HOUSE OF DELEGATES

April 10 and 12, 2015
Gaylord Opryland Hotel
Nashville, Tennessee
MEMORANDUM

TO: TMA House of Delegates

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

DATE: April 10, 2015

Welcome to Nashville
and the 180th Annual Meeting
of the
Tennessee Medical Association

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

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

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

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

If there is any way we can be of assistance to you in better understanding your role, please call on us.
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Order of Business

First Session of the House of Delegates
Friday, April 10, 2015
Gaylord Opryland Hotel, Nashville, Tennessee

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

3:30 PM – 4:30 PM.............................................DELEGATE CREDENTIALING............................ Hermitage CD
4:30 PM – 6:00 PM............................................TMA HOUSE OF DELEGATES..............................Hermitage CD

1. Call to Order .................................................................................................................. Speaker
2. Invocation/National Anthem/Pledge of Allegiance ......................................................... Speaker
3. Introduction of Distinguished Guests ............................................................................ Speaker
4. Memorials Report ......................................................................................................... Matthew L. Mancini, MD
5. Housekeeping Announcements .................................................................................... Speaker
6. Report of Credentials Committee and Seating of Delegates ........................................ Wm. Kirk Stone, MD
7. Declaration of a Quorum ............................................................................................. Wm. Kirk Stone, MD
8. Announcement of Tellers............................................................................................... Speaker
9. Approval of Minutes of Last Session ............................................................................ Speaker
   (Officially recorded in the June 2014 Issue of Tennessee Medicine)
10. Outstanding Physician Award .................................................................................... Speaker
11. Resolution of Commendation ..................................................................................... Adele M. Lewis, MD
    Nashville Academy of Medicine
12. Reports of Officers
   (A) President .............................................................. Douglas J. Springer, MD, FACP, FACG
   (B) Chairman, Board of Trustees............................................................... Keith G. Anderson, MD
   (C) Secretary-Treasurer ......................................................................................... James E. Powell, MD
   (D) Chairman, Judicial Council ................................................................. Edward W. Capparelli, MD
   (E) Chief Executive Officer ............................................................................... Russell E. Miller, Jr., CAE
13. Reports of Committees
   No. 1 Committee on Constitution & Bylaws ........................................... David G. Gerkin, MD
   No. 2 Insurance Issues Committee ...... B W. Ruffner, Jr., MD, and Charles E. Leonard, MD
   No. 3 Practice Management & Quality Committee .................. Jeffrey A. Suppinger, MD
   No. 4 Committee on Public Health .................................................... Stuart M. Polly, MD
   No. 5 IMPACT ............................................................................. Newton P. Allen, Jr., MD
   No. 6 Committee on Legislation ..................................................... Ronald H. Kirkland, MD
   No. 7 Professional Relations Committee ........................................... Elise C. Denneney, MD
   No. 8 Membership Committee .................................................... Jerome W. Thompson, MD

14. Informational Reports
   No. 1 Tennessee Medical Foundation ............................................ Roland W. Gray, MD
   No. 2 Board of Medical Examiners.................................................. Michael D. Zanolli, MD
   No. 3 Tennessee Medical Education Fund........................................ Robert A. Kerlan, MD
   No. 4 Report of the Editor ................................................................ David G. Gerkin, MD
   No. 5 Report of the Tennessee Delegation to the AMA ............ Donald B. Franklin, Jr., MD

15. Special Report
   No. 1 Memorials Report ................................................................. Matthew L. Mancini, MD

16. Consent Calendar
   • Resolutions to Sunset and Become Permanent Policy .................. Speaker
   • Resolutions to Sunset ................................................................. Speaker
   • Reaffirmation of 2008 Resolutions ............................................. Speaker

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

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

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

20. Report of the Nominating Committee and Election of Officers ........... Douglas J. Springer, MD

21. Installation of John W. Hale, Jr., MD, TMA’s 161st TMA President .... Douglas J. Springer, MD

22. Announcements

23. Recess until 9:00 AM Sunday April 12, 2015

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Order of Business

Second Session of the House of Delegates
Sunday, April 12, 2015
Gaylord Opryland Hotel, Nashville, Tennessee

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

7:00 AM – 9:00 AM.............DELEGATE CREDENTIALING.............Hermitage CD
9:00 AM ..........................TMA HOUSE OF DELEGATES.............Hermitage CD

