A Mantra for the Future

TMA ANNUAL REPORT & RESOURCE GUIDE 2013-2014
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MISSION

The Tennessee Medical Association is a professional organization for doctors dedicated to protecting the health interests of patients and enhancing the effectiveness of physicians throughout the state by defining and promoting:

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

Dr. Christopher Young, MD
TMA President
2013-2014

Dr. Doug Springer, MD, FACP, FACG
TMA President
2014-2015
The constant pressure to perform at high levels can lead physicians to problems with chemical dependencies or other addictions and behavioral changes. The consequences of their intensely personal conflicts can extend outward, affecting their patients and communities in ways they never intended.

As I reflect on this...

"As I reflect on this, my 10th year of sobriety, I attribute the successes I have had in practicing medicine the last ten years wholly to changes in my lifestyle since going through treatment. Without those changes, I don’t think I would be alive today, and if I were alive, I don’t think I would be practicing medicine or enjoying my life."

- J.S., M.D.

Tennessee Medical Foundation

Roland W. Gray, M.D., Medical Director

216 Centerview Drive, Suite 304 • Brentwood, Tennessee 37027 • (615) 467-6411
It has been a great honor for me to serve as the 159th President of the Tennessee Medical Association. The last year has been full of challenges and opportunities, and I am happy to report that the TMA has responded effectively to the challenges and taken advantage of the opportunities to further our mission of improving the health of our patients and enhancing the practice of medicine in Tennessee. I would like to highlight a few of the major efforts your TMA has engaged in over the last year.

The dominant issue this year was healthcare reform. Last year, the House of Delegates wisely voted to support Governor Haslam in his attempt to develop a solution to the problem of low-income uninsured Tennesseans, the Tennessee Plan. The TMA, through the work of the Insurance committee, played an essential role in assisting the state in developing the Tennessee Payment Reform Initiative in a way that promotes transparency and fairness to physicians. Refreshing new organizational relationships, particularly with the Tennessee Hospital Association, the Tennessee Association of Physicians Assistants, and the Tennessee Nurses Association, developed through the year as the various stakeholders sought collaboration to address the changing healthcare environment.

This year also saw major steps forward in the fight against prescription drug abuse. In addition to the continuation of prescribing education efforts, TMA advocacy resulted in new laws addressing pain clinics, prescribing restrictions for mid-level providers, and neonatal abstinence. An Opioid Prescribing committee was appointed, and through the year developed a TMA statement, which has been a major influence on Opioid Prescribing guidelines that will soon be issued by the Department of Health. Together with the Controlled Substance Data Base, opioid prescribing guidelines, and ongoing TMA advocacy efforts, I feel confident that we are at a turning point in the battle against the widespread abuse of prescription narcotics that has plagued our state for so long.

For too many years, Tennessee physicians have been subject to one-sided contracts with insurance companies that allow arbitrary and sudden changes in payments. TMA took on the insurance industry with landmark legislation that would stabilize physician-payer contracts for a least one year. While we did not achieve final passage this year, TMA has been successful in changing the relationship between physicians and insurance companies. We are confident this will be reflected in final passage of legislation in the next session.

As part of the ongoing Strategic Plan, a hard look at TMA Governance resulted in a resolution from the TMA Board of Trustees, which was brought to the House of Delegates in a special session last fall. While the resolution was supported by a clear majority of the Delegates, it failed to reach the super-majority required to be enacted. While disappointing, the exercise served to demonstrate strengths and weaknesses in the online HOD, and hopefully provoke consideration on ways to improve TMA governance and the House of Delegates.

Looking forward, this year will be equally as challenging as we continue to work with the Governor and the Legislature to improve the relationship between physicians and payers, increase the value of healthcare spending through the Tennessee Healthcare Innovation Initiative, and stabilize our healthcare infrastructure and graduate medical education by finding the right solution for low income uninsured Tennesseans. Rarely have there been so many opportunities for Tennessee’s physicians to positively impact the lives of our patients. The practice of medicine is a privilege and with it comes the responsibility of caring not only for our patients, but advocating for the health of all of our citizens. Our elected leaders need our help and our voices must be heard.

Physicians gathered for the first time in this state, 184 years ago, with the simple idea that physicians working together could improve the health of our patients by improving the practice of medicine in Tennessee. What was true in 1830 is just as true in 2014. Physicians are the undisputed experts in the art and science of medicine, and by bringing physicians together through the Tennessee Medical Association, our profession will continue to fulfill its mission for generations to come.

None of this could be possible without the hard work of TMA staff, physician volunteers, and you, the TMA membership. Thank you for allowing me to serve as your President.

Christopher E. Young, MD
Immediate Past-President
Times are changing fast and so must the Tennessee Medical Association. The needs of physicians in Tennessee are changing, and the TMA has to adapt to those needs in order to deliver value. The strategic process that guides the resources of the TMA is a fluid process, thus, to keep our eyes on the road ahead to more critical adjustments to our direction in order to reach our final destination intact.

The summer of 2013 concluded the first phase of TMA’s strategic plan which was created in 2008 in efforts to put TMA on the right track for the future. However, the Strategic Plan was drafted during the time when the Affordable Care Act was not in our vocabulary. Meaningful use meant nothing and ACO was just three letters in the alphabet. In July of 2013, the Board of Trustees re-evaluated and adjusted the plan to accommodate the shits in the marketplace and the profession.

To look forward, TMA starts with who the organization is, who it serves, and what it does. As the state’s largest professional association for physicians dedicated to improving the practice of medicine and the care provided to the Citizens of Tennessee, TMA has adopted a mantra to simplify the organization’s function and purpose. TMA’s goal in the year 2013 and into 2014 has been to Advocate, Educate, Communicate and Congregate physicians to Collaborate, Elevate and Activate members and the profession.

**ADVOCATE**

Representing physicians in the halls of state government is one of the most important things the TMA does, and members continue to say that it is the number one benefit they receive from the TMA. In the past year, the TMA has identified three main areas of action for its 2014 legislative package: practice/insurance hassles, liability and patient safety. Highlighted below are just some of the Legislative Successes for this session.

**PRACTICE/INSURANCE HASSLES**

**Payer Accountability**
Reducing insurance hassles—more specifically, payer accountability—was at the top of the list for TMA this past session. A proposed bill by the TMA in the general assembly sought to prevent commercial health insurance plans from changing agreed-upon fee schedules or payment methodologies during the middle of a contract with physicians or practices.

As a first of its kind in the nation, the bill provides financial stability for physician practices by requiring insurance companies to honor compensation provisions of their contracts for complete term of the agreement. The bill passed four Committees before being taken off notice in Finance. Meetings will continue in the summer concerning the bill. The largest gain from this bill has been improving the relationships between physicians and the insurance companies.

**LIABILITY**

**Peer Review**
As healthcare moves from a fee-based to a value- and outcomes-based system, the need grows for stronger peer review protection as part of a quality improvement process. The measure strengthens liability protections for members of Quality Improvement Committees-panels that large medical practices and healthcare systems rely on to collect data on patient care, make evaluations and assessments, and translate that into better care for patients.

**Infant CPR**
TMA supported a bill that would clarify when a healthcare provider is allowed to provide a prenatal patient or parent of a newborn information on infant CPR.
Emergency Care Protections
Among the measures supported by the TMA was liability protection for emergency care. The measure sought to strengthen liability protection for primary and specialty doctors who provide emergency care.

PATIENT SAFETY
The state of Tennessee continues to deal with significant drug diversions and rates high in drug abuse. To help reduce these rates, TMA has advocated for patient safety by supporting several bills in the house and collaborating with the Administration.

Healthcare Consumer Right-to-Know Profile
This measure would provide a pathway for physicians to have his/her name removed from an APN or PA’s DOH profile if they are not the physician supervisor.

Pain Management
Part of TMA’s successes is the pain management bill, a measure to bring regulations and statute into alignment by requiring urine drug screens to be performed by registered pain management clinics. The measure amends the definition of a pain management clinic to clarify that most multi-specialty physician practices do not need to register as a pain clinic.

Controlled Substance Monitoring Database (CSMD) Reports to be part of the Medical Record
The TMA and the Administration worked together this year to pass a bill that would allow healthcare providers to include reports from the controlled substance monitoring database to be included as part of the medical record. This important bill aims to curb prescription drug abuse by tracking the dispensing of Schedule II, III, IV and V controlled substances in Tennessee.

EDUCATE
As a bedrock of any association, education has become a primary mission of the TMA. TMA programs with continuing education continues to be expanded and developed as part of the strategic plan. The TMA is finishing the application process with the ACCME to become an accredited provider for CME. This action will allow TMA to provide members with opportunities and options to maintain CME for licensure and collaborate with medical specialty societies to keep Tennessee’s physicians current with best practices.

TMA has added CME credit to the existing member programs such as our legislative updates presentations and our Physician Leadership College. In 2013, TMA created and offered 23 live CME courses and three online CME courses on various popular topics and trends to the community of medicine. Presently, the CME library bank on TMA’s homepage through InReach contains 87 CME courses in total.

Revenues from education has increased dramatically over the past year. On record, more than 2,750 physicians have taken advantage of TMA’s education offerings, increasing the overall revenue. TMA plans to continue expanding the educational opportunities for members and nonmembers across the state.

The TMA is offering three more CME events for the remainder of the year, packed with valuable information physicians can use in the current arena of medicine.

Prescribing Guidelines for Pain Management and Patient Safety
Offering two hours of CME, this special educational opportunity is designed to satisfy the BME’s requirements for related education on appropriate treatment of chronic pain. The roadshow is scheduled for June 10 in Knoxville, June 11 in Nashville and June 12 in Memphis.

Legislative Update
This educational series will address new and modified laws enacted by the Tennessee General Assembly during the 2014 legislative session that impact physician practices. TMA legislative and government affairs experts will discuss specific legal requirements affecting healthcare delivery and/or decision making, and to provide an overview of bills that did not pass and why. This series will visit five cities across the state, offering 1.5 hours of CME later this summer.

Clinical Documentation Educational Course
Later this summer, the TMA will offer a workshop series designed to help physician practices improve clinical documentation, quality reporting, and other emerging data directly affecting value-based reimbursements. Separate tracks will be available for physicians, practice managers, and coding and billing professionals.

TMA’s 34th Annual Insurance Workshops
Representatives from Amerigroup, BCBST, Bureau of TennCare, Cahaba GBA, Cigna, Cigna/Health Spring, Humana, Humana Military, UnitedHealthCare, and Windsor Health Plan will share valuable tips and inside information directly from the insurance companies! These workshops will run across Tennessee in October.

All CME classes, online courses, and information can be found on www.tnmed.org.

COMMUNICATE
In our present digital age, communications should be much easier but proves challenging. TMA continues to seek the perfect mix of media to reach members and target audiences. The TMA website continues in constant development as technology advances, social media increases, and online information. Improvements in navigation content, accessibility and web tools are continually to allow members to interact with TMA.

Tennessee Medicine
This year will see another modification TMA’s commu-
nifications resource. Publication of *Tennessee Medicine* has changed to a quarterly publication versus ten issues per year. Much of the information in print is found in an online archive, but rather than eliminating a print option for members, the content has been altered to provide a deep analysis of information for members and protect the only print resource that we offer to members. TMA’s goal is to deliver all the critical information for members in print that is fit to print, given the time and cost of producing a print publication in the digital age.

*Tennessee Medicine* has continued to dawn brand awareness and valued benefits to members. With the Journal cut from the print version of *Tennessee Medicine*, TMA plans to move the Journal to an online forum, where research, articles and abstracts can be published, and scrutinized online, researched, and read on an online archive library.

**TMA’s Weekly**

The Weekly is still offered once a week to a distribution list of 5,500 physicians across the state, and serves as a way to keep TMA members abreast of the latest news within the community of medicine. Within the Weekly, physicians can read and act upon special alerts and calls to action on timely items and current events.

**CONGREGATE**

Membership, component societies, and planned membership advocacy events such as PITCH, are all the ways that TMA brings physicians together. Without a doubt, special events continue to be the largest outlet for physicians to congregate. The TMA plans to continue using its resources to plan educational and advocacy events to congregate members. Successes and strengths of the TMA are dependent on the population of physicians the association represents.

In the past year, the TMA has reached out to large group practices, independent physician associations, academic physicians and ACOs to discuss new pathways to represent them. The needs of Tennessee physicians are changing and TMA has to adapt to those needs to deliver value, gain support and strengthen advocacy for all physicians.

**MedTenn Convention**

Plans to grow the TMA Annual Meeting for 2014 resulted in seven medical societies: Cumberland Pediatric Foundation, Tennessee Academy of Ophthalmology, Tennessee Association of Long-Term Care Physicians, Tennessee Chapter of American Academy of Pediatrics, Tennessee Chapter of American College of Physicians, Tennessee Geriatrics Society, and the Tennessee Psychiatric Association teaming up with TMA, turning MedTenn into a convention for medicine in Tennessee. Expanding education to include CME and CEU offerings allowed all professions in the medical community to come together at MedTenn. MedTenn has become an event in which all medical professionals can partake in.

**COLLABORATE**

TMA leaderships met with the leadership of the medical specialty societies, allied health professionals, and large group practices over the course of the year to discuss common issues, mutual goals and to collaborate on future plans. Top issues in these discussions included mutual concerns about the medical licensing board and scope of practice encroachment.

**Healthcare Reform**

The TMA House of Delegates supported Governor Haslam in developing the Tennessee Payment Reform Initiative to promote fairness to physicians. This support renewed relationships with the Tennessee Hospital Association, Tennessee Association of Physicians Assistants and Tennessee Nurses Association to collaborate with the TMA in efforts to address the changing healthcare environment. TMA worked with the Tennessee Association of Physician Assistants to create a joint vision statement on medical teams. TMA was able to issue joint editorials about the need for Medicaid expansion and has had a joint leadership session with the Tennessee Nurses Association to discuss patient care, health delivery system and legislative issues in Tennessee to derive common efforts to work together.

