 2016 AMA annual meeting of its House of Delegates. A companion resolution introduced by another state passed that contained the sum and substance of TMA’s resolution. AMA now officially opposes discrimination based on a physician choosing not to pursue time-limited specialty certification.
The annual audit for the fiscal (and calendar) year ending December 31, 2016, has been completed and is now available for review. The customary examination of the Association’s records and accounts was conducted by the firm of Blankenship CPA Group, appointed by the TMA Board of Trustees.

The attached financial statements have been extracted from the complete audit. They show the revenue and expenditures during 2016 as well as the assets, liabilities, and fund balance at the end of the year.

A budget deficit of $128,826 had been projected for 2016 with revenue projected at $3,730,000 and expenditures projected at $3,858,826. The actual revenue was $7,983,253 and actual expenses were $4,008,632 resulting in a $3,974,621 surplus.

The TMA property at 2301 21st Avenue South, Nashville, TN was sold for $6,000,000 with net proceeds being $5.5 million. The property at 701 Bradford Avenue was purchased for $2.45 million with another $550,000 budgeted for renovations, which will leave TMA with $2.5 million in additional reserve funds. These additional funds should result in excess of $100,000 in investment income.

For 2017, our budget projects a deficit of $76,837. This year has many estimated expenditures related to the building construction and moving. Your financial committee submitted a deficit budget for 2017 but is optimistic that TMA will return to a balanced and predictable budget for 2018, given the settlement of the building and numerous one-time expenses, the increase in dues amount, and the elimination of all debt service.

The TMA is using the investment consulting and management services of Aldebaran Financial Inc., for its reserve funds. In 2016, the reserve accounts experienced -$9,475 change in the value and lagged our benchmark goals. The Reserve Investments balance as of December 31, 2016 was $6,116,923. All investments and withdrawals were made within the parameters of the TMA’s Investment Policy (Revised July 18, 2010).

In 2016, the board approved a new investment directive to focus our reserves and investments for appreciation and growth versus preservation. TMA has long held a fiscal
policy to keep six month’s operating capital in reserves. TMA now plans to increase reserves
to equal one year of operations.

I wish to thank the other members of the Finance Committee, Drs. John McCarley and Brian
Dulin, for their assistance and guidance during the past year. It has been a pleasure for me
to serve on the Board of Trustees and an honor to serve as chairman during the last year.

Respectfully submitted,

Tedford S. Taylor, MD, Secretary/Treasurer and Chair

TMA Board of Trustees Finance Committee
John McCarley, MD, Chattanooga
Brian Dulin, MD, Cookeville
Russell E. Miller, Jr., CAE, TMA Assistant Secretary/Treasurer

JD Rye, Staff Accountant

Copies of the Independent Auditor’s Report can be provided by request made to CEO.
The Judicial Council met once in person and several times electronically since last year’s House of Delegates. I, Charles Leonard, MD, served as Chairman and Pamela Murray, MD, served as Vice Chairman.

**Action Item: Petition for Merger of Smith County Medical Society into the Upper Cumberland Medical Society**

In February 2017, the Judicial Council received a Petition for Merger of the Smith and Upper Cumberland Medical Society. All of Smith County Medical Society’s most recently reported officers are either no longer members of Tennessee Medical Association (TMA); have transferred their memberships to another medical society; or have joined TMA directly.

When TMA membership staff ran a report of physicians in Smith County, the report revealed there are eleven (11) physicians living in Smith County. Four (4) of them were born in the 1940s and one, David Petty, MD, (a retired Smith County member) was born in 1920. Nine (9) are non-members and two (2) are members. Another transferred to Stones River Academy of Medicine because she now practices in Murfreesboro. Only one (1), Richard T. Rutherford, MD, is an active member of TMA and the Smith County Medical Society.

**Action Required:**
The Judicial Council recommends the following:

1. Revoke the component society charter of the Smith County Medical Society and merge its membership into the Upper Cumberland Medical Society
2. Revoke the component society charter of the Warren County Medical Society and merge its membership into the Upper Cumberland Medical Society
3. Revoke the component society charter of the Dekalb County Medical Society and merge its membership into the Upper Cumberland Medical Society
4. Revoke the component society charter of the Overton County Medical Society and merge its membership into the Upper Cumberland Medical Society

The Judicial Council met once in person and several times electronically since last year’s House of Delegates. I, Charles Leonard, MD, served as Chairman and Pamela Murray, MD, served as Vice Chairman.
Membership researched whether there were any physicians with a Smith County address who were members of the Upper Cumberland Medical Society. None were identified. In summary, there are currently two members of the society, only one of whom is an active status TMA member.

There is no record of participation of any delegate representing the Smith County Medical Society for the last decade. There is no record, report, or knowledge that the society has met in the last five or more years.

The Judicial Council, therefore, recommends that this 2017 House of Delegates revoke the component society charter of the Smith County Medical Society and merge its membership into the Upper Cumberland Medical Society.

**Action Item: Petition for Merger of Warren County Medical Society into the Upper Cumberland Medical Society**

On February 3, 2017, the TMA Judicial Council received a Petition for Component Society Merger on behalf of the Warren County Medical Society and the Upper Cumberland Medical Society. In support of the Petition, Region 5 Councilor, Dr. James Gray, submitted ballots in favor of the merger from Drs. Wallace B. Bigbee and Jimmie Dale Woodlee.

A dissenting ballot was received from Douglas B. Haynes., MD. The society does have ten (10) members, which is the TMA Bylaws minimum requirement to charter a medical society.

TMA membership staff did not report that Warren County had any reported officers. There are currently ten (10) members of the society. This actually includes one new member. Eight (8) are active and two are retired.

Region 5 Councilor, Dr. James Gray, reported that, “Warren and DeKalb are divided but I don’t believe either are nominating TMA delegates or giving members an opportunity to engage with TMA events.”

Warren County Medical Society was placed in “dormant” status in 2016. To staff’s knowledge, it has not met or submitted delegates to the TMA House of Delegates for several years. There is no record, report, or knowledge that the society has met or been active for several years.

It appears that the society has been mostly inactive long before it became dormant. Dr. James Gray has reached out to its membership on behalf of the Upper Cumberland Medical Society and the few physicians who responded to him were split as to support for the dissolution of the Warren County Medical Society and merger into the Upper Cumberland Medical Society. The Judicial Council, therefore, recommends that this 2017 House of Delegates revoke the component society charter of the Warren County Medical Society and merge its membership into the Upper Cumberland Medical Society.
**Action Item: Petition for Merger of Dekalb County Medical Society into the Upper Cumberland Medical Society**

On February 3, 2017, the TMA Judicial Council received a Petition for Component Society Merger on behalf of the Dekalb County Medical Society and the Upper Cumberland Medical Society. In support of the Petition, Region 5 Councilor, Dr. James Gray, submitted ballots from Drs. Denise Dingle and Hugh Cripps.

TMA membership staff reports that Dr. Melvin Blevins was “pretty much everything” with Dekalb County. He was its officer and delegate for a number of years until his death in 2015.

There are currently seven (7) members of the society. The majority of the active members are with the same practice, Family Medical Center, formerly named Cripps Hooper and Rhody PLLC.

TMA membership staff recently attempted to email its membership for information but did not hear back from anyone. Dr. David Darrah (retired), who resides in Dekalb County, joined the Upper Cumberland Medical Society. On February 3, 2017, Region 5 Councilor, Dr. James Gray, reported that, “Warren and DeKalb are divided but I don’t believe either are nominating TMA delegates or giving members an opportunity to engage with TMA events.”

Dr. Blevins was registered for the House of Delegates in 2015 but staff reports that he did not attend; likely due to health reasons. TMA membership staff attempted to contact Dr. Denise Dingle, the society’s alternate delegate from 2009 through 2015. Staff sent her TMA’s Officer’s Handbook in hopes that she would provide officer/delegate information, but to date, she has not done so.

There is no record, report, or knowledge that the society has met or been active for any purpose other than CME since the passing of Dr. Blevins.

DeKalb County Medical Society member, James C. Wall, Jr, MD, has been attending Upper Cumberland Medical Society CME meetings regularly as a guest. Dr. Wall gave Dr. Gray insight into why Dr. Cripps and others have voted against dissolving the charter. They continue to meet 10 times a year for CME, which is provided by Vanderbilt. They do not have a business meeting and do not participate in TMA activities.

Bottom line, it appears that the society has been mostly inactive since at least mid-2015. Dr. Gray has reached out to its membership on behalf of the Upper Cumberland Medical Society and the few physicians who responded to him did support the dissolution of the Dekalb County Medical Society and merger into the Upper Cumberland Medical Society.