1. Call to Order .................................................................................................................. Speaker
2. Declaration of a Quorum ....................................................................................... Wm. Kirk Stone, MD
3. Announcement of Tellers ................................................................. Speaker
4. Housekeeping Announcements ..................................................................... Speaker
5. Introduction of Additional Amendments and Resolutions if any .................. Speaker
   (In emergency only – must have 51% approval of the House)
6. Introduction of Distinguished Guests .................................................................. Speaker
7. Issuance or Suspension of Component Society Charters, if any .................. Edward W. Capparelli, MD, Chairman, Judicial Council
8. Procedures of the House of Delegates ......................................................... Speaker
9. Announcement of Special Committee on Resolutions................................. Speaker
10. Consideration of Constitutional Amendment (if any) ...................................... Full House
11. Consideration of Bylaw Amendments ............................................................. Full House
12. Consideration of Resolutions............................................................................. Full House
13. Election of Speaker and Vice-Speaker ......................................................... Douglas J. Springer, MD
14. Announcement of Place and Dates of MedTenn 2016 .................................. Speaker
15. Other Business...................................................................................................... Speaker
16. Adjourn
TMA PHYSICIAN AWARDS

Distinguished Service Award
(presented during the TMA Board of Trustee meeting April 10, 2015)
Michael Dean Brunsun, MD, nominated by the Knoxville Academy of Medicine
William Irvin Mariencheck, MD, nominated by The Memphis Medical Society

Outstanding Physician Award
James D. Eason, MD, nominated by The Memphis Medical Society
J. Mack Worthington, MD, nominated by the Chattanooga Hamilton County Medical Society
Eric L. Raefsky, MD, nominated posthumously by the Nashville Academy of Medicine

COMMITTEES OF THE HOUSE

Credentials Committee
William “Kirk” Stone, MD, Union City, Chair
Landon S. Combs, MD, Gray
Jerome Thompson, MD, Memphis

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

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

Special Committee on Resolutions
David G. Gerkin, MD, Knoxville, Chair
O. Lee Berkenstock, MD. Memphis

With the demise of reference committees it became necessary to establish a group at each House of Delegates meeting to be on stand-by to discuss any resolutions that cannot be resolved by the HOD as a whole. Unresolved resolutions are referred by the speaker to the Special Committee on Resolutions. If needed, the committee will convene during a recess of the House to discuss all resolutions in controversy. It does not file a report but drafts an amended resolution for submission to the House with a recommendation that the resolution be adopted, adopted as amended, or that the resolution not be adopted.
It has been my great honor to serve as the 160th President of the Tennessee Medical Association during 2014-2015. The experience over the last year will be cherished as one of the best over my entire medical career. This position provided me the opportunity to meet physicians across our State, leaders of healthcare organizations, legislators who affect healthcare policy, and interact with the TMA staff in all departments. We are here to deliver on our mission to provide the best healthcare to Tennesseans, to provide an environment that nurtures and makes it attractive for doctors to practice in our State, and act as a consultant to the government on healthcare policy.

I told you at the beginning of my term that I believed in “distributive management in leadership”. There is no one person or group that makes TMA work—the committees, the House of Delegates, the Board of Trustees, the medical societies, and the staff all represent important “cogs in the wheel” and missing any piece would diminish the effect of the organization. My year as president would have been impossible without all of these components.

I have Russ and his exceptional staff to thank for providing guidance through this difficult year politically. He has a motivated, engaged, devoted, and hard-working staff, and Russ has positioned our organization to take every advantage of opportunities that are presented to the organization. It is no small wonder why TMA has been so successful at assisting our members and promoting the practice of medicine in our great State.

During one’s tenure as President, there are duties that are “business as usual” for the position. This includes attending: quarterly Board of Trustees meetings, the Board of Trustees executive committee meetings, Legislative Day on the Hill, and as much as possible all of the TMA committee meetings; also participating with Russ to develop a plan for strategy for the year, attending and filing a report to the Board for the CEO review, and writing articles for Tennessee Medicine, the Journal of the Tennessee Medical Association. I met by telephone conference with Russ on a weekly basis to fine-tune the strategy over the year. We continued implementing the strategic plan and made modifications as necessary, revised the governance of the TMA committees and their relationships to the Board, formulated policy for the year ahead, and improved alignment of the TMA Alliance, TMGMA, subspecialty organizations, SVMIC, TNA, and THA. I also attended a conference at Duke
University for leaders across the country. I served as alternate delegate at the AMA annual meeting in Chicago. I was invited and was able to attend the annual meeting of the Kentucky Medical Association, whose hosting of the event and their warmth toward me was outstanding. This is the usual and minimal amount of work that is expected of the President of the TMA. Then there were the “other things” that will be discussed below.

I moderated a panel discussion in Knoxville of hospital leaders across the eastern part of the state to discuss the implications of the uninsured and underinsured. A full discussion of the hospital responses and local community responses to this population was discussed as well as the new definition of bad debt in health systems.