**Payer Simplification Advisory Board**

The Payer Accountability Bill changed relationships between physicians and insurance companies. TMA and BlueCross BlueShield of Tennessee (BCBST) have launched the Payer simplification Advisory Board, a consulting group of physicians and managers to identify areas to reduce the complexities that practices face in dealing effectively with the insurance company.

**Choosing Wisely**

TMA and The Memphis Medical Society continue to work together on the choosing Wisely national campaign to reduce unnecessary medical tests and procedures. Both continue to promote activities, resources and events to provide better, less wasteful and less expensive care to patients.

**ELEVATE**

The strategic plan calls for TMA to elevate physicians into leadership roles and become the leaders of the changing healthcare marketplace. Decisions are being made daily by government, payers, employers and industry that directly impacts patient care and physician’s ability to provide care, often with little or no input from physicians. The TMA’s goal over the past year has been to elevate physicians into leadership roles to become part of this decision making.
Physicians are regularly nominated to state committees, taskforces, and study groups to expand the TMA’s abilities to fill other roles within the medical community. It has become important for physicians to be aware of these leadership role opportunities and to seize them before others do. As TMA identifies new opportunities for physician leadership, the association will increase its capacity to train members to fill these roles through programs such as the Physician Leadership College (PLC).

**PLC**
The Physicians Leadership College will be modified in 2015 to offer more and varied learning pathways. The TMA will continue to offer leadership skills classes in a concentrated emersion weekend to allow better participation by time-challenged physicians. Two longer study tracks will be added to the PLC course on healthcare executive leadership and clinical quality outcomes, measures, and data management. To date, the PLC has been a valuable program to TMA, with nearly 90 physicians completing the course and taking up leadership roles.

**Doctor of the Day**
During legislative session, the TMA commits to providing a physician member to serve as Doctor of the Day for the Tennessee General Assembly. This volunteer commitment involves one day of service at Capitol Hill in Nashville. Physicians provide basic medical services to legislators and staff as needed. Physicians get the opportunity to interact with legislators on the House and Senate floors (a privilege reserved for very few), as well as attend committee meetings and get a first-hand look at the legislative process and how it affects the practice of medicine.

**Boards/Councils**
As a member-based organization, the work of the TMA is accomplished through its leadership and committee study and recommendation. Our committees are an extension of the Board of Trustees and are under the direction of the Board. Committee appointments are for one year and begin at each annual meeting of the House of Delegates. A change in dictation was made to the board recently; the board will assign a physician liaison to each standing committee. These physician liaisons are expected to take the drivers seat in the committee instead of TMA staff. These added leadership roles will further the plan to elevate physicians into leadership not only in the TMA, but also in the medical community.

**ACTIVATE**
One measure of TMA’s success rests in the activation of its membership. Moving members to be involved in the work of the association is a true return on the members’ investment in its own programs and services. The TMA will focus on several concentrations this coming year to activate members to participate. Activating membership to becoming active participants of leadership and the association allows TMA to become the voice of medicine.

**Membership**
Dr. Douglas Springer announced in his presidential inauguration speech at MedTenn 2014 that he would like to activate members to becoming ambassadors for the TMA. The Association is only as strong as its membership, with no members, there is no association. Looking forward, TMA will consider ways to train members to become ambassadors of the Association toward their colleagues who are not members.

**PITCH**
Physicians Involved in Capitol Hill, PITCH, continues to be a successful program where physicians of all specialties can collaborate with one goal in mind, to get involved with the decision making concerning medicine. This year, over 150 physicians joined together to meet with legislators about bills such as Payer Accountability. Governor Bill Haslam addressed the crowd during a luncheon at the Renaissance Hotel, where he thanked the TMA for its voice in healthcare policy, and urged physicians to stay actively involved. “We need collaboration in health care. We need experts to weigh in on the policy decisions we make. That is why it is important for Tennessee physicians to get actively engaged in the process. You make valuable contributions by coming to Capitol Hill to express your views,” Governor Bill Haslam said.

**Grassroots Program**
One of those will focus on rebuilding and growing the grassroots program to teach members about the importance of political involvement, train members on techniques and build processes to use members more effectively in the political arena. Another will be remodeling the committee process and leadership training. This remains critical to engage members and leaders in the important work of TMA.
GET READY FOR ICD-10

The ICD-10 transition will affect every part of your practice, from software upgrades, to patient registration and referrals, to clinical documentation and billing.

CMS can help you prepare. Visit the CMS website at www.cms.gov/ICD10 and find out how to:

- Make a Plan—Look at the codes you use, develop a budget, and prepare your staff
- Train Your Staff—Find options and resources to help your staff get ready for the transition
- Update Your Processes—Review your policies, procedures, forms, and templates
- Talk to Your Vendors and Payers—Talk to your software vendors, clearinghouses, and billing services
- Test Your Systems and Processes—Test within your practice and with your vendors and payers

Now is the time to get ready.
www.cms.gov/ICD10
## 2014 HOUSE OF DELEGATES
### RESOLUTION ACTIONS

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<tr>
<th>NUMBER</th>
<th>TITLE</th>
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<tbody>
<tr>
<td>Constitution Amendment No. 1-14</td>
<td>Delinking Tennessee Medical Association’s House of Delegates from Annual Meetings of the Association</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>Emergency Bylaw Amendment No. 1-14</td>
<td>Adding Additional Member to the TMA Board of Trustees</td>
<td>Not Adopted</td>
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<tr>
<td>Bylaw Amendment No. 1-14</td>
<td>Remove Requirement that House of Delegates Meet at Annual Meetings of the Association</td>
<td>Not Considered</td>
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<tr>
<td>Bylaw Amendment No. 2-14</td>
<td>Remove Intern and Resident Member from Component Society Delegation Calculation</td>
<td>Not Adopted</td>
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<tr>
<td>Bylaw Amendment No. 3-14</td>
<td>Quarterly, Electronic Meetings of the Tennessee Medical Association House of Delegates</td>
<td>Withdrawn</td>
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<td>Bylaw Amendment No. 4-14</td>
<td>Associate Membership for Mid-Level Providers</td>
<td>Not Adopted</td>
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<tr>
<td>Res. No. 1-14</td>
<td>Corporate Communications Strategies</td>
<td>Adopted by Unanimous Consent</td>
</tr>
<tr>
<td>Res. No. 2-14</td>
<td>TennCare Medicaid Reform Proposal</td>
<td>Adopted</td>
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<tr>
<td>Res. No. 3-14</td>
<td>Inclusion of Electronic Communications in E-Health Reimbursement</td>
<td>Adopted</td>
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<tr>
<td>Res. No. 4-14</td>
<td>Pursuit of Funding for Publication of Accepted Scholarly Articles in <em>Tennessee Medicine</em></td>
<td>Referred to the Board of Trustees for Review and Report</td>
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<td>Res. No. 5-14</td>
<td>Treat E-Cigarettes in the Same Manner as Other Tobacco Products Containing Nicotine</td>
<td>Adopted</td>
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<tr>
<td>Res. No. 6-14</td>
<td>Resolution to Direct the Development of Narrowing Physician Networks</td>
<td>Adopted as Amended</td>
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<tr>
<td>Res. No. 7-14</td>
<td>Notification of Substitution of Biosimilar Medications</td>
<td>Adopted</td>
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<td>Res. No. 8-14</td>
<td>Advocacy for the Mentally Ill (Reaffirmation of Resolution Nos. 17-07, 5-00 &amp; 17-93)</td>
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## SUNSET /PERMANENT POLICY

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<tr>
<td>Res. No. 1-07</td>
<td>Health Insurance Claims Administration Reaffirmation of Resolution Nos. 1-00 and 3-93</td>
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<td>Res. No. 3-07</td>
<td>Maintaining the TMA Contribution to the Tennessee Medical Foundation Physicians Health Program – Reaffirmation of Resolution Nos. 7-00 and 19-93</td>
<td>Adopted</td>
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<tr>
<td>Res. No. 10-07</td>
<td>Principles for Store-Based Health Clinics (Minute Clinics)</td>
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<td>Res. No. 11-07</td>
<td>Insurance for Motorcyclists</td>
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<td>Res. No. 14-07</td>
<td>QMP Project</td>
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<td>Res. No. 18-07</td>
<td>TennCare Fair Payment Reaffirmation of Resolution No. 26-00</td>
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The 179th Annual Meeting of the Tennessee Medical Association, MedTenn 2014, was conducted in Franklin, TN, April 24-27, at the Franklin Marriott Cool Springs hotel. The House of Delegates held a two-day session on Friday, April 25, and Sunday, April 27. John W. Hale, MD, Union City, presided as speaker of the House, with Jane M. Siegel, MD, Nashville, serving as vice-speaker. Edward W. Capparelli, MD, Oak Ridge, chairman of the Credentials Committee, announced there were 93 delegates in attendance for the opening session of the House on Friday, which officially represented a quorum; there were 103 delegates in attendance for the Sunday session, representing a quorum.

**CONSTITUTION AND BYLAW AMENDMENTS**

The following Constitution and bylaw amendments were acted on by the 2014 House of Delegates.

**CONSTITUTIONAL AMENDMENT NO. 1-14**

**DELINKING TENNESSEE MEDICAL ASSOCIATION’S HOUSE OF DELEGATES FROM ANNUAL MEETINGS OF THE ASSOCIATION**

David G. Gerkin, MD, Chairman
Knoxville Academy of Medicine

**RESOLVED,** That Article VI of the TMA Constitution be amended by deletion and insertion as follows:

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the credentialed delegates registered at the annual any meeting, provided that such amendment shall have been presented in open meeting at the previous annual meeting session of the House of Delegates, and that it shall have been sent officially to each component society at least two months before the meeting at which action is to be taken.

**NOT ADOPTED**

**BYLAW AMENDMENT NO. 1-14**

**REMOVE REQUIREMENT THAT HOUSE OF DELEGATES MEET AT ANNUAL MEETINGS OF THE ASSOCIATION**

David G. Gerkin, MD, Chairman
Knoxville Academy of Medicine

**RESOLVED,** That Bylaw Chapter I, Section B.13 be amended by deletion and insertion as follows:

Sec. 13. At some meeting in advance of the annual meeting of this Association, in accordance with Bylaw Chapter III Section 2, each component society shall elect a delegate or delegates annually to represent it in the House of Delegates of this Association, in the proportion of one delegate and one alternate delegate to each fifty members or fraction thereof; and the secretary of the society shall send a list of such delegates to the secretary-treasurer of this Association on or before January 1, preceding the annual meeting; and be it further

**RESOLVED,** That Bylaw Chapter II, Section 4 be amended by insertion as follows:

Sec. 4. A physician whose name is upon a properly certified roster of members or list of delegates of a chartered component society which has paid its annual assessment, or an invited guest, is eligible to register at the annual meeting; and be it further

**RESOLVED,** That Bylaw Chapter III, Section 1 be submitted by insertion as follows:

Sec. 1. The House of Delegates shall be the legislative and business body of the Association, and shall be composed of (1) delegates elected by the component societies and all sections of the Association; (2) ex-officio officers; (3) the former presidents of the Association; (4) the Association’s delegates to the American Medical Association; (5) the general officers of the American Medical Association, members of councils elected by the American Medical Association House of Delegates, and former presidents of the American Medical Association; (6) the Commissioner of Health and the Commissioner of Mental Health and Developmental Disabilities for the state of Tennessee or the chief medical officer of either of these departments if the commissioner...
is ineligible; (7) the editor of the Journal of the Tennessee Medical Association; and (8) delegates representing statewide medical specialty societies that meet the requisite criteria established by the House of Delegates. All members of the House of Delegates must be members in good standing of the Association and provide the Association with an electronic means by which they are willing to receive House of Delegates communications and participate in electronic meetings of the House of Delegates. The House of Delegates shall conduct its affairs in conformance with the Board of Trustees’ current antitrust compliance policy; and be it further

RESOLVED, That Bylaw Chapter III, Section 2 be amended by deletion and insertion as follows:

Sec. 2. The House of Delegates shall meet annually at the time and place of the annual meeting of the Association. Special meetings of the House of Delegates shall be called as set at the president’s discretion or upon petition of twenty percent of the delegates and sessions may be conducted by electronic means. Delegates shall serve a term beginning with their credentialing at the first House of Delegates meeting convened in 2014 annual meeting until the House of Delegates is convened at the following annual meeting until December 31, 2015. Thereafter, delegates shall be determined on a calendar year basis. Alternate delegates may be selected at any time. The number of delegates from each component society to a special meeting shall be determined as set out in Section 3 of this chapter. Each component society will determine term limits, if any, for its delegates; and be it further

RESOLVED, That Bylaw Chapter III, Section 3 be amended by deletion and insertion as follows:

Sec. 3. Each component society shall be entitled to send to the House of Delegates each year one delegate for every fifty active, veteran, and intern and resident members, and one for every fraction thereof, based upon the number of such members in the component society in good standing, as of December 1 of the year preceding the meeting of the House. Each component society shall also be entitled to send one student delegate from its membership to the House for each medical school in its territorial jurisdiction. Each component society holding a charter from the Association, which has made its annual report and paid its assessment as provided in the Constitution and Bylaws, shall be entitled to at least one delegate. No delegate from any chartered component society shall be entitled to be seated in the House of Delegates unless the component society which he or she represents has complied with the requirements of the Association by submitting the report to the councilor of the district in which the component society is located. Each delegate of a component society shall be a proxy representing all of the component society’s members, except as to matters upon which a referendum is held as provided in Article IV of the Constitution. The annual meeting of the House of Delegates shall constitute the annual meeting of the members of the Association in accordance with the requirements of the law of the state of Tennessee relating to general welfare corporations; and be it further