The Judicial Council, therefore, recommends that this 2017 House of Delegates revoke the component society charter of the Dekalb County Medical Society and merge its membership into the Upper Cumberland Medical Society.
**Action Item: Petition for Merger of Overton County Medical Society into the Upper Cumberland Medical Society**

On February 3, 2017, the TMA Judicial Council received a Petition for Component Society Merger on behalf of the Overton County Medical Society and the Putnam County Medical Society (Upper Cumberland Medical Society). In support of the Petition, Region 5 Councilor, Dr. James Gray, submitted ballots from Drs. Donald Huff, Michael Cox, and Matt Gaspar. No dissenting ballots were received.

TMA membership staff did not report that Overton County had any reported officers.

There are currently six (6) members of the society. This actually includes one new member. Five (5) are active and one is retired.

Overton County Medical Society was placed in “dormant” status in 2016. To staff’s knowledge, it has not met or submitted delegates to the TMA House of Delegates for several years. There is no record, report, or knowledge that the society has met or been active for several years.

Bottom line, it appears that the society has been mostly inactive long before it became dormant. Dr. Gray has reached out to its membership on behalf of the Upper Cumberland Medical Society and the few physicians who responded to him were in favor of the dissolution of the Overton County Medical Society and merger into the Upper Cumberland Medical Society.

The Judicial Council, therefore, recommends that this 2017 House of Delegates revoke the component society charter of the Overton County Medical Society and merge its membership into the Upper Cumberland Medical Society.

The Judicial Council conducted no grievance peer reviews this past year. One (1) is pending review by the Council.

In the TMA elections held in February 2017, regions 2, 4, 6 and 8 elected Councilors for the 2017-2019 terms. The following Councilors were re-elected and will assume their new terms on April 30, 2017: Pamela D. Murray, MD, Richard G. Soper, MD, Shauna Lorenzo-Rivero, MD, and Charles E. Leonard. Regions 1, 3, 5, and 7 will be up for election in 2018.

It has been enjoyable to serve as Chairman of the Judicial Council this past year and work with this group of dedicated Councilors. The Council’s recommendations with respect to troubled component medical societies over the past few years have emphasized the need for the TMA leadership to continue to focus on component societies and growing membership.
I wish to thank all of the members of the current Judicial Council for their willingness to serve TMA in this important capacity. I wish to also thank those TMA members who assist in local peer review committees and the TMA staff who support the Judicial Council.

Respectfully submitted,

Charles Leonard, MD, Chair (Region 8)

2016-2017 Councilors:
Justin Monroe, MD (Region 1)  Pamela D. Murray, MD (Region 2)
Omar Hamada, MD (Region 3)  Richard G. Soper, MD (Region 4)
James C. Gray, MD (Region 5)  Shauna Lorenzo-Rivero, MD (Region 6)
Richard M. Briggs, MD (Region 7)  Charles E. Leonard, MD (Region 8)

A. Yarnell Beatty, JD, Staff Liaison
This is the report of the chief executive officer of the Tennessee Medical Association summarizing activities for the benefit of the Association, its members, the medical profession in Tennessee and the patients it serves. Details of this report encompass activities and events from April 2016 through March 2017.

For our Members

Payer Accountability or as it is known on Capitol Hill, the Provider Stability Act, finally passed during this General Assembly session. This legislation is the first of its kind in the country, a law that gives physicians and medical practices more predictability over the payment terms of the contracts they sign with payers. Anytime that you take on ground-breaking legislative initiatives you have to be prepared for the time and intensity of the project. This legislation lived up to that and more. Physician leaders and our staff have worked tirelessly for four sessions to get this bill in position for a unanimous passage in both the House and Senate in 2017!

At the end of last year’s session, a bill was brought forth to outlaw balance billing for out of network services. This was in response to media attention on surprise medical bills that patients received after admittance to an in-network facility but having care provided by out-of-network physicians, often without their knowledge. TMA successfully worked to ensure that physicians maintained their freedom to balance bill for out-of-network services.

TMA’s efforts to protect the profession have been quite noticeable and intense over the past year. The federal law passed to eliminate the Medicare SGR (sustainable growth rate) formula a few years ago which spawned a new batch of issues for physicians and practices. In 2015, TMA was awarded a grant from the State of Tennessee to employee a full-time consultant to help practices understand the new world of value based reimbursement. TMA has been able to help thousands of members over the past year to better understand and prepare for value base reimbursement. Scores of members still elect to ignore the market changes for medical services reimbursement. It is safe to say that we are seeing the ultimate demise of fee for service for practically all lines of health insurance coverage. TMA will maintain and increase its services to its members to ensure they are best prepared and positioned to succeed in new models as they continue to develop.
In December 2016, we discovered that the commercial payers had amended their contracts to force all providers to participate in value based models. We petitioned the state’s Department of Commerce and Insurance to halt this mandate. While we have worked with the state on TennCare models, we believe that these trial programs are not ready for full market deployment and should not be forced into the commercial market. We are committed to continue working with the Department of Finance Administration and the TennCare Bureau to modify, enhance and improve their episode models and in return, the mandate to force value based reimbursement into commercial contracts was rescinded.

The continued efforts of an out of state company to obliterate our present malpractice system in Tennessee is puzzling at least and infuriating at best. For the past two years, TMA has partnered with State Volunteer Mutual Insurance Company (SVMIC) to educate lawmakers and the public about serious flaws in their data and logic being used to entice lawmakers to create a market whereby this company would stand to become the sole provider of services. While the issue has yet to come to a vote in any committees, there remains a vigilant watch and advocacy effort to keep this issue on the sidelines. The proposed workers’ compensation type of risk pool could significantly inhibit our state’s ability to retain physicians in Tennessee and would take away a physician’s right to defense and a fair hearing once their skills and performance come into question.

Just as we have seen scores of medical practices merge to improve their abilities to survive in the time of healthcare reform and payment reform, we have witnessed four of the largest national health insurance providers seek to combine their forces as well. TMA was very early in its vociferous opposition to planned mergers, sending letters to Congress and the press expressing our opposition. Both merger petitions were ultimately denied.

For our patients

TMA has continued to work on a number of public issues that weigh heavily on the health and well-being of Tennessee. Through its Public Health Committee, the TMA has participated and supported the end of life coalition seeking to expand education in use of living wills and durable power of attorney for healthcare documents. While we have made significant progress in the area of opioid misuse and abuse, especially with the education of physicians about proper prescribing and how to identify and deal with drug seekers, there is still much work to be done. We have effectively cut the rate of prescriptions in our state by almost 400,000 prescriptions a year but that barely makes a dent in our problems. The public itself needs to be engaged in solutions and we need more efforts in the home to cut the misuse and abuse. Changing physicians’ practice patterns can only do so much. TMA continues to work closely with the new director of the Tennessee Medical Foundation (TMF), Dr. Michael Barron, and will develop the next iteration of our proper prescribing classes to be offered to prescribers across the state over the next year through live seminars and online CME certified classes.
For the Profession

For the last 20 years, physicians have been in constant defense mode to confront non-physicians seeking to expand their scope of practice and encroach on the practice of medicine. A study by the Institute of Medicine released a number of years ago injected a significant amount of energy to the efforts of the nursing profession as they seek to practice independent of physician supervision. While more than 20 states have abdicated supervision laws, Tennessee remains constant in its protections of patients and the oversight of nurse practitioners. The new battle that we face is a shrinking number of physicians, especially in primary care. Last year we saw the nurses introduce an independent practice bill that TMA countered with a physician-led team-based care bill. Not wanting to choose between two professions, the legislature forced the issue into a summer study session. While there was no agreed solution offered by the group, there were a number of areas identified that the sides could work on together to improve patient safety and patient access to care. We will see some changes to some regulatory language in the coming years, but all of this will be in an effort to ultimately maintain a physician’s position to oversee the work of advance practice nurses in their practices.

Maintenance of Certification (MOC) has moved quickly to the forefront as an issue for many members throughout the state and nationally. While it is unlikely that MOC will be abolished at the Federal level, TMA is working to eliminate the ability of payers and hospitals to mandate MOC as the sole means for privileges and credentialing.

On the Federal level, TMA responded quickly after the presidential election to re-evaluate and reissue our positions on healthcare reform. Rather than electing to support or reject the American Health Care Act (AHCA) proposed in Congress, we developed a set of guiding principles as our measuring stick for any proposals coming forth. When we visited Washington in February, we were able to meet with all members of Tennessee’s Congressional Delegation and were warmly welcomed with our opinions and work product.

Outside of the Affordable Care Act (ACA) and the AHCA, there are considerable rules and regulations that exert a tremendous amount of pressure on practicing physicians. TMA developed a lengthy analysis of the current federal regulations that add a significant burden and cost to the system without comparable improvement to the healthcare of its patients. We introduced our list to another national physician advocacy organization (Physician Advocacy Institute), which has adopted TMA principles to carry forward on the national level.