I participated and assisted in the application for CME accreditation. After 18 months of hard work by Angie Madden and her committee, the Accreditation Council for Continuing Medical Education awarded TMA provisional accreditation. This gives the TMA the ability to offer credit hours for coursework and represents another financial pillar to bolster the organization.

I conceived and then went to work to organize a meeting between the large Metro societies and the executive committee of the Board of Trustees. This was conceived in June and became reality in September. The presidents, presidents-elect, and metro CEOs all came to the “summit” in a Board-to-Board meeting. We created a menu of Big Issues, Big Solutions, and Actionable Items in areas of membership, governance, communication and programs. Items for immediate attention and implementation surfaced and will be acted upon.

I was asked to deliver a keynote address to the faculty, students, and residents of ETSU on the subject of Professionalism. I defined the problem, explained the roles of doctors in advancing professionalism, and went through the history and evolution of the movement, identifying lapses and strategy to respond to the lapses in professionalism.

I met with and had in-depth discussions with the Tennessee Association of Physician Assistants (TAPA) before our joint statement was published concerning the team approach to care and the unique roles that each of the members of TMA and TAPA play in the team based model, emphasizing the strengths of each of our organizations and how the interplay results in better and more inclusive care for patients served under this concept. I was interviewed and an article was generated in the Journal-Health Leaders, which is distributed to CEOs across the country.

Our executive committee met with the executive committee of Tennessee Hospital Association and discussed issues common to both organizations. This included Medicaid expansion, GME, payment reform, the CON process, APN issues, and payer accountability. This was the second meeting of this type I had attended and I must say that our boards are now more familiar with each other, and the meeting has produced closer ties and building trust over common ground, even including the difficult issues where we do not necessarily completely agree.
I participated in reviewing and TMA sent a delegation to testify in front of CMS for the state application of the SIM Grant (State Innovation Model). In mid December 2014 the State was awarded $65 Million to implement 75 episodes of care and create a PCMH Model in which all payers must participate in the next five years. We also lobbied and received permission for the position of Ombudsman to act as a “rainmaker” and “interpreter of reports” between members of TMSA and the State. This is a position that will be funded out of the SIM grant for four years.

I participated in nominating physicians to TAGS from all across the State to serve on five committees from July –December 2014 and six more from January-June 2015. These doctors provided advice on the patient journey through an episode of care, care pathways, components of the episode, definition of an accountable provider, and appropriate quality measures. I want to acknowledge B W. Ruffner, Jr., MD for his tireless (some might say thankless) amount of energy and time that he puts in on this aspect of TMA business.

Our legislative package was refined in January for 2015 and includes payer accountability, addiction treatment legislation, and a bill designed to foster physician team lead care.

I participated in the redesign and renaming of our physician leadership college that was conceived by Dr. John Ingram. After the year I have had, I have no idea how John found the energy or time to develop an entire new program for TMA. The Leadership College was completely revamped and renamed appropriately the John Ingram Institute. This program now has an expanded menu of options for the development of the next generation of medical leaders AND named after the person who single handedly made this a reality for TMA, and one of the signature offerings of our organization. The Institute will be under a 501(c)3 status whereby donations are tax deductible and grants can be received."

I made a specific trip to Jackson to recruit the community of doctors to the TMA in the form of a group deal. While not successful at the time, significant conversations are ongoing and I am hopeful that the community will rally around the TMA.

Importantly the Board of Trustees dealt with the difficult task of separating Insure Tennessee from Payment Reform. We had several executive meetings before the final Board meeting that culminated in the TMA Statement about supporting Insure Tennessee. We invited government representatives to our board meeting to clearly outline our concerns about payment reform and also outlined specific suggestions for improvement. The Board, including myself, met with the Governor and presented our menu of suggestions that was also the subject of a letter I delivered to him specifically. A number of newspaper articles were written by me addressing these issues and hopefully clarified our position to our membership.
I want to issue a special “thank you” to Drs. John Hale, Chris Young and Keith Anderson for their friendship and counsel throughout the year. I could not have done the job that was required without the expert advice that these gentlemen provided.

Respectfully submitted,

Douglas J. Springer, MD, FACP, FACG
It has been an honor to have served the Tennessee Medical Association as Chairman of its Board of Trustees. Once again, our Board members have participated with dedication, enthusiasm and ingenuity.

This year’s legislative issues dominated much of our time. We monitored Governor Haslam’s Insured Tennessee proposal and had the fortune to meet with him directly. We supported his plan and campaigned in the legislature for passage. Unfortunately, the Assembly defeated the proposal in committee. Following up with key legislators, we voiced our disappointment and sincere concern for the citizens of Tennessee that will continue to be without healthcare coverage because of this defeat.