RESOLVED, That Bylaw Chapter IV, Section A.6 be amended by deletion as follows:

Sec. 6. Only a member in good standing for the five years immediately preceding the election shall be eligible for election as president-elect. Only members in good standing for two previous years prior to election shall be eligible for election to the Board of Trustees. To be eligible to be speaker or vice-speaker of the House of Delegates, one must have been elected as a delegate or alternate delegate to represent his/her component medical society or as an at-large delegate or alternate delegate attended meetings of the House of Delegates as a delegate or alternate delegate for a minimum of five years; and be it further

RESOLVED, That Bylaw Chapter IV, Section C.6 is amended by deletion and insertion as follows:

Sec. 6. The Board of Trustees shall be empowered to select and remove, without cause, the chief executive officer. The chief executive officer may or may not be a member of this Association, and may or may not be a graduate in medicine. The chief executive officer shall be custodian of all records, books, papers, building, and property belonging to the Association, except such property belonging to the editor of the Journal, the Judicial Council, and the various committees, and shall keep account of and promptly turn over to the secretary-treasurer all funds of the Association. He or she shall provide for the registration of members and delegates at the annual meeting, provide for the credentialing of delegates at each House of Delegates meeting, and upon request shall transmit a copy of this list to the American Medical Association. Insofar as possible, the chief executive officer shall use the printed matter, correspondence, and influence of the director to aid the councilors in the organization of the component societies and in the extension of the power and influence of this Association. If deemed necessary, the chief executive officer or a designee shall visit each councilor region at least once a year to assist the councilors in organizing unorganized counties, and to use every means possible to promote the interests of the Association. The chief executive officer’s further duties shall include conducting the official correspondence, notifying members of meetings, officers of their election, and committees of their appointment and duties, serving as recorder for the House of Delegates, and such other duties as the Board of Trustees shall direct. Finally, the chief executive officer shall act as business manager of the Journal of the Association, and shall be responsible for all personnel and the direction of all activities in the Association headquarters. The Board of Trustees shall determine the chief executive officer’s salary; and be it further

RESOLVED, That Bylaw Chapter V, Section 7 be amended by deletion and insertion as follows:

Sec. 7. The Board of Trustees shall hold such meetings, as often and in such manner as it deems necessary, whether by teleconference or otherwise, at the call of the chair, and shall meet on the last day of designate by December 31st which one of its meetings will be deemed the annual meeting of the Association for the following year in accordance with the requirements of the law of the state of Tennessee relating to general welfare corporations. The Board of Trustees shall make expenditures of the funds of the Association dependent upon the availability of such funds as determined by the Board of Trustees and as ordered by
the House of Delegates. The Board of
Trustees, through the secretary/treasurer,
shall render at the annual meeting a full
and detailed accounting of all receipts and
disbursements.

NOT CONSIDERED

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BYLAW AMENDMENT NO. 2–14

REMOVE INTERN AND RESIDENT MEMBER FROM
COMPONENT SOCIETY DELEGATION CALCULATION
David G. Gerkin, MD, Chairman
Knoxville Academy of Medicine

RESOLVED, That Bylaw Chapter III, Section
3 be amended by insertion and deletion as
follows:

Sec. 3. Each component society shall be en-
titled to send to the House of Delegates
each year one delegate for every fifty active,
and veteran, and intern and resident
members, and one for every fraction thereof,
based upon the number of such members
in the component society in good standing
as of December 1 of the year preceding the
meeting of the House…; and be it further

RESOLVED, That Bylaw Chapter III, Section
4 be amended by insertion and deletion as
follows:

Sec. 4. The members of the association
who have joined directly pursuant to TMA
Bylaw Chapter I, section B.2 shall be en-
titled to send to the House of Delegates
each year one delegate for every fifty ac-
tive, and veteran, and intern and resident
members who have joined TMA by direct
membership… and be it further

RESOLVED, That Bylaw Chapter II, Section
4 be amended by insertion as follows:

Sec. 4. A physician whose name is upon a
properly certified roster of members of
delgates of a chartered component so-
ciety which has paid its annual assess-
ment, or an invited guest, is eligible to
register at the annual meeting.

NOT ADOPTED

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BYLAW AMENDMENT NO. 3–14

QUARTERLY, ELECTRONIC
MEETINGS OF THE TENNESSEE
MEDICAL ASSOCIATION
HOUSE OF DELEGATES
Bob Vegors, MD, Ex-Officio
Consolidated Medical Assembly
of West Tennessee

RESOLVED, That all members of the House
of Delegates be adept in computer skills
so that they can effectively participate in
the electronic meetings; and be it further

RESOLVED, That Bylaw Chapter III, Section
2 be amended by deletion and insertion as
follows:

Sec. 2. Beginning in January 2015, the
House of Delegates shall meet quarterly,
with additional meetings as requested by
the Executive Committee of the Board of
Trustees, annually at the time and place
of the annual meeting of the Association.
Special meetings of the House of Delegates
shall be called at the president’s discretion
or upon petition of twenty percent of the del-
egates and sessions may be conducted by
electronic means…

WITHDRAWN

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BYLAW AMENDMENT NO. 4–14

ASSOCIATE MEMBERSHIP
FOR MID-LEVEL PROVIDERS
Edward Capparelli, MD, Delegate
Roane-Anderson County Medical Society

RESOLVED, That Bylaw Chapter I, Section
A.3 be amended by insertion as follows:

Sec. 3. Associate members shall be com-
missioned officers in active service of the
U.S Armed Forces and Public Health Serv-
ice residing in the state who are elected to
membership by component societies and
certified to the secretary of the Association
or join directly, as the case may be, as asso-
ciate members. Such physicians may be
eligible for active membership, if otherwise
qualified, Associate members may also be
licensed Tennessee physician assistants or
advanced practice nurses whose supervis-

NOT ADOPTED

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EMERGENCY BYLAW AMENDMENT
NO. 1–14

ADDING ADDITIONAL MEMBER
TO THE TMA BOARD OF
TRUSTEES
Edward Capparelli, MD, Delegate
Roane-Anderson County Medical Society

RESOLVED, That Bylaw Chapter V, Section 1
be amended by insertion as follows:

Sec. 1. The Board of Trustees shall be com-
posed of the president of the Association,
the speaker of the House of Delegates, the
vice speaker of the House of Delegates, the
immediate past president, the president-elect,
and members elected on a regional
basis as described in the bylaws.

NOT ADOPTED

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RESOLUTIONS
The following resolutions were acted on by the TMA House of Delegates:

RESOLUTION NO. 1-14
CORPORATE COMMUNICATIONS STRATEGIES (REAFFIRMATION AND MODIFICATION OF RESOLUTION NOS. 2-07, 2-00 AND 8-93)
Keith G. Anderson, MD, Chairman
TMA Board of Trustees

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

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

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

ADOPTED BY UNANIMOUS CONSENT

RESOLUTION NO. 2-14
TENNCARE MEDICAID REFORM PROPOSAL
Keith G. Anderson, MD, Chairman
TMA Board of Trustees

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

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

ADOPTED

RESOLUTION NO. 3-14
INCLUSION OF ELECTRONIC COMMUNICATIONS IN E-HEALTH REIMBURSEMENT
Elise Denneny, MD, Delegate
Knoxville Academy of Medicine

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

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


ADOPTED

RESOLUTION NO. 4-14
PURSUIT OF FUNDING FOR PUBLICATION OF ACCEPTED SCHOLARLY ARTICLES IN TENNESSEE MEDICINE
Victor Kolade, MD, Delegate
Chattanooga-Hamilton County Medical Society

RESOLVED, That the Tennessee Medical Association Board of Trustees consider publication fees or other ways of funding print publication of scholarly/research articles in Tennessee Medicine, The Journal of the Tennessee Medical Association, at least until accepted articles are exhausted.

Referred to the Board of Trustees for Review and Report

RESOLUTION NO. 5-14
TREAT E-CIGARETTES IN THE SAME MANNER AS OTHER TOBACCO PRODUCTS CONTAINING NICOTINE
Nita Shumaker, MD, Ex-Officio Delegate
Chattanooga-Hamilton County Medical Society

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

ADOPTED

RESOLUTION NO. 6-14
RESOLUTION TO DIRECT THE DEVELOPMENT OF NARROWING PHYSICIAN NETWORKS
Elise Denneny, MD, Delegate
Knoxville Academy of Medicine

RESOLVED, That the Tennessee Medical Association support legislation that payers be subject to equal opportunity regulations when establishing provider networks; and be it further...
RESOLVED, That the Tennessee Medical Association vigorously support transparency in the inclusion and exclusion criteria for developing networks to promote equal access; and be it further

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

ADOPTED AS AMENDED

RESOLUTION NO. 7-14

NOTIFICATION OF SUBSTITUTION OF BIOSIMILAR MEDICATIONS
Joseph (Gene) Huffstutter, MD, Delegate Chattanooga-Hamilton County Medical Society

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

ADOPTED

RESOLUTION NO. 8-14

ADVOCACY FOR THE MENTALLY ILL (REAFFIRMATION OF RESOLUTIONS 17-07, 5-00 AND 17-93)

Keith G. Anderson, MD, Chairman TMA Board of Trustees

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

ADOPTED AS AMENDED

2007 RESOLUTIONS TO SUNSET AND BECOME PERMANENT POLICY

RESOLUTION NO. 1-07

HEALTH INSURANCE CLAIMS ADMINISTRATION REAFFIRMATION OF RESOLUTION NO. 100 AND 3 93

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

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

ADOPTED BY UNANIMOUS CONSENT

RESOLUTION NO. 3-07

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

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

ADOPTED BY UNANIMOUS CONSENT

RESOLUTION NO. 10-07

PRINCIPLES FOR STORE BASED HEALTH CLINICS (MINUTE CLINICS)

RESOLVED, The Tennessee Medical Association support regulation that would require store-based health clinics to:
• have a well-defined and limited scope of clinical services, consistent with state scope of practice laws.
• use standardized medical protocols derived from evidence-based practice guidelines to ensure patient safety and quality of care.
• establish arrangements by which their health care practitioners have direct access to and supervision by those with medical degrees (MD and DO) as consistent with state laws.
• establish protocols for ensuring continuity of care with practicing physicians within the local community.
• establish a referral system with physician practices or other facilities for appropriate treatment if the patient's conditions or symptoms are beyond the scope of services provided by the clinic.
• clearly inform patients in advance of the qualifications of the health care practitioners who are providing care, as well as any limitation in the types of illnesses that can be diagnosed and treated.
• post the name and Tennessee medical license number and medical specialty and contact information for the supervising physician for the clinic location.
• establish appropriate sanitation and hygienic guidelines and facilities to ensure the safety of patients.
• use electronic health records as a means of communicating patient information and facilitating continuity of care, including giving patients the option of having a copy of their medical record transmitted to their primary care physician of record.
• encourage patients to establish care with a primary care physician to ensure continuity of care

ADOPTED BY UNANIMOUS CONSENT
RESOLUTION NO. 1107
INSURANCE FOR MOTORCYCLISTS

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

ADOPTED AS AMENDED

RESOLUTION NO. 1407
QM PROJECT

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

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

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

ADOPTED BY UNANIMOUS CONSENT

RESOLUTION NO. 1807
TENNCARE FAIR PAYMENT REAFFIRMATION OF RESOLUTION NO. 2600

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

ADOPTED BY UNANIMOUS CONSENT

LEGISLATIVE UPDATE

This educational series will address new and modified laws enacted by the Tennessee General Assembly during the 2014 legislative session that impact physician practices. TMA legislative and government affairs experts will discuss specific legal requirements affecting healthcare delivery and/or decision making, and to provide an overview of bills that did not pass and why. This series will visit five cities across the state, offering 1.5 hours of CME later this summer.

June 17: Memphis
St. Catherine Hall at St. Francis Hospital

June 18: Nashville
3 Tower Classroom at Centennial Hospital

June 24: Johnson City
Johnson City Public Library

June 25: Knoxville
Morrison’s Conference Room at UT Medical Center

June 26: Chattanooga
Probasco Auditorium at Erlanger Hospital

*This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Methodist LeBonheur Healthcare and Tennessee Medical Association. Methodist LeBonheur Healthcare is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. Methodist LeBonheur Healthcare designates this live activity for a maximum of 1.5 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.
LEADERSHIP IN ACTION

TMA RESOURCE GUIDE FOR 2014

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Keith L. Goldberg, MD, Secretary

SCOTT COUNTY MEDICAL SOCIETY
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STONES RIVER ACADEMY OF MEDICINE
David A. Beaird, MD, President
Kerri M. Woodberry, MD, Secretary

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WILSON COUNTY MEDICAL SOCIETY
Wayne O. Wells, MD, President
E. Dwayne Lett, MD, Secretary
Jennifer Jessie, Staff Liaison

CMS contact information is available at
www.tnmed.org/directory; member login required.
Dr. Killian was honored for her “stellar” career and her exemplified characteristics of an outstanding physician throughout her career. She has had an endless dedication to her patients, her colleagues, and the profession of medicine.

Dr. Killian, who has recently retired, spent over 30 years treating thousands of patients as an internist and has become the epitome of what internal medicine is all about, going above-and-beyond for each and every patient. Graduating from the University Of Alabama School Of Medicine in 1982, Dr. Killian has served on the medical school faculties of Vanderbilt University, the University of Washington, the University of California in San Diego, Indiana University, and the University of Tennessee.