Educational Events

As part of our strategic planning process a number of years ago, TMA chose to re-enter the physician education space and become recertified as an accredited sponsor of Continuing Medical Education (CME), which takes a number of years. I am happy to report that TMA
became fully certified at the end of 2016. This gives us the ability to help our members, our
component medical societies, and state specialty societies deliver quality CME to the
physicians of Tennessee.

2017 marks the first year for our reformatted annual meeting and educational offerings. For
the last several years, TMA has been growing its annual meeting and education sessions
(MedTenn + House of Delegates) in a single, springtime event. While we did grow
participation among TMA members, we were unable to attract a number of medical specialty
organizations to convene with TMA to form on a larger convention concept. From feedback
received, plans were approved to separate the educational activities and events from the
policy portion traditionally held in the springtime. To date we have received commitments
from six other organizations to collaborate on the fall event, Trimed.

Our Physicians Day at the Capitol, or Doctors Day, has continued to grow over the last few
years culminating in the largest attendance ever in 2017. We had more than 260 attendees
participating in our largest advocacy event of the year.

We have continued with efforts to take TMA to the membership across the state through our
summer roadshow or hot topics seminars. Last year we focused on payment reform issues,
as we will again this summer, with more focus on MACRA and medical incentive payment
systems or MIPS. In addition to the summer roadshow, we continue to offer our longest
running educational series for medical office insurance payment staff. In 2016, we had more
than 650 attendees in classes held in Memphis, Jackson, Nashville, Chattanooga, Knoxville,
and Johnson City.

Leadership

The John Ingram Institute for Physician Leadership continues to grow in its popularity. Two
years ago, we added a second class track to our leadership development class. Class One -
the Leadership Immersion class teaches physicians various leadership skills not learned in
medical school or residency. The goal is to prepare them to be leaders in their practices,
hospitals, medical specialty societies, and throughout organized medicine. Class Two – the
Leadership Lab teaches physicians how to lead and excel in team-based care settings. We
already have a waiting list for classes planned in 2017.

I was honored to travel with TMA President Keith Anderson, as he toured East Tennessee
speaking with physicians and medical practices about the work of TMA and the importance
of membership. Much of our discussions focused on balance billing, nurse independent
practice, Maintenance of Certification, and our continuing efforts to stem the abuse of
opioids.

Another facet of our strategy to position TMA as a healthcare opinion leader is to continually
develop and disseminate our policy and opinion with regard to the medical issues of the day.
In the past year alone we have placed media interviews and editorials on priorities for organized medicine, the fight against prescription drug abuse, payer accountability, medical liability reform, and nurse independent practice.

Community

Recently, the leadership of TMA and SVMIC came together to discuss issues of mutual concern and to discuss what the future may hold for our organizations. All agreed that the current market environment creates new challenges for our organizations to succeed and grow, oftentimes leading us to develop similar services and programs in an effort to satisfy and retain our members/policyholders. We will be working together more closely in the future to mitigate any perception of competition between our organizations and to improve and support each other’s efforts to serve the physicians of Tennessee.

TMA has received a generous grant to partner with a healthcare system or hospital to identify gaps and collaboration between administration and physicians from The Physicians Foundation, a charitable fund created from the proceeds of legal actions against the largest insurance companies over a decade ago. The two-year project will help TMA create a scalable program to help facilities and physicians reach their mutual goals of better, more efficient, quality healthcare for patients, ultimately leading to better reimbursements for physicians and their facilities and outcomes for patients. It is our goal and the Foundation’s goal to test this program as a value added service to show employers of physicians the value of organized medicine thereby increasing their familiarity with and support for organized medicine nationally.

I am very happy to report revitalization of two markets within our state association. A number of physician leaders in the Cookeville market have been working to grow membership and the territorial size of the component medical society. Last year the House of Delegates approved a petition to create the Upper Cumberland Medical Society. This has given the member leaders renewed energy to reach out to their colleagues seeking increased activity and relevancy of their local/regional medical society. This has resulted in a membership increase within the region of almost 40%. In that same vein, the Montgomery County Medical Society (Clarksville) has begun its revitalization. They have held organizational meetings throughout the summer and two new member outreach functions in the fall. Similarly, the Sumner County physicians are underway with plan to revitalize their society.

Membership

Building on the gains in membership from our first marketing campaign a few years ago titled “Big,” we followed up on that with the “One” campaign last year. TMA added 445 new members in 2016, the highest total of dues-paying members since 2005. We have also refined our communications and marketing strategies as we need to be prepared to sell the
values of membership to various entities and physician types (employed physicians, independent physicians, large group practices, hospital-based, academic...)

At the behest of the Membership and Recruitment Committee, TMA developed a discount membership offer for medical practices based on their size, their multi-year level of commitment to membership renewal, and their consideration to use TMA value-added products and services through TMA Physician Services. As a result of this new discount option for small practices we obtained membership from seven groups totalling 24 physicians.

Constantly looking for new value-added services for our members, we heard for years a single plea for help with the expense of providing health insurance for members of the practice as well as employees. To that, we introduced the TMA Group Health Plan in 2016. Initially designed for practices employing more than 100 persons (not just physicians) the TMA Group Health Plan provides participants with a mechanism to self-insure for its medical costs, use a discounted network of their choice, matched with backend stop-losses reinsurance. The program also provides practices with special tools to monitor expenses within the plan and to deploy cost saving measures and personal improvement goals to lower the experience rating.

**Administrative Issues**

During the last several years, TMA has faced budgetary challenges due the continual rise in operational costs while dues income has remained relatively flat, supplemented by inconsistent revenue from non-dues activities. The Association had a number of long term debts that needed to be paid. To improve our financial position, TMA implemented three key strategies:

1. Directed the Investment Committee of the Finance Committee to be more directly involved with the investment advisers to more aggressively manage the growth of reserves;
2. The House of Delegates approved the first dues increase in 12 years;
3. The Board voted to sell the present headquarters building and purchase a smaller building, placing the net gains in long-term reserves, thereby giving the Association one year’s worth of operating capital in reserve.

These strategies will return the association to profitable operations and grow reserves to allow full function of the programs and services of the membership.

TMA is currently fully staffed with 25 employees. We had two staff departures in the middle of 2016, but were fortunate to gain new team members in Mr. Ben Simpson, our new Assistant Director of Government Affairs and Ms. Sara Balsom, our new Manager of Events and Marketing.
Mr. Yarnell Beatty was promoted to Senior Vice President, retaining his duties overseeing our Advocacy division, and Mr. Dave Chaney was named Vice President, with primary oversight responsibilities for TMA’s communications and marketing activities.

Looking ahead

Much focus will remain on developments emanating from Washington regarding the ACA and efforts to repeal and replace or simply modify and maintain. TMA will be fully engaged throughout the remainder of 2017 working to modify and improve episodes of care payment models for TennCare and the commercial market, as that process if still fluid.

- TMA will continue to fortify its financial foundation and ensure that our reserve accounts are performing as intended.
- The headquarters move will likely take place at the end of June with a dedication event planned for the fall.
- We look for great success with our new TriMed Educational Conference this fall as well.
- We will continually press forward with improvements to the John Ingram Institute for Physician Leadership.
- Await positive results from a new pilot project designed to identify leadership gaps in health systems whereby physicians can be better utilized to achieve better patient outcomes, operating efficiencies, and ultimate greater revenue streams.

It is a great privilege to work for such an astute and revered profession and an honor to carry out that work alongside my fellow staff members. The accomplishments reported here are not possible without their diligence and dedication and the road ahead will be much smoother with their help and professionalism.

Yarnell Beatty Sr. Vice President, General Counsel
Dave Chaney Vice President
Julie Griffin Director, Government Affairs
Michael Hurst Director, Business Development
Angie Madden Director, Practice Solutions
Ben Simpson Assistant Director, Government Affairs
Angela Allen Specialty Societies Management
Renee Arnott Specialty Societies Management
Ann Anderson Accounting Services
Sara Balsom Events & Marketing
Katie Brandenburg Communications Specialist
Amy Campoli Executive Assistant to the CEO
Nikki Hamlet Membership and Office Administrator
Respectfully submitted,

Russell E. Miller, Jr., CAE
2010 Resolutions to Sunset and Become Permanent Policy

Resolution No. 2-10
[Reaffirmation of Resolution No. 26-96 and 3-03]

FREEDOM OF LOCAL GOVERNMENT ACT
RESOLVED. That the Tennessee Medical Association encourage the Tennessee General Assembly to enable local governments to establish their own tobacco control ordinances.