Payment reform through the Tennessee Health Care Innovation Initiative involves the development of episodes of care by Technical Advisory Groups (TAGS) for various specialties. The pilot episodes have been problematic in making meaningful practice alterations to reduce cost and increase efficiency without jeopardizing patient care. The Board met with representatives of the TennCare Bureau for several hours in January to address these concerns. Reporting has improved, but there is a lot of work to be done before episodes of care expand to 75 over the next few years. We are continuing to monitor and advise the TAGs.

The Payer Accountability Bill was written to assure fair contract adherence among payers and providers. Alterations were made to compromise with the Tennessee Hospital Association and insurer groups. Hopefully, in its present language, the bill will pass through this session of Congress.

We continue to enjoy a strong relationship with the Tennessee Association of Physicians Assistants. Our relationships with the Tennessee Hospital Association and the Tennessee Nursing Association continue to move in a positive direction. Our goal is to assure that healthcare in Tennessee is delivered by a physician-led team care approach.

Also, our agenda has approved a transition of *Tennessee Medicine* into a robust electronic format and exciting and energetic changes in the Physicians Leadership College. The Board has met strategically with the Metro society leadership to strengthen our common interests. Strong efforts to enhance the TMA annual meeting continue under our direction.
Financially, under the leadership of our Treasurer, Dr. Pete Powell, we remain strong finishing the year with a surplus and passing a balanced budget for 2015.

I appreciate the leadership of our CEO, Russ Miller and his dedicated staff for their carrying the daily operations of our association, members of the Board for their enthusiasm, committee chairs and members who are the workforce of our association, and Speaker and members of the House of Delegates for their voices.

Respectfully submitted,

Keith G. Anderson, MD, Chairman of the Board

2014-2015 Board of Trustees
Doug Springer, MD, FACP, FACG, President
John Hale, MD, President-Elect
Chris Young, MD, Immediate Past-President
Jane Siegel, MD, Speaker, House of Delegates
Region 1: Keith Anderson, MD (Chair)
Region 2: Bob Vegors, MD, FACP
Region 3: Pete Powell, MD
Region 4: Michel McDonald, MD (Vice chair)
Region 5: James Batson, MD
Region 6: Nita Shumaker, MD
Region 7: Richard Briggs, MD
Region 8: Tim Gardner, MD
Resident/Fellow Section: Frederick Clayton, MD
Young Physician Section: Brian Dulin, MD, FACC
Medical Student Section: Kelly Gassie
TMAA Advisor: Nora Lee, TMAA President
TMGMA Advisor: Dan Hein
Resolution No. 2-14  **TennCare Medicaid Reform Proposal**
Action: Assigned to the Insurance Issues Committee: during the May 20, 2014, committee conference call, committee members approved the resolution as a means of keeping patient care on the forefront of payment reform.

Resolution No. 3-14  **Inclusion of Electronic Communications in E-Health Reimbursement**
Action: Assigned to the Insurance Issues Committee and AMA Delegation. During the May 20, 2014, committee conference call, members were informed about Public Chapter 675, passed during the 2014 TN legislative session, which requires insurance companies to reimburse providers for any telehealth services that would be reimbursed via face-to-face encounters. Further, the TMA has been advocating for expanding the definition of telehealth in the BME’s recently proposed regulations. As a result, the committee members chose not to recommend any additional action regarding this resolution.

Resolution No. 5-14  **Treat E-Cigarettes in the Same Manner as Other Tobacco Products Containing Nicotine**
Action: Assigned to: Public Health Committee. The Public Health Committee considers regulation of e-cigarettes a public health concern. It is their understanding regulation of e-cigarettes in Tennessee (and on a national level) will be addressed in the next legislative session. Meanwhile, they have invited Pulmonary Fellow and TMA Board member, Dr. Frederick Clayton to join in on their next conference call to give some technical insight.

Resolution No. 6-14  **Resolution to Direct the Development of Narrowing Physician Networks**
Action: Assigned to: Insurance Issues Committee. During the May 20, 2014, committee conference call, members recommended that the TMA set up meetings with representatives from the various health plans in the state to discuss the issue of narrow networks. Meetings with BCBST and UnitedHealthcare are ongoing.

Resolution No. 7-14  **Notification of Substitution of Biosimilar Medications**
Action: Assigned to: Practice Management and Quality Committee/Legislative Committee. TMA government affairs staff has been working with a broad based coalition on passage of a bill that will allow for pharmacists to substitute a biologic with an FDA approved interchangeable biosimilar. The bill, SB984/HB572 by Sen. Mark Norris and Rep. Cameron Sexton, allows for the substitution and also requires the pharmacist to notify the prescriber within 5 business days of dispensing the drug.
The Judicial Council met three times since last year’s House of Delegates: on April 27, 2014, after the TMA Annual Meeting, on October 29, 2014, and on March 18, 2015. In between and thereafter, the Council conducted all business by electronic means. I, Edward Capparelli, MD served as Chair and Pushpendra Jain, MD served as Vice Chair.