She served Baptist Hospital (now St. Thomas Midtown) in a number of capacities, including member of the Board of Directors. Dr. Killian has also served as President of Medical Staff. Leading by personal example, integrity and a keen understanding of the needs of all involved have made Dr. Killian an outstanding physician leader in Nashville. All who have worked with her benefited from her many years of service on the Baptist Hospital team.

“Dr. Killian is a well-respected member of the Nashville community.”
Tracey Doering, MD, FACP,
Nashville Academy of Medicine
Jon Robertson, MD

Jon Robertson, MD, a deserving recipient of an Outstanding Physician Award, has become part of the rich history of the Tennessee Department of Neurosurgery at the University of Tennessee Health Science Center. The department, known for having the first Professor of Neurosurgery in the South, Dr. Eustace Semmes, a neurosurgeon trained by the Father of Neurosurgery, Dr. Harvey Cushing, trained Dr. James T. Robertson, who later became the Professor and Chair of the university department in 1973. Dr. Robertson headed the department from 1973 until 1996 when the chair was assumed by Dr. Jon H. Robertson, his younger brother, who had trained under him. Dr. Robertson created several divisions in 1997, and served as both chair and residency program director.

Dr. Robertson has maintained an active practice in neurological surgery with the Semmes-Murphy Neurological & Spine Institute at the University of Tennessee Health Science Center for the past 35 years, and has served on its Board of Directors for the past two decades. His clinical practice has focused on the surgical management of tumors affecting the cranial base of the skull. He remains an Assistant Professor in the Department of Neurosurgery at the University, where he has also served as Interim Chairman and Chair of the Department of Neurology.

Outside of the University, Dr. Robertson has been active in numerous national and local neurosurgical organizations, including serving as President of the North American Skull Base Society, President of the Society of University Neurosurgeons, President of the American Association of Neurological Surgeons, and Director on the American Board of Neurological Surgeons. In 2013, Dr. Robertson received the highest member honor of the American Association of Neurological Surgeons, the Harvey Cushing Medal.

“It is with great pride that The Memphis Medical Society nominated Dr. Robertson as a leader in the area of neurosurgery in Memphis and Shelby County.”

Charles Larkin, MD,
President of the Memphis Medical Society
Shauna Lorenzo-Rivero, MD

Shauna Lorenzo-Rivero, MD, was honored with a Distinguished Service Award for her significant contribution to colon cancer awareness over the past year. Dr. Lorenzo-Rivero started The Greater Chattanooga Colon Cancer Foundation in 2012 out of her passion to make a difference in the medical community.

Dr. Lorenzo-Rivero’s passion began when she learned that Tennessee ranks among the highest in the US for deaths related to colorectal cancer, and one of the lowest for colorectal screenings. It became her mission to change these statistics. The Greater Chattanooga Colon Cancer Foundation, a nonprofit organization, strives to bring these fatalities down through colon cancer awareness, access to regular screenings, and advocacy.

She is viewed by her peers as a caring, compassionate physician with a genuine concern for the well-being of her patients and the community she serves. Her enthusiasm for raising awareness for colon cancer have attracted the support of hundreds of people over the past several years. In addition to her work with the Foundation, Dr. Lorenzo-Rivero is a volunteer physician with the Hamilton County Project Access.

Dr. Lorenzo-Rivero is a colorectal surgeon and assistant professor at University Surgical Associates & University of Tennessee, College of Medicine in Chattanooga, TN. She currently holds hospital privileges at Erlanger Medical Center, Memorial Hospital and Parkridge Medical Center in the Chattanooga. A graduate of Washington University School of Medicine, Dr. Lorenzo-Rivero finished her residency in general surgery at the University of Iowa Hospital & Clinics in Iowa City, Iowa. She completed her Fellowship in Colorectal Surgery at the Ferguson Clinic in Grand Rapids, MI.

She has contributed to a number of local organizations in her community throughout her career. These include serving on the Cancer Committee at Parkridge Medical Center, establishing the Pelvic Floor Center at Parkridge Hospital, taking part in founding the Continence Clinic at Memorial Hospital, established the UTC Lady Surgeon’s Club and makes regular public appearances on local TV news programs, newspaper interviews and local events for Colon Cancer Awareness.

Dr. Lorenzo-Rivero remains an active member of the American Society of Colon & Rectal Surgeons, the American College of Surgeons, the Association of Women Surgeons, the American Medical Association, Tennessee Medical Association, the Chattanooga Ostomy Association, the Chattanooga Regional Oncology Association, and the Chattanooga-Hamilton County Medical Society.

“Dr. Lorenzo-Rivero is one of the leading charitable physicians in the area,” said the nomination letter, signed by 2013 Chattanooga-Hamilton County Medical Society President Mark Anderson, MD.
Thomas Gettelfinger, MD

Thomas Gettelfinger, MD, was recognized with a Distinguished Service Award for his work as an advocate for quality health care in Tennessee and for the profession of medicine. He is a physician who has contributed significantly to the practice of medicine in the greater Memphis area.

In 1966, Dr. Gettelfinger graduated from Harvard Medical School. From there he completed his residency in Ophthalmology at the University of Washington in Seattle. He went on to open his own practice, Memphis Eye and Cataract Associates, a practice in which he presently works since 1976. He also serves as a clinical professor at the Department of Ophthalmology at the University of Tennessee Health Sciences Center in Memphis. Throughout his distinguished medical career, Dr. Gettelfinger has worked tirelessly to promote and advocate on behalf of the Memphis healthcare community as a leader at various levels in several organizations. These include; Board of Directors for the World Cataract Foundation, where he was recently made the first Director Emeritus, delegate to the TMA and Board member of The Memphis Medical Society, and Chair of the Communications Committee and editor of the Quarterly Magazine. Dr. Gettelfinger has been active in teaching and training in ophthalmology programs in third world countries including, Afghanistan, India, Mexico, Zaire, China, Myanmar and Brazil. An avid freelance photographer, he documents the people and places visited in his travels, and has exhibited in various art shows and galleries throughout Memphis.

In 2011, Dr. Gettelfinger’s book project, “Memphis Medicine: A History of Science and Service,” was published and released. This 344 page book is a notable contribution to the medical profession in the city of Memphis. Organized chronologically, the book follows the currents of medical care in the Memphis area for over 200 years. “Medicine and healthcare as subjects of history are easily overlooked or relegated to something distinctly less important,” Dr. Gettelfinger writes about the subject of the book.

“It is with great pride that The Memphis Medical Society nominates Thomas C Gettelfinger, MD, for the Distinguished Service Award.”

Charles N. Larkin, MD, President of The Memphis Medical Society
David Vanderpool, MD

David Vanderpool, MD, was recognized for living his life as an inspiration to the medical community. Dr. Vanderpool has spent a lifetime giving his life to the needs of others, giving medical assistance and infrastructure to communities in developing nations. As founder and CEO of LiveBeyond, a nonprofit organization that provides medical care, clean water and nutritional support in Haiti, Dr. Vanderpool is working to provide hospitals, orphanages, secondary schools and vocational schools in the region of Thomazeau, Haiti.

LiveBeyond is a nonprofit organization that began as Mobile Medical Disaster Relief in 2005 in response to the devastation of Hurricane Katrina. In 2010, Dr. Vanderpool, a trauma surgeon from Brentwood, TN, visited Haiti as one of the first medical personnel to respond to the earthquake. It was then that Dr. Vanderpool decided to spend the rest of his life focusing on Haiti.

Last year, Dr. Vanderpool and his wife sold their house and most of their belongings, leaving one of the wealthiest neighborhoods in the nation, to relocate to one of the poorest cities in the world, creating national news and winning People’s “Heroes of the Year.”

Dr. Vanderpool purchased 63 acres of land in Thomazeau, Haiti, where he is in process of building an orphanage, a hospital, sponsored by Regional Care, and a school. From Haiti, Dr. Vanderpool continues to lead his nonprofit organization, ministering to the oppressed, serving the medically vulnerable, supporting neglected children, providing clean water and enabling self-sufficiency of the people of Haiti through micro-entrepreneurship.

“Dr. Vanderpool is an inspiration and I strongly encourage TMA members to read Dr. Vanderpool’s blog entries found on the LiveBeyond website.”

Steven Graham, MD,
President of the Nashville Academy of Medicine.
Aspell Recovery Center of Jackson

Aspell Recovery Center of Jackson was nominated by the Consolidated Medical Assembly of West Tennessee, for its work providing addiction treatment designed to help adult individuals through their illness of addiction.

Aspell Recovery Center, a chemical dependency/co-occurring treatment program for adults, started as a dream, shared and materialized by Charles Gay, Sr., and Bob Aspell, two recovering alcoholics. Shortly after Mr. Aspell’s death, Charles Gay used his partner’s assets, obtained limited funding and opened Aspell Recovery Center in an old home in 1979. Since it’s opening, the center has expanded and serves Jackson, Madison County, and West Tennessee. Today it occupies one and one half city blocks just north of downtown Jackson.

The mission of Aspell Recovery Center is to provide a path to recovery for the suffering alcoholic, addict, and those with co-occurring disorders, and it has done so with a philosophy of residential, outpatient, and long term care that is a model for our state and our nation. Aspell gives to those who are at the end of their rope with nowhere else to turn. Many, if not most have lost everything, their jobs, families, and most important their self-respect. Some who show up on the doorstep of Aspell have all of their meager belongings on their back in plastic trash bags.

In recent years, Aspell has invested approximately one million dollars in mid-town Jackson through housing grants and Federal Home Loan Bank investments to create a recovery living community in what just a few years ago was a blighted area in Jackson. The success rate of Aspell’s model has been consistently higher than average. Recently, Aspell Recovery Center has been designated as a Top 50 nonprofit place to work in the United States by the NonProfit Times and the Best Companies Group.

“Aspell Recovery Center has been and continues to be a vital part of our community and has had and continues to have an enormous positive effect on the advancement of public health in our community.”

Fielding Randolph, MD, Secretary, Consolidated Medical Assembly of West Tennessee
Remote Area Medical

Remote Area Medical, a nonprofit, volunteer, airborne relief corps headquartered in Knoxville, is honored with the Community Service Award for their initiatives in serving the medically underserved in rural areas of Tennessee and beyond in Appalachia.

Established in 1985 by Stan Brock, the well-known face behind the organization, Remote Area Medical is composed of all volunteers who provide free health care, dental care, eye care, veterinary services and technical and educational assistance to people in remote areas of the United States and the world. Remote Area Medical has predominately provided a presence in rural communities of Appalachia in Tennessee, Kentucky, and Virginia.

Remote Area Medical has become well known in Tennessee for the work in providing free medical care to the underserved. A few times a year, Remote Area Medical will set up two day clinics with volunteers performing health screens, dental extractions, making eye glasses, and pet services. Hundreds of underserved people show up, lining up before midnight in the heat or cold to seek the care and compassion of the volunteers.

“I personally have known Stan Brock since 1988, and this man has poured his entire life into making RAM the premier medical volunteer organization,” Dr. O’Brien writes in the nomination letter he submitted on behalf of Knoxville Academy of Medicine. Because of the efforts of Stan Brock and RAM, Tennessee law was changed to allow for medical volunteers from other states to perform services at RAM clinics with their home state license. This legislation has been a model for others to allow suitably credentialed medical professionals to serve in areas of need away from home.

“I cannot think of a more deserving organization for the Tennessee Medical Association to honor with the Community Service Award.”

Patrick O’Brien, MD, President-Elect, Knoxville Academy of Medicine
Tobacco Free Chattanooga was nominated by the Chattanooga-Hamilton County Medical Society, Tobacco Free Chattanooga were nominated for their efforts to stomp out the use of tobacco products in outdoor public places throughout our community.

Tobacco Free Chattanooga’s mission is to make Chattanooga healthy and tobacco free through offering cessation resources for smokers and advocacy through media and legislative resources. Tobacco Free Chattanooga has become a source of policy, cessation, prevention and education resources through the diligent efforts of community leaders, volunteers and health-care related nonprofit organization.

Perhaps one of the more notable accomplishments of Tobacco Free Chattanooga is convincing the Friends of the Festival, Chattanooga’s largest outdoor festival, to create designated smoking areas for attendees. These efforts made the festival an easier place to breathe for everyone. Tobacco Free Chattanooga continues to work toward making all public parks and public outdoors spaces smoke-free. Though hard work and legislation, Tobacco Free Chattanooga will no doubt be successful in their efforts to protect the public, particularly those vulnerable to smoke exposure.

“The Chattanooga-Hamilton County Medical Society is proud to have Tobacco Free Chattanooga, a community coalition program to help stomp out the use of tobacco products in public places throughout our community.”

Mark Anderson, MD, President of the Chattanooga-Hamilton County Medical Society
Siloam Institute of Faith, Health and Culture

Nominated by the Nashville Academy of Medicine, Siloam Institute was nominated as an educational initiative of Siloam Family Health Center. Their mission is to create a welcoming, interdisciplinary context for training, dialogue, and research, which bridges the gap among the faith community, the medically underserved and academic medicine.

Created in 2010, the Siloam Institute addresses the growing need for more compassionate caregivers focused on serving impoverished communities. Siloam teaches transformational educational initiatives to train caregivers with a formalized mentoring program. This mentoring program is believed to help young, developing professionals to learn whole-person care and pursue it wherever they practice.

Siloam Institute of Faith, Health and Culture to motivate health professionals to embrace holistic paradigms of care and make vocational choices for the underserved. It has become an institute that brings back the humanity side to medicine, treating the sick, and reminds professionals that there is more to medicine than insurance reimbursements and paperwork. The bulk of Siloam’s trainees over the years have been medical students, residents, nurses, physician assistants, social workers, pastors, and much more. Siloam Institute provides an interdisciplinary environment that offers an array of services to the underserved while providing dynamic opportunities to train the next generation of health professionals.