Resolution No. 6-10
[Reaffirmation of Resolution No. 12-03]

PHYSICAL EDUCATION IN SCHOOLS
RESOLVED. That the Tennessee Medical Association take a positive stance on increasing physical education in schools and work with other organizations such as the American Heart Association in promoting and backing legislation favoring increased physical education in schools.
2010 Resolutions to Sunset

Resolution No. 1-10
[Reaffirmation of Resolution No. 16-89, 3-96 and 2-03]
MEDICARE REIMBURSEMENT, GEOGRAPHICAL DIFFERENCES

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

Resolution No. 3-10
[Reaffirmation of Resolution No. 10-96 and 5-03]
ANNUAL COMPONENT SOCIETY REPORT ON ADOPTION OF PEER REVIEW GUIDEBOOK

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

Resolution No. 4-10
[Reaffirmation of Substitute Resolution No. 21-96 and 8-03]
HEALTH INSURANCE COVERAGE REFORM

RESOLVED, That the Tennessee Medical Association take a proactive role in encouraging regulatory agencies and legislators to secure for patients the following critical improvements in their health care coverage:
(1) Guarantee the renewability and transferability of health care coverage,
(2) Require reasonable time limits on the waiting period for initiation of health insurance coverage,
(3) Establish reasonable limitations on out-of-pocket expenses and on time limits for pre-existing conditions; and be it further
RESOLVED, That the Tennessee Medical Association take an active role with physicians by promoting patient education about health insurance and health care legislation to better serve their needs.

Resolution No. 5-10
[Reaffirmation of Resolution No. 11-03]
ACCESS TO MEETINGS

RESOLVED, That the Tennessee Medical Association will study electronic conferencing capability; and be it further
RESOLVED, That the Tennessee Medical Association investigate conducting committee meetings, and possibly some Board meetings by electronic conferencing.
Resolution No. 9-10
[Reaffirmation of Resolution No. 23-03]

AUTOMATIC EXTERNAL DEFIBRILLATORS AND CPR/AED TRAINING IN TENNESSEE SCHOOLS

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

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

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

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. 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.
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 29, 2017

Resolution No. 01-17

INTRODUCED BY: TMA BOARD OF TRUSTEES
                 JAMES H. BATSON, MD, CHAIR

SUBJECT: POLICY ON RISING COST OF MEDICAL EDUCATION
         (REAFFIRMATION OF RESOLUTION NO. 21-03 and 7-10)

REFERRED TO: CONSENT CALENDAR

1  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.

Sunset: 2024

Fiscal Note: To Be Determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 29, 2017

Resolution No. 02-17

INTRODUCED BY: TMA BOARD OF TRUSTEES
JAMES H. BATSON, MD, CHAIR

SUBJECT: UNIFORM PHYSICIAN CREDENTIALS VERIFICATION
(REAFFIRMATION OF RESOLUTION NO. 22-03 and 8-10)

REFERRED TO: CONSENT CALENDAR

1 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

5 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

8 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

11 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.

Sunset: 2024

Fiscal Note: To Be Determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 29, 2017

Resolution No. 03-17

INTRODUCED BY: TMA BOARD OF TRUSTEES
JAMES H. BATSON, MD, CHAIR

SUBJECT: MID LEVEL PROVIDER SUPERVISION
(REAFFIRMATION OF RESOLUTION NO. 29-03 and 10-10)

REFERRED TO: CONSENT CALENDAR

1 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

5 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

11 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.

Sunset: 2024

Fiscal Note: To Be Determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 29, 2017

Resolution No. 04-17

INTRODUCED BY: TMA BOARD OF TRUSTEES
JAMES H. BATSON, MD, CHAIR

SUBJECT: BOARD OF MEDICAL EXAMINERS’ INDEPENDENCE
(REAFFIRMATION OF RESOLUTION NO. 12-10)

REFERRED TO: CONSENT CALENDAR

1 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
2 RESOLVED, That the Tennessee Medical Association (TMA) pursue a legislative remedy that would establish the Board of Medical Examiners as an independent entity with limited oversight by state government, and be it further
3 RESOLVED, That the monies to support the independent Board of Medical Examiners activities come from the current license fee of individual physicians.

Sunset: 2024

Fiscal Note: To Be Determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 29, 2017

Resolution No. 05-17

INTRODUCED BY: CHARLES T. WOMACK, MD, DELEGATE
UPPER CUMBERLAND MEDICAL SOCIETY

SUBJECT: TENNESSEE STATE PARKS “HEALTHY PARKS, HEALTHY PEOPLE”

Whereas, Physical inactivity and obesity are causing increasing health problems for people of Tennessee; and

Whereas, Citizens of the State of Tennessee have access to 12 National Parks, 54 State parks, 974 Greenways and Trails covering hundreds of thousands of acres; and

Whereas, Healthy Parks, Healthy People is a global movement that harnesses the power of parks and public lands in promoting the health of people and the environment; and

Whereas, Healthy Parks, Healthy People advances the fact that all parks - urban and wildland are cornerstones of people’s mental, physical, and spiritual health, and social well-being and sustainability of the planet; and

Whereas, Healthy Parks, Healthy People connects people to parks through health promotion, fosters society’s understanding and appreciation for the life-sustaining role of parks, and creates the next generation of park stewards. Now, therefore be it

RESOLVED, That the Tennessee Medical Association recognize and support Healthy Parks, Healthy People program of the National Park Service and the Tennessee Department of Environment and Conservation as a valuable healing tool and a vital component of healthy living.

Sunset: 2024

Fiscal Note: To Be Determined
Whereas, It is the experience of the Lakeway Medical Society that mid-level health care providers can best utilize their skills and training to provide patient care as part of a physician-led health care team; and

Whereas, The media is an effective method by which to get the message out to the public about the differences in training and experience between physicians and advance practice nurses; and

Whereas, The public can become educated to choose their health care providers based on their use of a physician-led health care team model; and

Whereas, If patients receive the best health outcomes in a physician-led health care team setting, they will support that model in their communities. Now, therefore be it

RESOLVED, That the Tennessee Medical Association Board of Trustees is urged to fund and implement a statewide media campaign to educate the public about the differences in health care providers and how to choose a health care setting that utilizes a physician-led health care team.

Sunset: 2024

Fiscal Note: To Be Determined
Whereas, No member of the Tennessee Medical Association (TMA) or a component medical society has been disciplined through the Association’s grievance process (component society or Judicial Council) for at least fifteen years; and

Whereas, The Chattanooga-Hamilton County Medical Society only had one formal complaint against its members in calendar year 2016 and took no action; the Judicial Council has received no grievances in ten years and has taken no actions; and

Whereas, The need for component society grievance committees has dwindled over the years because entities, like the Board of Medical Examiners and Board of Osteopathic Examination, with more authority and more immunity protection for its members, and more investigative and legal resources, have emerged; and

Whereas, The Tennessee Board of Medical Examiners and the Tennessee Board of Osteopathic Examination have the authority under state law to discipline licensees who violate state law or deviate from the standard of care; and

Whereas, Hospital quality improvement committees have the authority under state and federal law to take corrective action against a physician member of the medical staff whose conduct or professional competency is unsafe or not up to standard; and

Whereas, Members of component society grievance committees have expressed concern and uncertainty regarding their individual, and their society’s, liability exposure for serving on such committees; and

Whereas, The potential for liability results in the need for liability insurance, even if the process is seldom used; and

Whereas, If a physician’s medical license is revoked or lapses, such physician no longer qualifies for membership in TMA; and
Resolution No. 07-17
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Whereas, All of the above factors add up to little need for TMA grievance committees. Now, therefore be it

RESOLVED, That Tennessee Medical Association component societies and its Judicial Council cease conducting peer review; and be it further

RESOLVED, That all Tennessee Medical Association and component society bylaw provisions referencing a grievance process hereby be repealed; and be it further

RESOLVED, That Tennessee Medical Association and component society staff be instructed to direct all future grievances to the Department of Health Investigations Division.

Sunset: 2024

Fiscal Note: To Be Determined
Whereas, Mental health is the foundation for thinking, resilience, self-esteem, well-being, relationships and contribution to society; and

Whereas, Mental illness is a health condition that causes changes in thinking, emotion and behavior; and

Whereas, Nearly one in five (20%) U.S. adults have some form of mental illness in a given year; one in 24 (4.2%) has serious mental illness; one in 12 (8.3%) has a substance abuse disorder; and

Whereas, There is a mental health and substance abuse crisis in the United States, there are not enough psychiatrists or mental health providers or services; or there are individuals not seeking treatment; and

Whereas, For a large segment of our population, religion and spirituality often play a vital role in healing. Faith leaders from the public health view are at times the "first responders", when individuals and families face mental health and substance abuse problems; and

Whereas, Faith community leaders can help reduce the stigma associated with mental illness by educating their congregations and facilitate access to treatment; and

Now, therefore be it

RESOLVED, That the Tennessee Medical Association advocate and support mental health and faith community partnerships that will provide a platform for faith leaders to get educated about psychiatric and substance abuse disorders and mental health providers understand the role of faith in recovery; and be it further
RESOLVED, That the Tennessee Medical Association study and support a partnership to foster respectful, collaborative relationships between psychiatrists, other mental health providers and the faith-based community to improve quality care for individuals and families with mental health and substance abuse problems.