The bulk of the Council’s business for the past year centered on its vision of strengthening component medical societies by regionalizing TMA’s governance structure. Thus, the year was spent examining data and discussing possible ways to regionalize some of the county societies. TMA staff supplied data as to which component medical societies filed annual reports, societies that have not recently participated in the House of Delegates, as well as a breakdown of members/non-members in each society.

Data reviewed reveals that, except for a few of the larger medical societies, most component medical societies are not active. Councilors agreed that the governance structure of TMA membership through county medical societies was antiquated and needed to be changed. The chairman asked each councilor to look at his/her region and make a recommendation as to what, if any, component medical societies can be merged to form larger medical societies that can be active, provide programs, and stimulate membership in TMA. Dr. Jain reported that physicians in Cookeville had been trying to revitalize the Putnam County Medical Society through meetings offering accredited continuing medical education and inviting physicians from surrounding counties to attend. Dr. Capparelli asked that councilors submit their recommendations for discussion.

In the TMA elections held in February 2015, regions 2, 4, 6, and 8 elected Councilors for the 2015-2017 terms. The following Councilors were elected and will assume their new terms after April 12, 2015: Pamela D. Murray, MD (Region 2); Richard D. Soper, JD, MD (Region 4); Shauna Lorenzo-Rivero, MD (Region 6); and Charles Leonard, MD (Region 8). All are new Councilors so we will have a great deal of new ideas and energy at hand. In 2016, regions 1, 3, 5, and 7 will elect Councilors for the 2016-2018 terms.

It has been enjoyable to serve as Chairman of the Judicial Council this past year and work with this group of dedicated Councilors. The Council’s recommendations with respect to troubled component medical societies over the past few years have emphasized the need for the TMA leadership to continue to focus on component societies and growing membership. We welcome input from groups involved in the Strategic Plan process and TMA Governance Work
Group and hope they continue to carefully evaluate the future viability of the medical society model in TMA governance.

I wish to thank all of the members of the current Judicial Council for their willingness to serve TMA in this important capacity. I wish to also thank those TMA members who assist in local peer review committees and the TMA staff who support the Judicial Council.

Respectfully submitted,

Edward Capparelli, MD, Chair

2014-2015 Councilors
Eugene Ryan, MD (Region 6)  Paul Klimo, MD (Region 1)
Susan Lowry, MD (Region 2)  Edward W. Capparelli, MD (Region 7)
Ron Overfield, MD (Region 4)  Pushpendra Jain, MD, Vice Chair (Region 5)
Steven Samudrala, MD (Region 3)  Fredric Mishkin, MD (Region 8)

A. Yarnell Beatty, JD, Staff Liaison
As I enter my third year as your chief executive officer, I am greatly encouraged at the direction of the Association. Just as the profession is in very trying times, professional associations face similar challenges to their existence. In a world where everything is available at your fingertips instantaneously, associations are having to reinvent themselves to compete and remain relevant to current members and put forth a strong value proposition to potential members to win their membership and loyalty.

TMA fortunately began its internal evaluations and crafted its strategic plan in 2008, and we continue to work that very plan today. As your CEO, my primary duties include guidance of the association according to plan, working closely with leadership to report progress and alerting them to obstacles, running a fiscally sound operation with a balanced budget and maintaining a professional staff to carry out the mission, vision and priorities of the TMA.

Advocacy

Payment Innovations – The TMA was awarded a grant from the state of Tennessee to help fund a staff position to counsel members and medical practices on new payment innovation models and data reports. As part of the state’s SIMS Grant, TMA was selected to engage and provide counsel to physicians to help them understand the rationale of the episodes of care reports from insurance companies and to create action plans to improve their personal performance thereby affecting their ability to earn financial bonuses and avoid penalties.

Our most notable piece of legislation from last session was our payer accountability bill. Our legislative staff worked tirelessly all summer and fall with representatives of the largest health insurance companies to craft language acceptable to all parties. Unfortunately, we did not reach that consensus and went back to the legislature with language that best suits our members’ needs.