“Residency can be a daily grind of paperwork, conferences, and constant pages, running from patient to patient, to the point where a feeling of disillusionment can come over you at times as medicine just doesn’t seem all the grand things you thought it would be. Siloam is a place that reminds me of the excitement I had when entering medicine with the simple hope of impacting lives and helping others.”

anonymous Vanderbilt Internal Medicine Resident
William Evans, Pharm.D

William Evans, Pharm.D, nominated by The Memphis Medical Society, has made a significant impact on the health of the children not only in Shelby County, but across the nation though his lifetime work at St. Jude Children’s Hospital. Mr. Evans has been employed St. Jude Children’s Hospital in Memphis for more than 40 years and has served as Director and Chief Executive Officer of St. Jude Children’s Research Hospital for the past ten of those years. Under his leadership, St. Jude has been ranked for six consecutive years by The Scientist Magazine as one of the top 10 “Best Places to Work in Academia.” St. Jude has been ranked as No. 1 pediatric cancer care hospital in the country by Parents Magazine and No. 1 children’s cancer hospital according to Best Children’s Hospital Rankings published by U.S. News & World Report.

Under Mr. Evans leadership, the mission of St. Jude has been to find cures and save children, a mission that has been constant for 51 years. During Evan’s service, St. Jude announced the bets worldwide cure rate for the most common form of childhood cancer, acute lymphoblastic leukemia. The largest-ever investment in whole-genome sequencing of childhood cancers was launched by St. Jude under Evans’ leadership. This initiative has produced significant research advances in aggressive childhood leukemia, brain tumors, and common solid tumors in children, made available for free access by the global scientific community.

St. Jude has the world’s best survival rates for the most aggressive childhood cancers, and families never receive a bill from St. Jude for treatment, travel, housing or food. Recently, Mr. Evans has announced his retirement in July of 2014. Because of his service, St. Jude Children’s Research Hospital remains the leading way to treating and defeating childhood cancer.

“Mr. Evans is an individual who has made a significant impact on the health of the children in Shelby County and across the nation.”

Charles N. Larkin, MD, President of The Memphis Medical Society
FINANCIAL OVERVIEW

A balanced budget had been projected for 2013 with revenues and expenditures projected at $3,365,000. Actual revenue was $3,726,672 and actual expenses were $3,685,655.06, resulting in $41,016.94 revenue over expenses.

Through the efforts of our Investment Committee, chaired by Subhi Ali, MD, we experienced a 6.80-percent increase in the value of our Reserve Investments in 2013. The Reserve Investments balance as of December 31, 2013, was $1,623,547.55. The benchmark set forth by the TMA Investment Policy is that the fund match a formula based on composition of the fund. For 2013, the formula increased at a rate of 7.93 percent; therefore, the TMA’s Reserve Investments fell short of their benchmark by 1.13 percent for 2013. All investments were made within the parameters of the TMA’s Investment Policy (revised July 18, 2010). Of note is the fact that the TMA has contributed in excess of $1,000,000 over the past 12-year period for revenues exceeding expenses.

To view a full copy of the 2013 TMA audit conducted by the firm of Bellenfant & Miles, PLLC, certified public accountants, please make an appointment with TMA Vice President of Operations Brent Atkinson at 800-659-1862 or brent.atkinson@tnmed.org.
2013 ESTIMATED INCOME:
$3,365,000

2013 ESTIMATED EXPENSES:
$3,365,000
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Approximately 250 physicians, medical practice managers and other healthcare professionals from across the state came together at the Franklin Marriott on April 24-27, 2014 for TMA’s 179th Annual Convention. MedTenn 2014 featured expanded educational opportunities this year, exclusive professional networking and special entertainment events, featuring keynote speaker KevinMD, and comedian Kevin Cho. As part of the initiative of TMA to collaborate physicians, this year’s annual meeting opened its doors to specialty societies and practice managers and other medical staff.

“We chose the theme ‘Bringing Medicine together’ for this year’s conference because that is exactly what we need to do in this healthcare climate. As a forum for medical professionals from all parts of the state, from all areas of medicine, and from all specialties, physicians were able to come together and discuss the many changes and challenges we face in healthcare, address ways to advance the practice of medicine, and improve the quality of healthcare,” said TMA’s Immediate Past-President, Chris Young, MD. Eleven specialty societies met with the TMA to collaborate and share valuable perspectives and work toward real solutions.

“We feel it’s very important to continue to advocate for doctors and patients to bring everyone together,” TMA’s President Russ Miller said. Annual meeting has evolved and become more of a true medical convention with a ‘big tent’ feel that includes other medical specialty societies. The multi-specialty meeting included coordinated events, education and activities with participating organizations such as Cumberland Pediatric Foundation, Chattanooga-Hamilton County Society, Knoxville Academy of Medicine, Nashville Academy of Medicine, Memphis Medical Society, Tennessee Academy of Ophthalmology, Tennessee Association of Long-Term Care Physicians, Tennessee Chapter of American Academy of Pediatrics, Tennessee Chapter of American College of Physicians, Tennessee Geriatrics Society, and Tennessee Psychiatric Association.
EDUCATIONAL BENEFITS

MedTenn 2014 included over 20 hours of both CME and CEU on topics regularly impacting patients and providers. Education courses included ICD-10 transitioning and implementation, a special proper prescribing course that satisfied a two-hour licensure requirement by the Tennessee BME, workers compensation laws updates, depression secondary to critical illness, Medicaid reform, and emerging payment and employment models for the practice. CME classes included a special lunch forum, “Bringing Medicine Together,” hosted by TMA Past-President, Christopher Young, MD. Presidents from different specialty societies participated in a guest panel discussion and shared their opinions on the most pressing healthcare issues facing Tennessee’s medical community, and organized medicine’s role in shaping the delivery of care in a post-reform landscape.

Participants on the panel included: Dr. Mark Melson with the TN Academy of Ophthalmology; Dr. Michelle Fiscus with the TN Chapter American Academy of Pediatrics; Dr. James Powers with the TN Geriatrics Society; Dr. Ralf Habermann with the TN Association of Long-Term Care, Dr. Tim Jennings with the TN Psychiatric Association, and Dr. Richard Lane with the TN Chapter of the American College of Physicians.

Optium’s Vice-President Dave Goetz moderated and the discussion.

KEYNOTE SPEAKER, KEVINMD

A special highlight for MedTenn 2014 included guest keynote speaker, KevinMD.com. Kevin Pho, MD is a practicing, board-certified internal medicine physician, a national media commentator, co-author of the book, “Establishing, Managing, and Protecting Your Online Reputation: A Social Media Guide for Physicians and Medical Practices,” and an acclaimed keynote speaker. He is the founder and editor of KevinMD.com, where he also conceives and executes digital strategy, and directs technology infrastructure.

Dr. Pho presented attendees of MedTenn 2014 the importance of social media for physicians in organized medicine, a subject some physicians may shy away from as technology continues to advance.

“Physicians need to be heard by the politicians who make healthcare decisions. What better way to get through to them than via their constituents, who happen to be our patients? A Kaiser Family Foundation survey recently asked the country who they trusted the most when it came to the Affordable Care Act. Doctors came first. Patients still trust us, and want to hear what we have to say,” Dr. Pho says, adding, that social media can play a fundamental role in getting a united physician’s message out. “It’s important that we let the public know that the harder it is for us to practice medicine, to more difficult it becomes to give patients the care they deserve. Social media gives physicians a stage to share their stories, and make their voices heard.”
TMA CONTRIBUTES SUPPORT TO THE BATTLE AGAINST ALZHEIMER’S

On Aug. 23, 2011, Pat Summitt, then Head Coach of the University of Tennessee Women’s Basketball team and the winningest coach in college basketball history, bravely revealed the toughest opponent she will ever have to battle, early-onset dementia, Alzheimer’s Type, after the doctors at Mayo Clinic diagnosed her at the age of 59. To be sure, Summitt took on this invisible opponent with her signature game plan.

Pat and her son, Tyler, founded the Pat Summitt Foundation to help find a cure for Alzheimer’s so that one day no family would have to hear that a loved one has been diagnosed with the disease. The Pat Summitt Foundation is fighting Alzheimer’s disease with a comprehensive approach, awarding grants to organizations to service programs in three focus areas:

1. Research to treat, prevent, cure, and ultimately eradicate this disease,
2. Education and awareness of Alzheimer’s,
3. Support services to patients, their families and caregivers.

East Tennessee Foundation, a non-profit community foundation located in Knoxville, Tennessee, receives and manages contributions to Pat’s fund and facilitates their grant-making in support of the mission.

The Foundation has been very fortunate to be the beneficiary of contributions from a number of organizations wishing to support its mission. Most recently, The Tennessee Medical Association hosted a charity gala benefitting The Pat Summitt Foundation and the fight against Alzheimer’s disease on Saturday, April 26, as part of its 179th Annual Convention held at the Cool Springs Marriott in Franklin. The event raised $10,212 for the Foundation through ticket proceeds and a silent auction, and featured a comedy routine by comedian and native Tennessean Henry Cho.

Patrick Wade, director of The Pat Summitt Foundation, expressed appreciation to the TMA, the physicians and other health care professionals attending for the contribution. “On behalf of our co-founders, Pat & Tyler Summitt, and the Foundation’s leadership, we are excited to have this visible support of our work in the fight against Alzheimer’s disease by the Tennessee medical community. The $10,000 raised will help to fund additional research grants and services for patients and caregivers,” said Wade.

In the two and a half years since its founding, the Foundation has awarded grants of more than $300,000 towards services in the three focus areas. Grantees include Physician’s Committee for Responsible Medicine, Alzheimer’s Tennessee Inc., UTMC Cole Neuroscience Center, Family Caregiver Alliance, A National Center on Caregiving, and three Vanderbilt University faculty members.

The Foundation’s work is guided by an Advisory Board of 16 individuals with diverse strengths and expertise from throughout the nation. A Medical Advisory Council of prominent Alzheimer’s disease experts has also been established to serve as the Foundation’s liaison with the medical & research community; to inform the staff and Advisory Board on medical and research developments in diagnosis, treatment, funding, and policy for Alzheimer’s disease on a regular basis; and to serve as voluntary spokespersons about medical and research developments on behalf of The Pat Summitt Foundation when opportunities arise at events, conferences and in the press.

For more information on the Pat Summitt Foundation visit www.patsummitt.org or call 865-524-1223.
Dr. Frederic Mishkin of Kingsport with TMA’s Director of Government Affairs Julie Griffin at the IMPACT Booth.

Dr. John Hale, Jr., MD, of Union City, makes a contribution and signs his name to the Capitol Hill Club roster.

A signed signature basketball auctioned at The Pat Summitt Foundation Charity Blowout.

A packaged donation from TMA sponsor Two Point Advantage Printing for the silent auction at The Pat Summitt Foundation Fundraiser.

Past-President Dr. Young passing the gavel to Incoming President Dr. Springer during the inauguration ceremony.

Dr. Timothy Wilson of Knoxville poses with TMA’s Membership Development Manager Brett Boyd as the Jelly Bean Contest Winner from MedTenn 2014.

Dr. Susan Lowry of Martin poses with her new George Straight autographed hat she battled for at the Pat Summitt Foundation Charity Blowout auction.

TMA’s CEO Russ Miller giving his Report to the First Session of the House of Delegates.

A group of medical students peruse the prizes in the vendor hall before the Bingo Booth Drawing at the MedTenn booth.

TMA CEO Russ Miller, Director of Solutions Angie Madden and Vice President of Optum Health Solutions Dave Goetz before the Luncheon Panel, “Bringing Medicine Together.”
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- Ankylogloss / Tongue-TI
- Urticaria

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G = Garadi (means “Exercise” in Kannada language of Karnataka, India)
Y = Yoga at home
M = Meditation at home.
M = Manae (“Home” in Kannada).

Our Health depends on 3 things:
1. What we BREATHE
2. What we DRINK
3. What we EAT.

So, we can do:
- Garadi – Exercise at home
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Click on ENT Care for articles from allergy to Sleep Apnea, etc.

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Determination
No Deviation

Best Wishes
C. K. Hiranya Gowda MD, FACS

2025 Priest Road
Nashville, TN 37215.
ckhgsg@hotmail.com
The 108th General Assembly adjourned on Thursday, April 17th. The second year of the 108th meant bills that were introduced but not acted on last year were still alive plus the bills filed by legislators for 2014.

TMA’s legislative package consisted of six bills all of which had varying levels of success. The update to pain clinics regarding urine drug screening, the revision of infant CPR, peer review, the healthcare right to know profile and allowing a CSMD record to be included in a patient’s health record all passed both chambers and are in the process of becoming law. Payer Accountability, also known as the Provider Stability Act, was the most contentious legislation TMA brought this year. It was an issue that all providers rallied around and all insurers vehemently opposed. There was extensive debate on this bill, which required payers to uphold the agreed to payment terms of their contract. The bill passed out of substantive committees but will go no further this year. The sponsors of the legislation have asked for, and received, promises from the major insurers that they will come to the table this summer for meaningful discussions.

Scope issues are always around. While the nurses did not bring independent practice and the psychologists did not bring prescribing the optometrists did come back with a bill to allow them to use injectable anesthetics to remove eyelid growths. There was considerable debate over this contentious issue. Ultimately a compromise was reached that spelled out in law the six procedures that an optometrist may perform. These are procedures they currently perform with a topical anesthetic.

The Administration had a lighter than usual package this year. However, one of the most controversial issues they brought dealt with regulating pseudoephedrine and ephedrine products. They attempted to limit the amount of such products that may be sold or purchased to 2.4 grams in a 30-day period with a cap of 14.4 annually. As amended, and passed by both the House and Senate, it limits the sale of products to 4.8 grams in 30 days or 28.8 grams in one year and requires a purchaser under 18 years of age to have a prescription.