Sunset: 2024

Fiscal Note: To Be Determined

References:
National Institute of Mental Health and Substance Abuse and Mental Health Service Administration.
Whereas, The number of doctorate programs promulgated by academic institutions for non-physician allied health professionals continues to grow, thereby increasing the number of individuals with post-graduate degrees (“doctorates”) in the patient care arena; and

Whereas, The training required to achieve a doctorate in nursing practice (“DNP”) widely varies between institutions, with credit given for online courses, distance and on-the-job hours, and can be achieved in

- three years post-associate degree in nursing (“RN”); or
- two years post bachelor’s degree in nursing (“BSN”)
- one year post-master’s degree in nurse practitioner (“APRN”); and

Whereas, The training required for a physician assistant to achieve a proposed doctorate in medical science (DMS) requires two years of online lectures, with credit given for on-the-job hours; and

Whereas, These doctorates are seeking legislation for recognition to expand their scope of practice to include solo practice; and

Whereas, In comparison, the training invested in earning a doctorate in medicine (“MD”) or osteopathic medicine (“DO”) is a time-honored standard of four years post-bachelor’s degree, with two years in the clinical setting under extensive supervision and with rigorous standardized testing, with an additional year required as a condition to being licensed to legally prescribe medications; and

Whereas, The vast majority of practicing medical doctors invest further in their education by taking a residency, adding a minimum of two years to their training prior to treating patients on a solo basis; and

Whereas, The generic term “provider” assigned by governmental entities, legislative bodies, insurers, and the public does not distinguish between MD, DNP, DMS, or even APRN; and
Whereas, These developments have led to confusion among patients in identifying the educational background of their individual healthcare professionals wearing similar white coats, who may legally prescribe medications and whom patients refer to as their “doctor”. Now, therefore be it

**RESOLVED.** That in healthcare settings involving direct patient contact, including but not limited to, medical offices, hospitals, medical clinics, outpatient surgical facilities and emergency care centers, the terms “doctor” and “physician” should be used to refer to an MD or DO; and be it further

**RESOLVED.** That in the setting of direct patient contact, non-physician providers (specifically nurse practitioners and physician assistants) who have earned doctorate degrees, be constrained to presenting themselves according to their licensure rather than their academic degree; and be it further

**RESOLVED.** That the Tennessee Medical Association develop a campaign for public and legislative awareness to clarify the evolving problem of use of the term “doctor” by non-physician health care professionals; and be it further

**RESOLVED.** That the Tennessee Medical Association shall seek to introduce and support legislation in the Tennessee General Assembly that, in healthcare settings involving direct patient contact, including but not limited to, medical offices, hospitals, medical clinics, outpatient surgical facilities and emergency care centers, (1) the use of the terms "doctor" and "physician" are limited to persons holding a degree of Doctor of Medicine or Doctor of Osteopathic Medicine and licensure to practice medicine in Tennessee, and (2) non-physician providers (specifically nurse practitioners and physician assistants) who have earned doctorate degrees, be constrained to presenting themselves according to their licensure rather than their academic degree.

Sunset: 2024

Fiscal Note:  *To Be Determined*
INTRODUCED BY: JESSICA M. RUFF, MD, MA DELEGATE
NASHVILLE ACADEMY OF MEDICINE

SUBJECT: MEDICAL TRAINEE WELLNESS

Whereas, Medicine is one of the professions with highest risk of death by suicide, losing approximately 400 physicians a year\(^1\); and

Whereas, Suicide is the second leading cause of death among medical students with 50% of them experiencing burnout and 11% of them suffering from suicidal ideation\(^2\); and

Whereas, Suicide is linked to untreated or inadequately treated depression; and

Whereas, The rates of medical trainee depression and suicide are unknown for those training in the state of Tennessee; and

Whereas, The health and wellness of future physicians is important to the Tennessee Medical Association. Now, therefore be it

RESOLVED, That the Tennessee Medical Association will continue to support physician health via the promotion of education and training on physician wellness and burnout; and be it further

RESOLVED, That the Tennessee Medical Association will assign a board committee to review confidential annual online depression screening tools, their effectiveness, and cost; and be it further

RESOLVED, That this committee will also reach out to Tennessee medical training programs and other related organizations such as the Tennessee Medical Foundation, and the Tennessee Chapter of the American Society for Suicide Prevention to assess their interest in partnering to tackle this issue; and be it further

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RESOLVED, That this committee will also work to develop and launch a pilot program to monitor and refer medical trainees for appropriate assistance by conducting a confidential annual online depression screening of current medical trainees; and be it further

RESOLVED, That this committee will report back to the board and the 2018 House of Delegates regarding the progress and feasibility of the Tennessee Medical Association leading the effort to conduct annual online depression screenings of current medical students and residents.

Sunset: 2024

Fiscal Note: To Be Determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 29, 2017

Resolution No. 11-17

INTRODUCED BY: SALLY WILLARD BURBANK, MD, DELEGATE
NASHVILLE ACADEMY OF MEDICINE

SUBJECT: UNFAIR REIMBURSEMENT BY INSURANCE COMPANIES

Whereas, The medical insurance companies pay different providers within the exact same specialty different rates even when that provider joins a group practice like ADI, and whereas the insurance companies refuse to negotiate with the solo practitioner; and

Whereas, State law should be changed to provide for equal pay for equal work for a specific CPT code in a given specialty. This law would protect solo practitioners, especially those in primary care, who don’t have the power or resources to negotiate higher rates like big groups do. Equal pay for equal work; and

Whereas, Reimbursement should be the same for all providers in a given specialty and insurance companies should not be allowed to pay the new member of the group at a lower rate than the rest of the group and then refuse to negotiate. Now, therefore be it

RESOLVED, That the Tennessee Medical Association seek to introduce a bill to make insurance companies provide full disclosure of their reimbursement rates for various CPT codes in a given specialty; and be it further

RESOLVED, That the Tennessee Medical Association seek legal or regulatory change to ensure that once a provider joins a group practice that has negotiated a higher rate, that provider should be reimbursed at the rate of the group practice contract, not individually.

Sunset: 2024
Fiscal Note: To Be Determined
Whereas, Childhood exposure to media violence is pervasive and rising\(^1-^3\), but public knowledge of the subject is limited; and

Whereas, Decades of scientific research consistently demonstrate harmful effects of violent media exposure in children including increased aggression, increased fear, increased appetite for violence, increased racism/misogyny, desensitization to violence, decreased empathy, and increased violent behavior\(^4-^8\), and

Whereas, Cultural violence among children is a growing problem: rampage shooting events are on the rise\(^9-^{17}\), and violent mortality (e.g. homicide/suicide) remains the leading cause of death in children and teenagers\(^18-^{20}\), and

Whereas, Violent video games are tremendously popular and more harmful than other forms of media violence due to their addictive nature\(^21-^{25}\) and their role as teaching simulators for murder and violence\(^26-^{28}\), and

Whereas, Randomized controlled studies (Stanford’s S.M.A.R.T Curriculum and Take The Challenge) demonstrate that reducing intake of screen media and its associated media violence among children and adolescents has numerous beneficial effects including increased attention, increased academic performance, decreased obesity, decreased smoking/drinking, and decreased playground/classroom aggression\(^29-^{30}\); and

Whereas, Statewide school implementation of a curriculum that decreases media violence exposure would be invaluable to the children and future leaders of Tennessee; and

Whereas, Parents are in dire need of support in protecting their children against ubiquitous and dangerous media violence exposure. Now, therefore be it

**RESOLVED.** That the Tennessee Medical Association delegation call on state legislators to acknowledge the scientifically proven, harmful effects of media violence, particularly those of violent video games, by requiring retailers to place a warning label on violent video games whose predominant theme is killing (e.g. first person...
shooting). Labels would be structured to be scientifically accurate and accessible to individuals with an elementary reading proficiency. (See example.), and be it further

RESOLVED. That the "Take the Challenge" curriculum (based on Stanford’s S.M.A.R.T. Curriculum) be embraced by the Tennessee Medical Association and promoted to the state legislature for implementation as mandatory curriculum for K – 12 students within Tennessee’s public schools, with participation availability for students in alternative Tennessee educational settings (e.g. private school, homeschool).

Example Warning Label:

Video game violence is known by the State of Tennessee to be harmful for children. Children who play games like this tend to be more aggressive and less sensitive to the suffering of others. Addiction is common.