I am happy to report that for the second consecutive year, we increased attendance at our Physicians’ Day on the Hill. This year we had more than 175 physician and student members and practice managers attend, completing appointments with 93 of 132 legislators. This represents a 17% attendance increase over 2014.
Almost a decade ago your TMA was party in a number of lawsuits against the largest health insurance companies in America. I am happy to report that the final case against United Healthcare was settled. The original lawsuits claimed that the insurers unfairly edited and down coded physicians’ claims systematically over an extended period of time without adequate transparency to their procedures. Mr. Yarnell Beatty, our legal counsel and vice president of Advocacy has been involved with these lawsuits over this extended period of time and deserves the gratitude of the House of Delegates for his stewardship and perseverance to see this process to its conclusion.

Education
TMA continues to grow its educational department and its offerings for members and all physicians. In 2014, we offered 37 classes and another three online classes training 3,335 physicians. The most notable achievement in 2014 was that TMA earned its certification as an accredited sponsor of continuing medical education by the American Council for Continuing Medical Education (ACCME). This was an arduous 20 month process with notable thanks to Ms. Angie Madden, our Director of Practice Solutions for her efforts to regain this designation for the association. This will allow TMA to create CME-certified original content as well as offer accreditation services to our component societies and medical specialty societies.

At this meeting, the seventh class of the TMA Physicians Leadership College will graduate. Since 2008, TMA PLC has trained more than 80 physicians through the program. Over the last 12 months, plans have begun to increase the leadership training opportunities offered by TMA. Last fall, we were pleased to announce the creation of the John Ingram Institute for Physician Leadership. During his tenure as TMA president, Dr. John Ingram was the catalyst for the TMA Physicians Leadership College and the Board of Trustees elected to name the next generation of our leadership training efforts after him. TMA has received a generous grant from The Physicians Foundation to help launch the Ingram Institute in 2015 that will include a three-day leadership immersion track as well as a nine month long clinical quality track focused on physician led, team-based care plans. The Institute was shifted from the TMA to the Tennessee Medical Education Foundation, a 501(c)3 non-profit, whereby donations and grants are tax deductible.

Tennessee Medicine, the Journal of the Tennessee Medical Association has been the primary communication vehicle to reach our members for decades. In 2014 the decision was made to produce the publication quarterly with a supplemental annual report during the summer. I am pleased to report that the publication achieved its first profitable year ever, going from a dues-subsidized piece to earning a small profit. The Board of Trustees did not want to jettison the responsibility TMA has to allow members to publish their clinical works and sought a viable alternative to the limitations placed on us by a quarterly print magazine. The solution was the creation of an online medical journal which went live in December 2014. I encourage all members to go to tnmed.org/ejournal.

Community
TMA continues to work diligently to improve its relations and collaborations with various medical organizations throughout the state. One of our strategies is to increase the number of organizations meeting in conjunction with the TMA at its annual meeting each April. We have
not grown the meeting as planned based on the number of organizations meeting with us, but we have grown the meeting’s educational offerings and the number of attendees for the last couple of years. This is encouraging, but we need to break the long-held impression that this meeting is ‘just for the delegates’. This is growing to be the largest medical convention in the state. One obstacle to our ability to attract other organizations is the fact that facility contracts are signed years in advance, so it may take a few more years to integrate our schedules.

We have continued our success in meeting with large medical practices and hospital based physician groups across the state. We have added a number all-in groups in 2014 and the pace has quickened in 2015. Plans are underway to meet with our members that are under employment contracts to better understand their wants and needs from their professional association. From that information, leadership will continue to meet with the largest employers of physicians throughout the state to support the works of TMA through membership for their physician employees.

Leadership

Each year there are a number of critical decisions to be made by the TMA leadership. The most notable issue this year was the association’s positioning on Insure Tennessee. The House of Delegates had passed a number of resolutions supporting the expansion of Medicaid and other measures to make insurance attainable for all Tennesseans. We had met a number of times with the Governor’s administration but it was not until late December 2014 that we were informed that he planned to move the Tennessee Plan forward to the legislature and CMS as Insure Tennessee. After a number of emergency meetings, the board of trustees elected to separate its concerns about payment reform initiatives from the issue of supporting Insure Tennessee. Understanding that Insure Tennessee was the only option that would have any possibility of passing in 2015, the board opted to support the governor’s plan. The governor’s proposal was rejected in a senate committee hearing in February 2015.

As for episodes of care efforts and payment reform, TMA leadership remains focused on working with the state to vastly improve reports and inject more physicians oversight and input to the episodes of care being developed. It was gratifying to learn recently that the episodes of care portion of the Initiative at this point are only applicable to TennCare and will not be applicable to commercial products until 2016.

Governance

There was a special project last year to restructuring the committees serving under the board of trustees. Dr. Wiley Robinson was appointed the task of working with staff to create a better workflow process and reporting mechanism between committees and the board.