**TMA 2014 LEGISLATIVE PACKAGE**

**SB2427 / HB2303 Health Care Provider Stability Act.**
- **Sponsors:** Sen. Bo Watson / Rep. Jon Lundberg
- **Description:** Enacts the "Health Care Provider Stability Act." Provides that a third party may not effect material change to a contract under which a healthcare provider is paid for providing items or services during either the first year of the contract or the initial term of the contract, whichever is longer.
- **Status:** Referred to Senate Committee Calendar Committee.

**SB2000 / HB1939 Drug prescription requirements.**
- **Sponsors:** Sen. Ken Yager / Rep. Bill Dunn
- **Description:** Expands the definition of "pain management clinics" and adds "chronic non-malignant pain treatment." Directs commissioner of health to promulgate rules regarding drug screening and compliance plan.
- **Status:** Enacted as Public Chapter 0700.

**SB2052 / HB1955 Peer Review.**
- **Sponsors:** Sen. Doug Overey / Rep. Vance Dennis
- **Description:** Specifies the immunity protection for quality improvement committees (QICs) to ensure they are the same protections that are available under the former peer review statute, provisions that were not included in the 2011 act. The QIC is presumed to have acted in good faith and without malice, and provides that the committees can share information and documents with other QICs under certain circumstances; if information and documents are shared, they become privileged and non-discoverable. Further provides that any person providing information to a QIC is presumed to have acted in good faith and without malice.
- **Status:** Enacted as Public Chapter 0651.

**SB1853 / HB2171 Nurse Practitioners - change of supervising physician.**
- **Sponsors:** Sen. Rusty Crowe / Rep. Barrett Rich
- **Description:** Authorizes the supervising physician listed on the profile to notify the department of a change in being a nurse practitioner or physician assistant’s supervising physician, if the nurse or physician assistant fails to do so.
- **Status:** Sent to governor.

**SB1630 / HB1426 Controlled substances database report - health care providers.**
- **Sponsors:** Sen. Mark S. Norris / Rep. Gerald McCormick
- **Description:** Includes in the list of persons who may receive patient-specific information from the controlled substance database a prescriber, healthcare practitioner or dispenser who may place a copy of a patient’s report from that database in that patient’s medical records. (Part of Administration Package)
- **Status:** Enacted as Public Chapter 0622.

**SB1886 / HB1788 Providing information on infant cardiopulmonary resuscitation.**
- **Description:** Revises the list of medical providers who must make available information concerning infant CPR to at least one caregiver or parent of a newborn infant to consist of the following: an obstetrical provider who treats a prenatal patient on at least two different occasions; a hospital or birthing center where a baby is born, and such information must be provided before the newborn is discharged; a primary care provider who treats a newborn in an ambulatory care setting within 28 days after the date of birth.
- **Status:** Enacted as Public Chapter 0594.

**CAMPAIGNS AND LOBBYING**

**SB787 / HB643 Campaign contributions allowed for insurance companies, limits raised.**
- **Sponsors:** Sen. Bo Watson / Rep. Glen Casada
- **Description:** Removes prohibition against insurance companies contributing to political campaigns. Increases contribution limits for political party and caucus campaign committees to $500,000, from $250,000, for statewide races; to $150,000, from $40,000, for senate races; to $75,000, from $20,000, for any other state or local office races. Deletes certain reporting requirements regarding campaign contributions.
- **Status:** Failed in House for lack of majority (17-62-1).
- **Position:** Watch

**COMMERCIAL LAW**

**SB1505 / HB1442 Revises laws relating to non-profit corporations.**

(continued on page 53)
TMA CONGRATULATES 2014 PHYSICIAN LEADERSHIP COLLEGE GRADUATES

The Tennessee Medical Association is proud to announce the 2014 graduates of the TMA Physician Leadership College. The class represents physicians from multiple specialties across the state of Tennessee. The graduates were honored during a ceremony on Saturday, April 26, at MedTenn 2014, the TMA’s 179th annual meeting in Franklin.

Over the past year, these physicians have completed coursework in collaboration, decision making, advocacy, media relations and conflict resolution. In addition to learning new leadership skills, each participant has completed a leadership project focused on improving patient care and/or organized medicine.

The TMA Physician Leadership College was created in 2007 to offer opportunities for physicians to gain invaluable experience and training in the core aptitudes to excel in leadership positions within organized medicine, medical practice and business. To date, 81 physicians have graduated from the program.

TMA CONGRATULATES 2014 PHYSICIAN LEADERSHIP COLLEGE GRADUATES

- Brian Dulin, MD, FACC
  Greenville, Cardiology

- Frederick Fiedler, MD, FACP
  Germantown, Internal Medicine

- Sharon Piper, MD
  Nashville, Women’s Obstetrics and Gynecology

- John McCarley, MD
  Chattanooga, Nephrology

- Paul Jones, MD, FACS
  Knoxville, Pediatrics

- Devin Sherman, Jr., MD
  Franklin, Pulmonary and Sleep Medicine

- Dwayne Lett, MD
  Lebanon, Plastic Surgery

- Byron Wilkes, MD
  Germantown, Ophthalmology
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PHYSICIANS ON THE MOVE

MATTHEW T. BALLO, MD, of Memphis accepted dual appointments as founding chairman of the new Department of Radiation Oncology at the University of Tennessee Health Science Center and director of Radiation Oncology at the UT/West Cancer Center. Dr. Ballo received his medical degree from Case Western Reserve University School of Medicine in Cleveland and is a member of The Memphis Medical Society.

STEPHEN F. DAUGHERTY, MD, of Clarksville was recently elected by the Board of Directors of the American College of Phlebology as a Fellow of the American College of Phlebology. Dr. Daugherty has practiced vascular surgery in Clarksville for the past 20 years. The 1,900-member American College of Phlebology has elected a total of 50 members to Fellow status since its founding in 1985.

JOHN J. MCGRAW, SR., MD, of Jefferson, has been named chair of the Board of Councilors of the American Academy of Orthopaedic Surgeons and will represent orthopaedic surgeons in all 50 states. Dr. McGraw is part of The Knoxville Orthopedic Clinic. He has served the U.S. Air Force and Army for 34 years and several deployments to Afghanistan and Kosovo. Dr. McGraw graduated from the University of Mississippi School of Medicine.

JAMES W. KENNEDY, MD, of Chattanooga, has been installed as 2014 president of the Chattanooga-Hamilton County Medical Society. Dr. Kennedy is a board-certified plastic surgeon at The Plastic Surgery Group in Chattanooga. He is a graduate of the University Of Alabama Birmingham School Of Medicine.

PHYSICIANS AWARDS AND HONORS

LARRY E. PATTERSON, MD, of Crossville is honored to have been chosen the 2014 Readers’ Choice Best Ophthalmologist in Cumberland County. Dr. Patterson is the medical director for Eye Centers of Tennessee and a leader in the field of cataract and refractive surgery. He serves as chief medical editor for Ophthalmology Management.

LEILA AUGUST, MD, of Gallatin has been named a REAL Award winner by Save the Children for her dedication to providing compassionate end-of-life care. She is one of 13 U.S. health workers to be honored with a REAL Award. Dr. August serves as Medical Director of HighPoint Hospice, a department of Summer Regional Medical Center.

VOLUNTEERING GOOD MEDICINE

R. ALAN JAMISON, MD, an ER physician in Morristown, received the 2013 Volunteer of the Year award for his work at volunteer sites in Mozambique, Ghana, and Benin, treating hundreds of patients and volunteering to educate local hospital and clinical staff. Dr. Jamison is a long-time Project HOPE volunteer, serving in Africa.

WILLARD B. CAMPBELL, MD, FACS, of Knoxville, joins Knoxville Medical Mission to help create miracles in Antigua, Guatemala. Each January for the past eight years, Dr. Willard has traveled to Guatemala with a team of 30 medical professionals to perform surgeries out of Obras Sociales Del Hermano Pedro Church, a catholic cathedral that has been converted into a makeshift hospital.

Also joining the 2014 Chattanooga-Hamilton County Medical Society board for first terms are Vijaya Appareddy, MD; Chris Chase, MD; Karin Covi, MD; and Shauna Lorenzo-Rivero, MD.

Do you know a TMA member who has made a great career move, received a big honor or gives to the community in a significant way? Please let us know! Submit your story to crystal.hogg@tnmed.org.
The IMPACT Committee of the TMA recognizes the following IMPACT donors who have become Capitol Hill Club members in the past year. We greatly appreciate all IMPACT contributors for their help in assuring that candidates supportive of organized medicine receive generous financial support from IMPACT. To join IMPACT Capitol Hill Club or as a sustaining member or to make a corporate donation, please contact IMPACT at 615-385-2100 or impact@tnmed.org, or log on to www.tnimpact.com.

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Mack Worthington, MD, Chattanooga
Christopher E. Young, MD, Signal Mountain
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**Criminal Law**

**SB1312 / HB1257 Clerk notification of meth conviction to the TBI.**

**Sponsors:** Sen. Joey Hensley / Rep. Tony Shipley

**Description:** Requires the clerk to forward a copy of the judgment and date of birth of all persons convicted of a methamphetamine offense to the TBI within ten days from the date the clerk receives the judgment but in no event more than forty-five days from the date of the judgment.

**Status:** Sent to governor.
**Position:** Watch

**CRIMINAL LAW**

**SB1391 / HB1295 illegally taking a narcotic drug while pregnant.**

**Sponsors:** Sen. Reginald Tate / Rep. Terri Lynn Weaver

**Description:** Provides that a mother can be prosecuted for an assaultive offense if she illegally takes a narcotic drug while pregnant and the child is born addicted or dies because of the drug.

**Status:** Enacted as Public Chapter 0732.
**Position:** Caption

**SB1482 / HB1508 Additional fine for certain assault convictions.**


**Description:** Alters various assault provisions. Increases maximum fine for an intentional, knowingly or recklessly caused bodily injury to another to $5,000 instead of $2,500. Deletes enhanced assault provision regarding law enforcement officer or health care provider. Deletes definition of “health care provider” contained in the assault provision. Increases maximum fine for an intentional or knowingly aggravated assault to $15,000 instead of $10,000. Increases maximum fine for a reckless aggravated assault to $15,000 instead of $5,000.

**Status:** Failed in Senate Judiciary Committee after a 4 to 4 vote.
**Position:** Oppose

**SB1647 / HB1555 Makes immediate methamphetamine precursor a controlled substance.**

**Sponsors:** Sen. Doug Overby / Rep. David Shepard

**Description:** Classifies immediate methamphetamine precursors as controlled substances under Schedule VII. Allows additional prescriptions for immediate methamphetamine precursor to be issued by certain persons. Adds immediate methamphetamine precursors to the list of drugs that information is submitted to the controlled substance database. Allows a pharmacist to dispense immediate methamphetamine precursor for a period up to six months with a certain oral prescription.

**Status:** Taken off notice in House Criminal Justice Subcommittee.
**Position:** Oppose

**SB1698 / HB1461 Vapor product - taxes, restrictions.**

**Sponsors:** Sen. Doug Overby / Rep. Steve McDaniel

**Description:** Specifies that vapor products are not considered tobacco products, and the act of using a vapor product is not considered smoking, for the purposes of the following provisions governing tobacco products and smoking: (1) The restrictions on smoking in state-owned or operated buildings or vehicles; (2) The Children’s Act for Clean Indoor Air; (3) The restriction on smoking in University of Tennessee dorms; (4) The restriction on smoking in a tattoo work area; and (5) The tax imposed on dealers of tobacco products for the right to sell cigarettes and tobacco products in the state.

**Status:** Taken off notice in House Finance Subcommittee.
**Position:** Oppose

**SB1751 / HB1574 Limits on the purchase of ephedrine and pseudoephedrine.**

**Sponsors:** Sen. Mark S. Norris / Rep. Gerald McCormick

**Description:** Prohibits pharmacies from selling and anyone from purchasing more than 2.4 grams, instead of 9 grams, of ephedrine or pseudoephedrine, or their salts, isomers, or salts of isomers in any 30 consecutive day period. Allows a pharmacist or pharmacist intern to override the automatic NPLEx stop sale alert and sell to a purchaser an additional 2.4 grams of such drug as long as it does not exceed 4.8 grams in any 30 consecutive day period. Grants a pharmacist, pharmacist intern, and person directing the stop sale alert an affirmative defense from any civil or criminal liability for directing or overriding the stop sale alert. As amended limits the sale of products to 4.8 grams in 30 days or 28.8 grams in one year.

**Status:** Sent to governor.
**Position:** Oppose

**SB1767 / HB2134 Permits certain government officials to request TBI background checks.**

**Sponsors:** Sen. Bill Ketron / Rep. John Ragan

**Description:** Allows the governor, speakers, chief justice, secretary of state, comptroller, treasurer, and state homeland security advisor to request TBI background investigation on all people who have unsupervised access or contact with sensitive government information or identifying information.

**Status:** Failed in House State Government Subcommittee.
**Position:** Oppose

**SB1785 / HB1499 Counties and cities - banning of smoking near buildings.**

**Sponsors:** Sen. Rusty Crowe / Rep. Jon Lundberg

**Description:** Allows counties and municipalities to ban smoking within 50 feet of a building owned or used by the county or municipality for governmental purposes in same manner that such entities may ban smoking within 50 feet of a hospital.

**Status:** Failed in House Agriculture & Natural Resources Subcommittee.
**Position:** Support

**SB2011 / HB1961 Venue exception to no smoking law.**

**Sponsors:** Sen. Reginald Tate / Rep. Larry J. Miller

**Description:** Clarifies that age-restricted venue exception to no smoking law applies only to persons entering such facilities other than employees, vendors, and performers. Broadly captioned.