Visit http://www.med.umich.edu/yourchild/topics/tv.htm

References:
INTRODUCED BY: O. LEE BERKENSTOCK, MD, DELEGATE
MEMPHIS MEDICAL SOCIETY

SUBJECT: WEANING PROGRAMS AND ADDICTION PROGRAMS AS A PART OF OPIOID
PRESCRIBING COURSE

Whereas, It is clear that federal and state monies for patient addiction and rehab programs
will not be forthcoming; and

Whereas, There have been successes to be copied from the methodology employed in the
2014 Tennessee opioid prescribing guidelines; and

Whereas, In many areas of the state chronic pain management programs have virtually
disappeared; and

Whereas, Patients and risk can be stratified allowing more patients to be safely treated and
potentially cured while better identifying worthy patients for more specialized
services; and

Whereas, The controlled substance Continuing Medical Education is currently undergoing
update and revision. Now, therefore be it

RESOLVED, That the Tennessee Medical Association develop withdrawal and addiction
education programs to be employed as a part of the controlled substance
Continuing Medical Education programs mandated by the State of Tennessee.

Sunset: 2024

Fiscal Note: To Be Determined
INTRODUCED BY: O. LEE BERKENSTOCK, MD, DELEGATE
MEMPHIS MEDICAL SOCIETY

SUBJECT: TEXTING AS APPROVED HIPAA FORM OF COMMUNICATION

Whereas, Despite education to the contrary, patients, physicians and other health care providers are sharing electronic health information on cell phones, and other handheld electronic pad devices; and

Whereas, A dearth of similarly sensitive material is actually communicated over unencrypted email (taxes, bank statements, credit rating information); and

Whereas, The electronic community is already engaged in facilitating similar capabilities (Apple and latest iOS two-level encryption); and

Whereas, Our patients demand this level of capability of communication; and

Whereas, HIPAA has not addressed this form of communication while allowing less safe faxing of health information to be utilized as an approved form of communication. Now, therefore be it

RESOLVED, That the Tennessee Medical Association, through state and federal agencies, establish texting as a HIPAA-approved mode of communication embedded within electronic communication devices amongst health care providers and patient-consumers.

Sunset: 2024
Fiscal Note: To Be Determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 29, 2017

Resolution No. 15-17

INTRODUCED BY: PHILLIP R. LANGSDON, MD, FACS, DELEGATE
MEMPHIS MEDICAL SOCIETY

SUBJECT: MANDATORY CELL PHONE DEACTIVATION IN MOVING VEHICLES

Whereas, The National Safety Council estimates there are 1.6 million car crashes per year during cell phone use; and

Whereas, There were 40,000 motor vehicle deaths in the U.S. in 2016; and

Whereas, There were 300,000 injuries caused by texting; and

Whereas, Distracted drivers cause 26% of Motor Vehicle Accident (MVA) related deaths; and

Whereas, An AT&T survey in 2015 showed 61% of study participants admitted to reading, sending, or replying to cell phone texts; and

Whereas, Ten teens die every day due to texting; and

Whereas, There has been a recent steady increase in MVA related fatalities; and

Whereas, Technology exists to deactivate cell phone upon vehicle motion. Now, therefore be it

RESOLVED, That the Tennessee Medical Association will work with the Tennessee legislature to create legislation that would require all cell phones sold in the state of Tennessee beginning January 1, 2018, to contain non removable software that automatically deactivates cell phones in a moving vehicle.

Sunset: 2024

Fiscal Note: To Be Determined
INTRODUCED BY: RAJ BUDATI, EX-OFFICIO

SUBJECT: PRIMARY CARE IN RURAL TENNESSEE

Whereas, There is a shortage of primary care physicians in rural areas of Tennessee; and
Whereas, In 2014 there were 27 of Tennessee's 95 counties with a physician shortage based on a population to PCP ratio of 3000:1; and
Whereas, 100% of the PCP's practicing in five of these counties (Crockett, Lake, Grundy, Stewart, Van Buren) were over the age of 60; and
Whereas, Three counties with a physician shortage (Hancock, Union, Van Buren) had only one practicing PCP; and
Whereas, Per 2016 figures released by the federal Bureau of Health Workforce, Tennessee has 69 counties designated as Health Professional Shortage Areas in primary care, 15 of which are based solely on a geographic basis; and
Whereas, Just to maintain current rates of utilization at status quo, Tennessee will need an additional 1,107 primary care physicians by 2030, a 27% increase compared to the state’s 2010 workforce of 4,072 PCP’s; and
Whereas, It would be useful to identify the underlying key elements and characteristics of students, residents, and physicians who decide to practice in a rural setting. Now, therefore be it
RESOLVED, That the Tennessee Medical Association, in collaboration with appropriate bodies, study what aspects helped physicians decide to practice primary care in a rural setting, and also try to identify what factors sparked their interest in rural medicine to begin with.

Sunset: 2024

Fiscal note: To Be Determined

1 Tennessee Rural Partnership – Physician Supply and Distribution in Tennessee
2 Bureau of Health Workforce – National Center for Health Workforce Analysis
3 Robert Graham Center – Tennessee: Projecting Primary Care Physician Workforce
INTRODUCED BY: GEORGE WOODBURY, JR., MD, DELEGATE
MEMPHIS MEDICAL SOCIETY

SUBJECT: DUE PROCESS WITHIN THE DIVISION OF HEALTH RELATED BOARDS

Whereas, Due process in the legal system is a fundamental right for Americans built into the United States Constitution; and

Whereas, The Division of Health Related Boards is a division of Tennessee government including the Board of Medical Examiners and the Board of Nursing “authorized to employ investigators, inspectors or agents ... to bring about ... all laws regulating the practice of the healing arts” (TN Code Annotated 63-1-115), and to investigate allegations of inappropriate practice by healthcare providers; and

Whereas, The Division of Health Related Boards has a Director who has the “power, duty and responsibility to ... employ all staff assigned or performing duties for the agencies attached to the division, and to ... promulgate rules and regulations for all administrative functions and activities of the agencies attached to the division...” (TN Code Annotated 63-1-132); and

Whereas, The Office of Legal Counsel within the Division of Health Related boards receives complaints against physicians and nurses from patients anonymously, and then decides whether or not to proceed to a request for records and a healthcare provider interview, which may thereafter result in either a confidential settlement or else actual charges being filed against that healthcare provider. Now, therefore be it

RESOLVED, That the Tennessee Medical Association will work with Tennessee state legislature to pass legislation stating that if the Division of Health Related Boards director’s staff decides to proceed to a request for records and an interview, the involved Division of Health Related Boards staff must:

a.) Disclose to the healthcare provider involved in that complaint what the complaint actually is and also the identity of the person or persons complaining, at least 30 days prior to the scheduled interview with the healthcare provider; and

b.) Limit the scope of the interview and investigation to the actual scope of the complaint; and
c.) Obtain the signature of one of the professional members of the board involved to that complaint prior to proceeding to any kind of settlement being offered in lieu of formal action; and

d.) Obtain the signature of one of the professional members of the board involved if any formal or informal sanctions are to result.

Sunset: 2024
Fiscal Note: To Be Determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 29, 2017

Resolution No. 18-17

INTRODUCED BY:  CHRIS YOUNG, MD, EX-OFFICIO DELEGATE

SUBJECT:  HOSPITAL OVERCROWDING

Whereas,  Several major Tennessee hospitals have experienced significant overcrowded conditions in emergency departments over the last several years, resulting in long delays in patient being seen and admission to hospital for treatment; and

Whereas,  The boarding of patients in emergency rooms can last days and is associated with increased morbidity and mortality of these patients. In addition, emergency room boarding of patients leads to competition for available beds for post-operative patients resulting in PACU overcrowding and the sub-optimal use of operating rooms as recovery beds; and

Whereas,  These conditions leave no health system capacity for unexpected events such as natural disasters, mass shootings, or pandemic; and

Whereas,  The reasons for this situation is multi-factorial and complex, and needs identification as a public health issue. Now, therefore be it

RESOLVED,  That our Tennessee Medical Association identifies hospital over-crowding as a public health issue, and will seek to form a task force with the Tennessee Hospital Association, Tennessee Department of Health, and other pertinent stakeholders to study the issue and develop mitigation strategies.