The TMA delegation to the American Medical association has experienced a 50% turnover in the last two years. 2014 was the last meeting for long-time member and former chairman Dr. Chris Fleming from Memphis and Nashville surgeon Barrett Rosen. New members of the delegation are Drs. Lee Berkenstock, Fred Ralston, and Chris Young. Returning members are Drs. Don Franklin, Chair, John Ingram Vice Chair; Richard DePersio, B W. Ruffner, and Lee Morisy.
Operations

Your TMA staff completed a tremendous amount of work to improve our marketing and communications capabilities. We were at a point where we had to have new employees in our communications and marketing division due to recent staff departures. Mr. Dave Chaney joined our staff in January 2014 and Mr. Doug Word in November of 2014. With the assistance of Ms. Crystal Hogg, this department rebuilt the entire TMA website, rewrote, redesigned and reproduced all membership marketing materials, and launched our online medical journal all within a 12 month period.

In TMA Region 2, we have begun a trial project in concert with four component medical societies whereby all members of those societies pay a single dues amount. TMA has hired Ms. Carolyn Kolbaba as the regional manager to assist the medical societies with marketing, communications, grassroots and event coordination while serving as the field staff and liaison to TMA. The goal is to provide unified management and programming to stimulate the activities of and interest in membership.

The redevelopment and repositioning of TMA Physician Services continues to be a primary project. Mr. Michael Hurst has successfully created a new portfolio of products and services from which our members can benefit directly and see a return on investment in membership. We are currently in the process expanding our insurance business arrangements. The goal of our work with Physicians’ Services is to help TMA generate more non dues revenue for operations and relieve some of our reliance on membership dues for operations and growth investment.

I’m happy to report that TMA ended 2014 in the black with revenues of $3,350,828.48 compared to expenses of $3,324,386.70 for a profit of $26,441.69.

Our membership count was up as well in 2014 with a total membership of 4,403 representing an increase of 10% over 2013.

We had two issues arise that caused us some financial concern. First, the Congress delayed implementation of ICD 10 which significantly impacted our projected educational revenues for education. We were able to overcome that deficit with cost cutting measures and supplemental programming. The second concern was far less dues revenue than budgetary. This coupled with the reduction in projected educational revenues caused us to borrow from our reserves for a short period in the third quarter, but we repaid our reserves by the end of the year. To avoid having to tap reserves for short term cash flow needs, TMA Board of Trustees approved the establishment of a line of credit with our TMA Medical Banking partner.

Of note is an upcoming milestone birthday for our 2301 21st Avenue headquarters. Our building will be 25 years old next year. While the building has been maintained satisfactorily over the years, it is starting to show its age, wear and tear, and is in need of some updating.

The third floor of our building is currently leased by a number of tenants. Last year, we lost one of our longest termed tenants that occupied 40% of the leased space. We were able to find new
tenants but realized a disruption in our rent income in mid year. The building is at full occupancy
and new tenants were signed to better terms.

Looking Ahead

We anticipate that the state’s payment reform initiatives will command a significant amount of
resources from the association itself. We want to make sure TMA is in a position to help
physicians understand, react and excel under new payment models.

As physicians have consolidated themselves to combat market based pressures from payers in
the form of IPAs and ACOs, TMA is working on plans to position itself with these organizations
and provide valuable resources to these entities for business, quality measure or quality
reporting services.

We realize that the future of any membership organization lies with its abilities to recruit new
younger members as older members move out of the membership ranks. TMA will dedicate
more resources to educational activities and outreach programs to engage directly with the
resident physicians in Tennessee programs in conjunction with our local medical societies.

I would like our House of Delegates to recognize the chief executive officer of The Memphis
Medical Society, Mr. Michael Cates for his 30 years with MMS which began in 1985. Mike is
entering his 41st year of work with medical societies in Tennessee and North Carolina. Thank
you Mike for all that you’ve done for the physicians in Memphis and all across Tennessee.

My report is a very high level overview of some of the major projects and issues that your staff
has to deal with on a daily basis. I remain extremely humbled by the opportunity to work for
such a revered and noble profession such as the physicians of Tennessee, but this work could
not be done alone and I am thankful for the superb staff that I have that takes care of the
members of the association, the mountainous work at hand, and especially me!