**Status:** Taken off notice in Senate Commerce & Labor Committee.
**Position:** Oppose

**SB2113 / HB2072 Access to controlled substance monitoring database.**

**Sponsors:** Sen. Doug Overby / Rep. Andrew Farmer

**Description:** As amended authorizes the judge of a drug court treatment program to request information from the Controlled Substance Monitoring Database (CSMD). Any information from the CSMD which is provided to such a judge must also be provided to the district attorney general of the judge’s district. Requires the information to be confidential. Requires the pilot program be limited to three judicial districts as selected by the Commissioner of the Department of Health.

**Status:** Sent to governor.
**Position:** Watch Amend

**SB2160 / HB22811 Required reporting - death of a child.**

**Sponsors:** Sen. Janice Bowling / Rep. Mary Littleton

**Description:** Requires that any person who has knowledge of the death of a child must report the death immediately to the department and any local law enforcement agency with jurisdiction over the child’s death.

**Status:** 03/18/2014 - Failed in Senate Judiciary Committee on a 2-5 vote.
**Position:** Watch Amend

**SB2225 / HB2014 Comptroller report on drug convictions.**

**Sponsors:** Sen. James F. Kyle Jr / Rep. Mike Stewart

**Description:** Requires the comptroller to make available to the public on the comptroller’s web site all annual reports submitted by the governing bodies of the law enforcement agencies responsible for the investigations and arrests that result in drug convictions. Broadly captioned.

**Status:** House Criminal Justice Subcommittee deferred to summer study.
**Position:** Oppose

**SB2532 / HB1519 Prosecution for illegal use of narcotics during pregnancy.**

**Description:** Authorizes the prosecution of a woman for the illegal use of a narcotic drug taken while pregnant that results in harm to the victim (the fetus or child) or causes the victim to be addicted or dependent on the narcotic drug. Allows for the active enrollment in a long term addiction recovery program before the birth of the child, the continued enrollment in that program, and successfully completion of the program to qualify as an affirmative defense for a woman who is charged for such an offense. Allows any person charged under the statute to qualify for judicial diversion or drug court or both.  
**Status:** Taken off notice in Senate Judiciary Committee.  
**Position:** Watch

**SB2540 / HB2484**  
Restricting sale of methamphetamine by pharmacies, locally.  
**Sponsors:** Sen. Randy McNally / Rep. John Ragan  
**Description:** Authorizes local governments to enact ordinances or resolutions restricting, regulating or licensing the sale of methamphetamine precursors by pharmacies within such local jurisdictions if ordinances or resolutions are not preempted by any conflicting state law regulating those sales.  
**Status:** Failed in House Criminal Justice Subcommittee.  
**Position:** Oppose

**EDUCATION**

**SB1445 / HB1383**  
Administration of insulin by school personnel.  
**Sponsors:** Sen. Steven Dickerson / Rep. Cameron Sexton  
**Description:** Adds administration of insulin to medications school personnel may volunteer to administer to students.  
**Status:** Enacted as Public Chapter 0614.  
**Position:** Support

**SB1760 / HB1658**  
Required physical activity for public school students.  
**Sponsors:** Sen. Bill Ketron / Rep. Kevin Brooks  
**Description:** Prohibits counting walking to and from class towards the minimum of 90 minutes per week of required physical activity for public school students.  
**Status:** Sent to the speakers for signatures.  
**Position:** Support

**SB1817 / HB1491**  
Identifying children at risk for Type II diabetes.  
**Sponsors:** Sen. Steven Dickerson / Rep. Mike Carter  
**Description:** Expands the authority of LEAs to implement a program identifying public school children who are at risk for obesity to include children at risk for Type II diabetes.  
**Status:** Taken off notice in House Education Subcommittee.  
**Position:** Watch

**SB2131 / HB2248**  
Prohibits LEA to mail information on Affordable Care Act.  
**Sponsors:** Sen. Jack Johnson / Rep. Glen Casada  
**Description:** Prohibits LEAs from including information on the Patient Protection and Affordable Care Act in mailings to families of students concerning medical assistance, TennCare, or the children’s health insurance program.  
**Status:** Taken off notice in Senate Education Committee.  
**Position:** Watch

**GOVERNMENT ORGANIZATION**

**SB1047 / HB1279**  
Creates the Tennessee behavior and analyst licensing board.  
**Sponsors:** Sen. Brian K. Kelsey / Rep. Mark White  
**Description:** Creates the Tennessee behavior and analyst licensing board which shall consist of five members appointed by the governor. Authorizes the board to issue licenses to individuals who meet the requirements and to promulgate rules for the implementation of the setting of fees and the establishment of disciplinary action.  
**Status:** Sent to the speakers for signatures.  
**Position:** Watch as Amended

**SB1450 / HB2202**  
Training for new members of health related boards.  
**Sponsors:** Sen. Jim Summerville / Rep. Mike Turner  
**Description:** Requires certain training for newly appointed members of all regulatory and health related boards prior to beginning their service on such boards.  
**Status:** Withdrawn in Senate  
**Position:** Watch

**HEALTHCARE**

**SB604 / HB290**  
Implementation of the Affordable Care Act.  
**Sponsors:** Sen. Lowe Finney / Rep. Craig Fitzhugh  
**Description:** Authorizes the department of finance and administration to cooperate with the appropriate federal department in any reasonable manner as to implement the Patient Protection and Affordable Care Act to either the extent required or permitted by law.  
**Status:** Failed in Senate Commerce & Labor Committee.  
**Position:** Oppose

**SB674 / HB617**  
Immediate methamphetamine precursors sold within 30 days.  
**Sponsors:** Sen. Mae Beavers / Rep. Tony Shipley  
**Description:** Decreases from nine grams to five grams the amount of immediate methamphetamine precursors in a product that a pharmacist may sell to the same person or that a person may purchase per 30-day period.  
**Status:** Taken off notice in Senate Health & Welfare Committee.  
**Position:** Caption

**SB804 / HB8937**  
Prohibits Medicaid expansion under new federal health care law.  
**Description:** Prohibits the state from establishing, facilitating, implementing, or participating in any new expansion of the medical assistance program, also known as Medicaid, pursuant to the Patient Protection and Affordable Care Act.  
**Status:** Enacted as Public Chapter 0662.  
**Position:** Watch

**SB1631 / HB1427**  
Civil liability immunity - certain opioid drug overdoses.  
**Sponsors:** Sen. Mark S. Norris / Rep. Gerald McCormick  
**Description:** Authorizes a health care practitioner who is licensed to prescribe an opioid antagonist, acting in good faith, to provide an opioid antagonist prescription for a person at risk of experiencing an opiate-related overdose, or for a family member, friend, or a person who is in a position to assist a person at risk of experiencing an opiate-related overdose.  
**Status:** Enacted as Public Chapter 0623.  
**Position:** Support

**SB1663 / HB1512**  
Dispensing of controlled substances.  
**Sponsors:** Sen. Brian K. Kelsey / Rep. Tony Shipley  
**Description:** The amended bill: removes the background check language because it is covered by rule; strikes reporting dispensing to the DOH online profile because we did not want to put an open ad online to show which doctors are prescribing pain meds; deletes the civil penalty section that could have resulted in $10,000 fines; deletes the nuisance section; leaves the reporting to DOH for employee of a pain clinic; prohibits dispensing (not prescribing) of benzo diazepines and opioids from a physician office except in a few circumstances including 7 days in connection with a surgical procedure or prepackaged samples.  
**Status:** Sent to the speakers for signatures.  
**Position:** Oppose as Filed

**SB1782 / HB1495**  
Community mental health centers to employ physicians.  
**Sponsors:** Sen. Rusty Crowe / Rep. Ryan Williams  
**Description:** Amends the statutory language by...
deleting "psychiatrist" wherever it appears and substituting instead "physician". Enables community mental health centers to employ physicians and exempts emergency department physicians, pathologists or radiologists to the types of physicians who may not be employed by a community mental health center or federally qualified health center.

**Status:** Enacted as Public Chapter 0695.

**Position:** Watch

**SB1791 / HB1565 Exemptions for certain immediate methamphetamine precursors.**

**Sponsors:** Sen. Ferrell Halle / Rep. Dennis Powers

**Description:** Requires that any material, compound, mixture or preparation which contains any quantity of ephedrine or pseudoephedrine be classified as a Schedule III controlled substance. Adds products in the form of gel capsules and liquid preparations that contain any immediate methamphetamine precursor to the list of products that are exempt from the requirements in this section. Authorizes a pharmacist to dispense an immediate methamphetamine precursor upon oral prescription of the pharmacist, which is then to be submitted into writing and filed by the pharmacy. Such a prescription shall not exceed a 15 day supply of the product for a daily dosage of 240 milligrams.

**Status:** Failed in House Criminal Justice Subcommittee.

**Position:** Oppose

**SB1819 / HB1713 Deletes the Intractable Pain Treatment Act.**

**Sponsors:** Sen. Janice Bowling / Rep. Ryan Williams

**Description:** Deletes the Intractable Pain Treatment Act which states that a patient suffering from severe chronic intractable pain has the option to request or reject the use of any or all modalities in order to relieve such patient’s severe chronic intractable pain.

**Status:** Senate Health & Welfare Committee deferred to next calendar and committee closed.

**Position:** Watch

**SB1820 / HB1966 Revises the Intractable Pain Treatment Act.**

**Sponsors:** Sen. Janice Bowling / Rep. Ryan Williams

**Description:** Revises the Intractable Pain Treatment Act to promote more appropriate use of controlled substances.

**Status:** Taken off notice in Senate Health & Welfare Committee.

**Position:** Watch

**SB1832 / HB1466 Identification requirements - certain drugs are dispensed.**

**Sponsors:** Sen. Ken Yager / Rep. Bob Ramsey

**Description:** Establishes that a valid government issued photo identification must be presented to a pharmacist, pharmacy technician, pharmacy intern, or clerk designated by a pharmacist, unless the person is personally known by the pharmacy personnel, to dispense a prescription for more than a seven day supply for any Schedule II-IV opioid, benzodiazepine, barbiturate or carisoprodol, and requires the pharmacy to verify that the person retrieving thedispensed prescription is the same person pictured on the identification presented, but they are not required to be the same person for whom the prescription is written.

**Status:** Signed by governor.

**Position:** Watch

**SB1833 / HB2229 Patient notice regarding prescription of opiates.**

**Sponsors:** Sen. Ken Yager / Rep. Kent Calfee

**Description:** Deletes the requirement that physicians who refuse to prescribe opiate medication must inform patients of alternative physicians whose treatment of severe chronic intractable pain includes the use of opiates.

**Status:** Senate Health & Welfare Committee deferred to next calendar and committee closed.

**Position:** Watch

**SB1908 / HB1950 Annual Coverage Assessment of 2014.**

**Sponsors:** Sen. Doug Overbey / Rep. Michael Harrison

**Description:** Enacts the "Annual Coverage Assessment of 2014" to assess on each covered hospital an annual fee. The annual coverage assessment shall be four and fifty-two hundredths percent (4.52%) of a covered hospital's annual coverage assessment base.

**Status:** Signed by governor.

**Position:** Watch

**SB1974 / HB1827 Health care providers - inquiry into patient's firearm use.**

**Sponsors:** Sen. Frank Niceley / Rep. Rick Womick

**Description:** Prohibits health care providers or employees of a health care facility from inquiring about a patient's ownership, possession or use of firearms as a condition for receiving health care or refusing to provide health care because the person declines to answer such questions.

**Status:** Taken off notice in Senate Health & Welfare Committee.

**Position:** Watch w/Amdend

**SB2019 / HB1837 Health Care Compact.**

**Sponsors:** Sen. Mae Beavers / Rep. Mark Pody

**Description:** Enacts the Health Care Compact which: (1) Specifies that each member state may suspend by legislation the operation of all federal rules, laws, regulations, and orders regarding health care that are inconsistent with the laws and regulations adopted by the member state pursuant to this compact. For any federal law, rule, regulation, or order that remains in effect in a member state, that member state will be responsible for the associated funding obligations in its state; (2) Specifies that each federal fiscal year, each member state will have the right to federal monies up to an amount equal to its member state current year funding level for that federal fiscal year, funded by congress as mandatory spending and not subject to annual appropriation, to support the exercise of member state authority under this compact. This funding will not be conditional on any action of or regulation, policy, law, or rule being adopted by the member state. By the start of each federal fiscal year, congress must establish an initial member state current year funding level for each member state, based upon reasonable estimates; (3) Requires member states to take joint and separate action to secure the consent of the United States Congress to this compact in order to return the authority to regulate health care to the member states consistent with the goals and principles articulated in this compact. Member states may amend the compact without prior approval from congress and such amendments will be effective unless, within one year, congress disapproves the amendment; and (4) Creates the interstate advisory health care commission, described below.

**Status:** Failed in House Insurance & Banking Committee.

**Position:** Watch

**SB2029 / HB1807 Renewal of an ambulance service license.**

**Sponsors:** Sen. Joey Hensley / Rep. Tony Shipley

**Description:** Reduces from 60 to 45 days the period in which an ambulance service may renew its service license, following the expiration date, by payment of the renewal fee and late penalty.

**Status:** Enacted as Public Chapter 0715.

**Position:** Watch

**SB2231 / HB2456 Health, Dept. of**

**Sponsors:** Sen. Rusty Crowe / Rep. Jim Coley

**Description:** Requires, on or before January 1, 2015, the commissioner of health to develop a plan for a network of providers and health agreements, as appropriate, to facilitate individuals who are not eligible for medical assistance and who are otherwise lacking health insurance to utilize clinics associated with local health departments as the foundational provider of primary care before such individuals seek care at a hospital-based emergency room for non-emergent care, a hospital generally, or specialist care.