Sunset: 2024

Fiscal Note:  To Be Determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 29, 2017

Resolution No. 19-17

INTRODUCED BY:  CHRIS YOUNG, MD, EX-OFFICIO DELEGATE

SUBJECT:  OPIOID PRESCRIBER RESPONSIBILITY

Whereas, Our Tennessee Medical Association has worked for many years to combat the opioid crisis in Tennessee, including educational requirements, prescription drug database, opioid prescribing guidelines, and regulation of pain clinics. Despite these efforts, Tennessee prescribers continue to prescribe opiates more than virtually anywhere in the world; and

Whereas, In 2015, Tennessee prescribers wrote 7.8 million opioid prescriptions, or 1.18 prescriptions per capita which is more than twice the prescribing rate of the lowest prescribing states. In 2014, 1,263 people died in Tennessee from accidental opioid overdose, more than motor vehicle fatalities in the state. It is estimated that 100,000 Tennesseans are prescribed 100 mg equivalents of morphine each day; and

Whereas, Many patients consume only a small fraction of the opiates they are prescribed in the acute pain setting, such as post-operative pain, resulting in unused opiates in medicine cabinets. This situation has been identified as a significant risk factor for drug diversion or the introduction of opiates to young people. Proper prescribing of these medications should be tailored for each patient to minimize the danger of unused opiates; and

Whereas, Proper disposal of unused opiates is not simple and requires specialized disposal; and

Whereas, Tennessee physicians must accept responsibility for the prescriptions we write, and the prescriptions of the prescribers we supervise or with whom we collaborate. Now, therefore be it

RESOLVED, That our Tennessee Medical Association will work to educate prescribers about proper prescribing and the dangers of excess opiate prescribing in the acute care setting; and be it further

RESOLVED, That our Tennessee Medical Association will encourage prescribers to develop an acute pain care plan with their patients to tailor the quantity of
opiates prescribed to what is expected to be consumed and the necessity to
properly dispose of any unused medication; and be it further

RESOLVED, That our Tennessee Medical Association will work with the Tennessee
Pharmacy Association, Tennessee Department of Health, Drug Enforcement
Agency and other pertinent stakeholders to develop simpler and more
convenient resources for proper opiate disposal.

Sunset: 2024

Fiscal Note: To Be Determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 29, 2017

Resolution No. 20-17

INTRODUCED: RONALD H. KIRKLAND, MD, MBA, DELEGATE
CONSOLIDATED MEDICAL ASSEMBLY OF WEST TENNESSEE

SUBJECT: MODIFYING AMA MISSION STATEMENT

RESOLVED, That our Tennessee Delegation to the American Medical Association House of Delegates will present a resolution at the A-17 meeting of the American Medical Association House of Delegates requiring the American Medical Association Board of Trustees to change the American Medical Association mission statement to read “The American Medical Association promotes the art and science of medicine, the betterment of public health, and the improvement and accessibility of health care to our patients”. And be it further

RESOLVED, That this change will be accomplished and reported back to the American Medical Association House of Delegates at I-17.

Sunset: 2024

Fiscal Note: To Be Determined

1 Whereas, A significant portion of the Institute of Medicine (IOM) six aims and the Institute for Healthcare Improvement (IHI) triple aim focuses on patient issues, and

2 Whereas, The word “patient” does not appear in the mission statement of the American Medical Association (AMA). (The AMA promotes the art and science of medicine and the betterment of public health), and

8 Whereas, The United States health care system is changing to become more patient-centric.

9 Now, therefore be it

11 RESOLVED, That our Tennessee Delegation to the American Medical Association House of Delegates will present a resolution at the A-17 meeting of the American Medical Association House of Delegates requiring the American Medical Association Board of Trustees to change the American Medical Association mission statement to read “The American Medical Association promotes the art and science of medicine, the betterment of public health, and the improvement and accessibility of health care to our patients”. And be it further

19 RESOLVED, That this change will be accomplished and reported back to the American Medical Association House of Delegates at I-17.
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 29, 2017

Resolution No. 21-17

INTRODUCED BY: RONALD H. KIRKLAND, MD, MBA, DELEGATE
CONSOLIDATED MEDICAL ASSEMBLY OF WEST TENNESSEE

SUBJECT: REDUCE THE ILLEGAL AVAILABILITY OF SCHEDULED PRESCRIPTION DRUGS IN TENNESSEE

Whereas, It is common knowledge that scheduled prescription drugs, especially opioids, often end up in the hands of addicts, and

Whereas, In Tennessee, the only legally established locations where scheduled prescription drugs can be returned when no longer needed are sheriff departments and police departments, and

Whereas, Pharmacies in Tennessee are convenient and safe locations where such drugs could be returned, and

Whereas, T. C. A. § 63-10-7031 “Pharmacy drug disposal program; participation” states that any Tennessee-licensed pharmacy located within this state is authorized, but not required, to participate in a pharmacy drug disposal program, and

Whereas, Some, but far from all, pharmacies are voluntarily participating in a pharmacy drug disposal program. Now, therefore be it

RESOLVED, That our Tennessee Medical Association work with the Tennessee Pharmacists Association and/or the Tennessee Board of Pharmacy to more strongly encourage pharmacies in Tennessee to participate in a pharmacy drug disposal program with the goal of having all Tennessee-licensed pharmacies voluntarily participating in a pharmacy drug disposal program by January 1, 2019.

Sunset 2024
Fiscal Note: To Be Determined

1 Effective: July 1, 2015
T. C. A. § 63-10-703
§ 63-10-703. Pharmacy drug disposal program; participation
Currentness
(a) Any Tennessee-licensed pharmacy located within this state is authorized to participate in a pharmacy drug disposal program that meets or exceeds the minimum requirements set forth in federal rules and regulations regarding collection and destruction of prescription drugs, including controlled and noncontrolled substances.
(b) (1) Participation in a pharmacy drug disposal program by a Tennessee-licensed pharmacy located within this state shall be voluntary. (2) The pharmacist-in-charge, as defined by § 63-10-204, for the pharmacy practice site shall be responsible for deciding whether the pharmacy participates in a pharmacy drug disposal program. (3) No person shall mandate pharmacist participation in a pharmacy drug disposal program at a pharmacy practice site.
INTRODUCED BY: ELISE DENNENY, MD, EX-OFFICIO DELEGATE

SUBJECT: CME CREDIT FOR PHYSICIAN PARTICIPATION IN LEADERSHIP ACTIVITIES

1 Whereas, The TMA mission calls for physician advocacy for patients; and
2 Whereas, Physicians are needed to serve on statewide committees lending expertise and leadership; and
3 Whereas, A barrier to members providing these services is time taken away from physician practices. Now, therefore be it
4 RESOLVED, That the Tennessee Medical Association explore possible remediation such as CME Category 1 credit or other of equal value for participation in leadership activities.

Sunset: 2024
Fiscal Note: To Be Determined
INTRODUCED BY: PATRICK MCFARLAND, MD, DELEGATE
KNOXVILLE ACADEMY OF MEDICINE

SUBJECT: GME SUPPORT OF LEADERSHIP TRAINING

Whereas, Physicians are expected to be leaders of the medical and healthcare field, Tennessee Medical Association (TMA) recognizes the importance of physician advocacy and leadership in organized medicine; and

Whereas, Physician advocacy and leadership training increases physician involvement in organized medicine, TMA recognizes physician advocacy and leadership training during residency will increase both resident involvement and eventual physician involvement in organized medicine; and

Whereas, Opportunities for resident physicians to participate in organized medicine, and/or other physician advocacy and leadership training experiences, during residency training are limited, and/or under-prioritized. Now, therefore be it

RESOLVED, That the Tennessee Medical Association propose that Graduate Medical Education (GME) incorporate training pathways for leadership and/or advocacy where participation in advocacy efforts and community health activities meet milestones for physician leadership; and be it further

RESOLVED, That the proposal should emphasize participation in organized medicine and/or other physician advocacy and leadership training experiences during residency training, protecting time during residency training to allow those residents that wish to participate to do so; and developing a resident physician advocacy and leadership tract that may be completed during residency training, in any and all specialties, in order to increase awareness of such opportunities and encourage overall participation in organized medicine during residency and after its completion.

Sunset: 2024
Fiscal Note: To Be Determined
INTRODUCED BY: JOHN W. LACEY, MD, DELEGATE
KNOXVILLE ACADEMY OF MEDICINE

SUBJECT: THE CREATION OF INNOVATIVE OPPORTUNITIES TO IMPROVE HEALTH LITERACY

Whereas, Health literacy is defined as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make health impacting decisions; and

Whereas, Individuals with low health literacy are more likely to make poor health impacting decisions resulting in poor health outcomes; and

Whereas, Tennessee’s overall low literacy and associated low health literacy rates are meaningful contributors to our state’s low health ranking and excessive death rate as a result of potentially preventable diseases; and

Whereas, Tennessee has published health education and lifetime wellness observable and measurable standards for grades K-12; and

Whereas, These standards and their focus are divided into three grade bands:

Grades K-5
- Personal Wellness
- Mental and Emotional Wellness
- Disease Prevention
- Safety
- Human Growth and Development

Grades 6-8
- Personal Wellness
- Mental, Emotional, and Social Wellness
- Safety and Prevention
- Human Growth and Development
- Substance Use and Abuse

Grades 9-12
- Personal Wellness
- Mental, Emotional, and Social Wellness
Resolution No. 24-17

Whereas, 69% of twelfth graders have basic or below basic prose literacy skills; and

Whereas, 38% of Tennessee school districts are providing comprehensive health education for all students. Now, therefore be it

RESOLVED, That the Tennessee Medical Association and its physicians and component medical societies actively create and pursue innovative opportunities for partnering and providing guidance, support, and participation in local schools, community-based educational programs, school districts, and at state levels with the Tennessee Department of Education and the office of Coordinated School Health so that Health Literacy may be achieved for the more than 950,000 children in 142 school districts across Tennessee.