**Status:** Referred to House Health Subcommittee.

**Position:** Caption

**SB2302 / HB1657 Prescribers dispensing non-narcotic schedule V controlled substances.**

**Sponsors:** Sen. Randy McNally / Rep. Cameron Sexton

**Description:** As amended authorizes licensed prescribers who work at a pain management clinic to dispense without charge a sample of a nonnarcotic schedule V controlled substance in an amount adequate to treat a patient for a maximum of 14 days.

**Status:** Sent to governor.

**Position:** Support

**SB2316 / HB1664 Pain management clinic definition.**

**Sponsors:** Sen. Randy McNally / Rep. Bob Ramsey

**Description:** Removes dispensing language from the definition of a pain management clinic.

**Status:** Taken off notice in House Health Subcommittee.

**Position:** Oppose
SB2377 / HB1213 Required suicide prevention training.
Description: Enacts the "Kenneth and Madge Tullis, JD, Suicide Prevention Training Act of 2014" which requires the department of mental health and substance abuse services, in collaboration with the Tennessee Suicide Prevention Network, a model list of training programs in suicide assessment, treatment, and management. Requires social workers, family and marriage therapists, alcohol and drug abuse counselors, psychologists and other professionals to complete a training program in suicide assessment, treatment, and management at least once every six years, beginning January 1, 2016.
Status: Taken off notice in Senate Health & Welfare Committee.
Position: Oppose

SB2451 / HB1385 Koozer-Kuhn Medical Cannabis Act.
Description: Creates the Koozer-Kuhn Medical Cannabis Act. Establishes program for patients with chronic or debilitating medical conditions or treatments from such conditions to receive medical marijuana.
Status: Failed in House Health Subcommittee on a 2-6 vote.
Position: Oppose

INSURANCE - GENERAL

SB1286 / HB1265 Coverage - diagnosis and treatment of autism spectrum disorders.
Description: Enacts the "Luke Gleave Act". Requires a health insurance policy to provide coverage for the screening, diagnosis, and treatment of autism spectrum disorders.
Status: Taken off notice in Senate Commerce & Labor Committee.
Position: Watch

SB2125 / HB1714 Prohibition on political funding by insurance companies.
Description: Removes the statutory prohibition on political funding by insurance companies and associations doing business in this state.
Status: Enacted as Public Chapter 0670.
Position: Watch

SB2506 / HB2265 Insurance companies - prohibition on political funding.
Description: Deletes the statutory provisions that prohibit insurance companies doing business in this state from using their funds to aid any political party or any candidate for political office.
Status: Taken off notice in Senate Commerce & Labor Committee.
Position: Watch

INSURANCE - HEALTH

SB888 / HB556 Health care provider diagnostic radiology test payment required.
Description: Requires health care provider to be paid when a health insurer or radiology benefits manager which is contracted to provide utilization review services for the health insurer has approved a diagnostic radiology test, unless there was fraud on the part of the provider in procuring the authorization.
Status: Taken off notice in Senate Commerce & Labor Committee.
Position: Support

SB1142 / HB926 Utilization review of preauthorizations for health care services.
Description: Establishes and revises requirements involving utilization review of preauthorization's for health care services. Provides that if no independently developed evidence-based standards exist for a particular health care item, treatment, test, or imaging procedure, the utilization review agent cannot deny coverage based solely on the grounds that it does not meet an evidence-based standard. Requires medical directors to be licensed in Tennessee.
Status: Enacted as Public Chapter 0731.
Position: Support

SB1173 / HB699 Credentialing application before a health insurance entity.
Description: Establishes a process for reimbursing physicians for services rendered during the period physicians credentialing application is pending before a health insurance entity.
Status: Taken off notice in Senate Commerce & Labor Committee.
Position: Support

SB1888 / HB1770 The Health Care Freedom and Affordable Care Noncompliance Act.
Description: Prohibits any state entity from implementing or administering, or assisting in the implementation or administration of, any portion of the federal "Patient Protection and Affordable Care Act."
Status: Taken off notice in Senate Commerce & Labor Committee.
Position: Watch

SB1991 / HB1554 Regulation of maximum allowable cost lists.
Description: Requires pharmacy benefits manager or covered entity, before placing a drug on a maximum allowable cost list, to determine if there are at least three generically equivalent versions of that drug available for purchase by all pharmacies in the state from national or regional wholesalers and to determine that the drug is not obsolete, temporarily unavailable, or listed on a drug shortage list.

Status: Sent to governor.
Position: Watch

SB2050 / HB1895 Telehealth insurance coverage.
Description: Requires that a health insurance carrier provide coverage under a health insurance policy for healthcare services delivered through telehealth. Establishes that "telehealth" does not include an audio-only conversation between a licensed healthcare provider and a patient; an electronic mail message between a licensed healthcare provider and a patient; or a facsimile transmission between a licensed healthcare provider and a patient.
Status: Enacted as Public Chapter 0675.
Position: Support if Amended

SB2236 / HB2063 Physicians to notify patients before referring out-of-network.
Description: Requires physician to notify patient in writing before scheduling a health care service with or making a referral to a non-participating or out-of-network physician, provider or facility.
Status: Taken off notice in Senate Commerce & Labor Committee.
Position: Oppose

JUDICIARY

SB868 / HB866 Increases statute of limitations for injuries to person.
Description: Increases the statute of limitations for actions involving injuries to the person from one year to two years after the cause of action accrued.
Status: Taken off notice in Senate Judiciary Committee.
Position: Oppose

SB2042 / HB1504 Statute of limitations for commencing wrongful death action.
Description: Creates a two year, rather than one year, statute of limitations for commencing wrongful death action.
Status: Taken off notice in House Civil Justice Subcommittee.
Position: Oppose

LABOR

SB2026 / HB1834 E-Verify required for of employers with more than six employees.
Description: Requires governmental entities and private employers with 6 or more employees to verify new hires using the E-Verify program.
Status: Taken off notice in House State Government Subcommittee.
Position: Watch
PRACTICE

SB220 / HB555 Optometrists practicing in a retail store.
Description: As amended authorizes optometrists to use a local anesthetic in conjunction with the primary care treatment of an eyelid lesion provided the optometrist has met statutorily defined certification requirements. Requires an optometrist to provide to the board of optometry proof that the optometrist has current CPR certification and requires that the optometrist maintain in their office an AED at all times that a local anesthetic is administered by the optometrist.
Status: Enacted as Public Chapter 0638.
Position: Oppose as Amended

SB221 / HB482 Checking of controlled substance database in overdose cases.
Description: Requires a physician in an emergency department to check the controlled substances database to determine if a patient who has overdosed has been prescribed a prescription for the same substance on which the patient overdosed. Requires the physician to report the overdose to the prescriber of the controlled substance and to the board of medical examiners if the physician determines that the patient has been prescribed the controlled substance.
Status: Held on House clerk’s desk.
Position: Oppose as Filed

SB1473 / HB2073 Volunteer Health Care Services Act – charge options.
Description: Replaces the fee previously tied to a state regulatory fee with a fee of no more than $50 as one of the three charge options available for a sponsoring organization to charge a recipient under the Volunteer Health Care Services Act.
Status: Enacted as Public Chapter 0615.
Position: Watch

SB1502 / HB1494 Certain physician assistants to perform duties of a physician.
Description: Under present law, in regards to the involuntary admission of an individual to an inpatient mental health facility, the commissioner may designate a person to take any action authorized or duty imposed on a physician if the person is a qualified mental health official, is licensed or certified to practice in the state if required for the profession, and completes a training program on emergency commitment criteria and procedures that is approved and provided by the department. This bill adds a “licensed physician’s assistant with a master’s degree and expertise in psychiatry as determined by training, education or experience” to the persons the commissioner may so designate, if the person meets the other described requirements.
Status: Enacted as Public Chapter 0688.
Position: Watch

SB1629 / HB1425 Online applications - various health-related professions.
Description: Authorizes the use of online applications for all occupations regulated by the division of health related boards and for all occupations regulated by any board, commission, committee, agency or other governmental entity created in title 63, title 68, chapter 24 and title 68, chapter 140, part 3.
Status: Sent to the speakers for signatures.
Position: Support

SB1768 / HB1656 Authorizes certification of registered nurse first assistants.
Description: Authorizes the certification of registered nurse first assistants. Requires such profession to be a licensed registered nurse, to be certified in perioperative nursing, and to have completed an approved registered nurse first assistant education program.
Status: Sent to the speakers for signatures.
Position: Support

SB1982 / HB2040 Annual report regarding hospice services.
Description: Requires the board for licensing health care facilities to prepare and present an annual report regarding hospice services on or before January 15 of each year. Also requires the board to make the report available on its website.
Status: Taken off notice in Senate Health & Welfare Committee.
Position: Oppose

SB1992 / HB2139 Authorizes collaborative pharmacy practice.
Description: Authorizes collaborative pharmacy practice. Includes, in the definition of pharmacy, the provision of patient care services and activities pursuant to a collaborative pharmacy practice agreement.
Status: Sent to governor.
Position: Support

SB2479 / HB2441 Scope of practice for psychologists.
Description: Changes the scope of practice for psychologists to include forensic psychological evaluation, parent coordination, life coaching and executive coaching; specifies that certain assessments are also within the scope of psychology practice.
Status: Sent to governor.
Position: Watch

TAXES BUSINESS

SB1636 / HB1432 Non-payment of professional privilege tax.
Description: Revises certain guidelines regarding the failure to pay the professional privilege tax.
Status: Sent to governor.
Position: Watch

TENNCARE

SB1975 / HB1723 Implementation of Patient Protection and Affordable Care Act.
Description: Requires medical assistance under Title 71, Chapter 5, and any federal waiver authorized by Title 71, Chapter 5, to be extended to provide the full extent of the Medicaid eligibility expansion permitted by the Patient Protection and Affordable Care Act for which the enhanced federal financial assistance matching rate is 100 percent.
Status: Failed in House Insurance & Banking Subcommittee.
Position: Watch

TORT LIABILITY

SB1184 / HB978 Limits recovery for medical costs - personal injury or wrongful death.
Description: Personal Injury or Wrongful Death Act. Relative to damages for personal injury or wrongful death, limits recovery for medical costs to amounts paid by or on behalf of the claimant, amounts necessary to satisfy unpaid charges for medical care, and amounts necessary to satisfy future medical charges.
Status: Taken off notice in House Civil Justice Subcommittee.
Position: Watch

SB1674 / HB1928 Providing of volunteer healthcare services.
Description: Clarifies that a health care professional voluntarily providing health care services to a patient at a clinic that does not charge the patient or a third party receives the same immunity from liability as a health care professional providing services for a sponsoring organization that charges the patient based on a sliding income scale.
Status: Enacted as Public Chapter 0575.
Position: Support

TRANSPORTATION

SB548 / HB444 Helmet exemption for certain motorcycle operators.
Sponsors: Sen. Mike Bell / Rep. Cameron Sexton
Description: Permits motorcycle operators to ride a motorcycle without a helmet if they have completed a department of safety approved motorcycle safety education course, they have been legally operating a motorcycle for at least two years, they are at least 21 years of age, and they have a minimum of $100,000 of liability insurance coverage and a minimum of $200,000 of medical insurance coverage.
Status: Failed in Senate Finance, Ways & Means Committee on a 5-6 vote.
Position: Oppose
**2014 GENERAL ASSEMBLY**

**MEMBER NEWS**

**SB1639 / HB1497** Increases fines for failure to use safety belts.  
**Sponsors:** Sen. Mark S. Norris / Rep. Gerald McCormick  
**Description:** Increases the fines for failure to use safety belts to $25.00 from $10.00 for a first violation and $50.00 from $20.00 on second and subsequent violations. Designates a portion of the revenue from the fines to the division of vocational rehabilitation, and a portion to the state general fund.  
**Status:** Taken off notice in House Transportation Committee.  
**Position:** Watch

**SB1846 / HB1676** Exempts out-of-state residents wearing safety equipment on motorcycle.  
**Description:** Exempts out-of-state residents from having to wear a helmet while driving a motorcycle if the motorcycle is registered in a state that does not require persons over the age of 21 to wear a helmet while operating a motorcycle.  
**Status:** House Transportation Subcommittee deferred to summer study.  
**Position:** Oppose

**WORKERS COMPENSATION**

**SB1645 / HB1440** Revises various workers’ compensation provisions.  
**Sponsors:** Sen. Mark S. Norris / Rep. Gerald McCormick  
**Description:** Revises various provisions relative to workers’ compensation. Defines specialty practice group. Alters distribution of proceeds from certain penalty payments. Alters provisions regarding specific documented findings by the court. Alters penalties and procedure for noncompliance with insurance requirements.  
**Status:** Sent to governor.  
**Position:** Watch
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Allen S. Boyd, Jr., MD, age 77. Died March 27, 2014. Graduate of University of Tennessee Health Science Center. Member of The Memphis Medical Society.

Richard J. Erickson, MD, age 82. Died March 28, 2014. Graduate of University of Maryland School of Medicine. Member of Knoxville Academy of Medicine.

Robert S. Francis, MD, age 70. Died March 28, 2014. Graduate of Vanderbilt University School of Medicine. Member of Nashville Academy of Medicine.

John B. Turner, MD, age 97. April 7, 2014. Graduate of University of Tennessee Health Science Center. Member of Robertson County Medical Society.

James H. Donnell, MD, age 75. Died April 16, 2014. Graduate of University of Tennessee Health Science Center. Member of the Consolidated Medical Assembly of West Tennessee.

Terry S. Bloom, age 71. Died April 18, 2014. Graduate of University of Florida College of Medicine. Member of Sullivan County Medical Society.

John P. Platt, Sr., MD, age 96. Died May 6, 2014. Graduate of Emory University School of Medicine. Member of Washington-Unicoi-Johnson County Medical Society.

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