Sunset: 2024
Fiscal Note: To Be Determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 29, 2017

Resolution No. 25-17

INTRODUCED BY: ADRIAN RODRIGUEZ, MD
NASHVILLE ACADEMY OF MEDICINE

SUBJECT: INDEPENDENT PRACTICE OF PHYSICIAN ASSISTANTS

1 Whereas, Physician assistants are a valuable member of the physician-led team; and
2
3 Whereas, Physician assistants complete a 26-month physician assistant programs
4 followed by 2,000 hours of clinical rotations, which emphasize primary care
5 in ambulatory clinics, physician offices and acute or long-term care facilities; and
6
7 Whereas, After finishing a rigorous undergraduate academic curriculum, physicians
8 receive an additional four years of education in medical school, followed by
9 3-7 years of residency and 12,000-16,000 hours of patient care training; and
10
11 Whereas, There are substantial differences in the education of physician assistants and
12 physicians, both in depth of knowledge and length of training; and
13
14 Whereas, New health care models, including accountable care organizations, require
15 increased teamwork among physicians, nurse practitioners, physician
16 assistants, and other providers of care; and
17
18 Whereas, Efforts to disassemble the physician-physician assistant relationship would
19 further compartmentalize the delivery of health care; and
20
21 Whereas, The American Academy of PA’s (AAPA) Joint Task Force on the Future of
22 Physician Assistant Practice Authority has recommended the AAPA develop
23 policy that eliminates the formal supervisory relationship between physicians
24 and physician assistants, creates an autonomous state licensing board, and
25 ensures that physician assistants are eligible to be reimbursed directly by
26 public and private insurance; and
27
28 Whereas, The AAPA House of Delegates will be voting on this proposal in May; and
29
30 Whereas, According to three nationwide surveys, 84% of respondents prefer a physician
31 to have primary responsibility for diagnosing and managing their health care
and 91% of respondents said that a physician’s years of medical education and training are vital to optimal patient care, especially in the event of a complication or medical emergency; and

Whereas, As physicians, our number one priority is the health and welfare of our patients. Now, therefore be it

RESOLVED, That the Tennessee Medical Association oppose efforts authorizing the independent practice of physician assistants in Tennessee.

Sunset: 2024

Fiscal note: To Be Determined
INTRODUCED BY: BOB VEGORS, MD, DELEGATE
TENNESSEE CHAPTER OF AMERICAN COLLEGE OF PHYSICIANS

SUBJECT: EMERGENCY FUNDING FOR VITAL PATIENT CARE SERVICE

Whereas, The State of Tennessee has not expanded Medicaid; and
Whereas, Many citizens of Tennessee have been relying on Federal marketplace options
for health insurance; and
Whereas, At the Federal level the proposed repeal and replace actions of the Affordable
Care Act by the U.S. Congress make it likely that decreased patient care
services and access will occur with a replacement American Health Care Act.
Now, therefore be it

RESOLVED, That the Tennessee Medical Association urge the Governor and the
Tennessee Legislature to create an emergency funding mechanism to provide
an appropriate reimbursement to physicians, hospitals, and other providers
for vital patient care services that would no longer be covered by the Federal
government; and be it further

RESOLVED, That the size of this fund be at least 5% of the total state outlay for TennCare
in the preceding year.

Sunset: 2024

Fiscal Note: To Be Determined
INTRODUCED BY: BOB VEGORS, MD, DELEGATE
TENNESSEE CHAPTER OF AMERICAN COLLEGE OF PHYSICIANS

SUBJECT: COST OF PRESCRIPTION DRUGS

Whereas, Out of pocket cost to patients of prescription drugs has dramatically escalated in recent years; and

Whereas, Tennessee Medical Association policy has been to oppose any formulary adjustments that may operate to the detriment of patients. Now, therefore be it

RESOLVED, That Tennessee Medical Association urge legislation requiring that the patient co-pay or tier level of a particular drug listed in the insurance sign up period by the pharmacy benefits management be fixed at that co-pay or tier level for the remaining 12 months; and be it further

RESOLVED, That any increase the following year of greater than 10% for a particular drug approved by the state insurance commission be reviewed by Tennessee Medical Association.

Sunset: 2024

Fiscal Note: To Be Determined

Ref: POSITION PAPERS | 5 JULY 2016
Stemming the Escalating Cost of Prescription Drugs: A Position Paper of the American College of Physicians
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 29, 2017

Resolution No. 28-17

INTRODUCED BY: CHRIS YOUNG, MD, EX-OFFICIO

SUBJECT: PROTECTING THE PROFESSIONALISM OF HOSPITAL EMPLOYED PHYSICIANS

1 Whereas, Physician employment by hospitals has grown to be a major practice relationship in Tennessee over the last few years and is likely to continue; and

2 Whereas, The corporate practice of medicine doctrine protects the physician-patient relationship by insisting on the independent medical judgment of the physician in the practice of medicine, it is unlawful in the state of Tennessee for hospitals to employ physicians unless their contract contains "language which does not restrict the physician from exercising independent medical judgment in diagnosing and treating patients"; and

3 Whereas, Federal regulations require that hospitals have an organized medical staff that is responsible for the quality of medical care provided to patients by the hospital; and

4 Whereas, Physicians have a professional responsibility to advocate for the care that their patients receive in the hospital, but employed physicians must weigh the potential consequences of such advocacy on the relationship with their employer; and

5 Whereas, The best hospital environment for patients is one where physicians are free to address concerns regarding patient care without fear of reprisal by their employer; and

6 Whereas, Our Tennessee Medical Association (TMA) Bylaws (Chapter III, Section 13) have a provision for an Organized Medical Staff Section in the TMA for the interests of medical staffs in hospitals. Now, therefore be it

RESOLVED, That our Tennessee Medical Association will work with the Tennessee Hospital Association to establish best practices to directly address potential conflicts of physician employment and the professional responsibility of patient advocacy in hospitals by physicians; and be it further
1 RESOLVED, That our Tennessee Medical Association will work to re-establish an active
2 Organized Medical Staff Section or committee within the Association.

Sunset: 2024

Fiscal Note: To Be Determined
INTRODUCED BY: W. CLAY JACKSON, MD, DIPTH, DELEGATE
MEMPHIS MEDICAL SOCIETY

SUBJECT: PRIOR APPROVAL PROCESS REFORM

Whereas, Patients who suffer from pain have a right to appropriate treatment, which should be guided by their treating clinician(s) under the auspices of the Tennessee Board of Health and the standards of sound medical practice; and

Whereas, The Tennessee Board of Health has, through its Commission on Opioid Prescribing, published guidelines for the treatment of chronic pain; and

Whereas, The Centers for Disease Control (CDC) have also published a similar guideline providing principles of sound practice for clinicians treating patients; and

Whereas, The proper source of promulgation of best practice protocols, their implementation, and the adjudication of failures to practice within such guidelines in the medical community and the governmental agencies duly constituted to administer oversight, not insurers or payers; and

Whereas, Blue Cross Blue Shield of Tennessee has instituted an onerous prior approval process involving greater than 20 separate actions required to obtain payment approval for long-acting opioid medication, and this process constitutes additional administrative burden on clinicians, arbitrarily limits patient access to appropriate therapy, contradicts extant guidance from medical expert committees, and specifically violates TN Code 53-10-306 (which may result in up to a $2,500 fine and a year in jail for each incident, as a Class A Misdemeanor). Now, therefore be it

RESOLVED, That the Tennessee Medical Association House of Delegates officially opposes the Blue Cross Blue Shield of Tennessee (BCBSTN) prior approval process as currently constituted, and specifically encourages its members to NOT comply with the demand to submit to BCBSTN representatives records from the Tennessee Controlled Substances Monitoring Database, which is a violation of Tennessee statute; and be it further
RESOLVED. That the Tennessee Medical Association House of Delegates requests that BCBSTN form a multidisciplinary committee (including Tennessee Medical Association representation) to review the prior approval process in order to achieve the proper goals of maintaining patient access, limiting clinician administrative burden, complying with current Tennessee law, and promoting best practices.

Sunset: 2024

Fiscal Note: To Be Determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 29, 2017

Substitute Resolution No. 02-17

INTRODUCED BY:  TMA BOARD OF TRUSTEES
                 JAMES H. BATSON, MD, CHAIR

SUBJECT:        UNIFORM PHYSICIAN CREDENTIALS VERIFICATION

REFERRED TO:    CONSENT CALENDAR

1  RESOLVED, That the Tennessee Medical Association make it an association priority to
2  avail members of a process to make the completion of credentialing
3  applications to Tennessee health care facilities and health insurance carriers
4  measurably easier and report back to the 2018 House of Delegates as to its
5  progress.

Sunset:  2024

Fiscal Note:  To Be Determined