Respectfully submitted,

Russell E. Miller, Jr. CAE
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<th>2014-2105 Staff</th>
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<td>Doug Word</td>
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<td>Crystal Hogg</td>
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Resolution No. 3-08
INSURANCE COMPANY RATINGS OF PHYSICIANS

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

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

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

1) Tennessee health insurers shall certify and report the accuracy and validity of any physician rating and tiering data before it is published.
2) Any cost and administrative burden associated with an insurer’s physician rating system and the certification of its accuracy shall be the sole responsibility of the insurer.
3) Any contract provision request a physician to submit clinical and quality data to a health plan shall be adequately reimbursed.; and be it further (Sunset)
4) RESOLVED, Tennessee Medical Association immediately convene an ad hoc task force to report to the Board of Trustees Executive Committee in June a plan to:
   1) Develop an advertising campaign to educate employers and the public that TMA does not oppose fair and accurate physician rating/tiering initiatives, and present balanced information regarding the limited information available to employers and patients through ratings/tiering based on flawed data,
   2) Stress that use by employers or patients of a single health plan's physician rating/tiering report may not provide adequate quality information about a particular physician because it may leave out quality information that could be obtained from government payers, other
   3) Commercial health plans, other physicians, or other reliable sources.
   4) Encourage employers and patients to demand fair and accurate ratings (by independent organizations) that consider a wider sample of patients
   5) Alert employers and patients of the need to be aware that some purported quality measures may be affected by factors outside the control of physicians such as patient compliance with their doctor's recommendations, contraindications for performing a particular quality measure, and services performed on a patient by another physician.
   6) Inform patients that when choosing a physician, they should not use health plan physician ratings/tiering alone but also consider other factors such as their trust in their physician-(Sunset)
RESOLVED, The Tennessee Medical Association shall encourage its members to participate in the clinically based quality and cost reporting initiatives being undertaken by their respective professional societies. (Sunset)
Resolution No. 7-08
MEMBER EDUCATION ON MEDICARE RECOVERY AUDIT CONTRACTORS

RESOLVED, That Tennessee Medical Association continue to educate its members regarding their rights during Program Safeguard Contractor surveys and Recovery Audit Contractor audits. (Sunset and become Permanent Policy)

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

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

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

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

Resolution No. 8-08
IMMUNIZATION OF TENNESSEE CHILDREN

RESOLVED, That the Tennessee Medical Association (1) support the Tennessee Department of Health’s (TDOH) goal of immunizing 90% of Tennessee’s children; (2) work closely with the Tennessee Chapter, American Academy of Pediatrics (AAP) and the Tennessee Academy of Family Physicians (TAFP) on efforts to reach this the Tennessee Department of Health’s goal of immunizing Tennessee’s Children. (Sunset and become permanent policy with modification)

RESOLVED, That the Tennessee Medical Association (1) encourage and support legislative initiatives to assure funding of vaccines by all private insurance companies or by the Vaccine for Children program for those who meet their guidelines. This funding should cover all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for all children in Tennessee 19 years of age or younger; (2) encourage physicians to improve the level of immunizations in their practice area--(Sunset)
RESOLVED, That the Tennessee Medical Association confer with the Tennessee Hospital Association in an effort to jointly resolve the difficulties encountered when patients need emergency care but the hospitals and physicians who provide that treatment are not under contract with the patient's insurer; and be it further

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

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

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

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

RESOLVED, That your Tennessee Medical Association strongly advocate for easier criteria and an easier process to obtain alternative formulas for Women, Infants and Children program infants who exhibit complications warranting a formula substitution.
Whereas, Current Tennessee Medical Association (TMA) Bylaw Chapter III, Section 7, requires that the TMA Nominating Committee choose a slate of candidates for the TMA American Medical Association (AMA) delegation to the AMA House of Delegates to be elected by the general membership of the TMA; and

Whereas, Current interpretation of the TMA Bylaws suggests that the TMA AMA delegation, although not specifically designated, is considered a section of TMA rather than as a committee of the Board of Trustees; and

Whereas, The AMA delegation is a representative extension of the TMA membership and Tennessee AMA members; and

Whereas The AMA delegation expenses are determined by the TMA Board of Trustees as a portion of the Association’s annual budget; and

Whereas The work of the AMA delegation is a direct extension of the Association’s long range strategic plan; and

Whereas, In order to promote more accountability and to formalize the relationship between the AMA delegation to the TMA membership, the oversight responsibilities should be bestowed on the TMA Board of Trustees. Now, therefore be it

RESOLVED, That the Bylaws be amended to make the Tennessee Medical Association (TMA) Delegation to the American Medical Association a committee under the auspices of the TMA Board of Trustees; and be it further

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

Sec. 7. The active dues paying and veteran membership at large shall elect representatives to the House of Delegates of the American Medical Association from a slate of nominees submitted by the Nominating Committee. The Board of Trustees shall appoint the members of the Tennessee Medical Association (TMA) American Medical Association (AMA)
delegation in accordance with the Constitution and Bylaws of the AMA for terms of two years and such delegation shall be a committee of the Board of Trustees. To be eligible to serve on the TMA AMA delegation, one must have been a member of TMA for the five consecutive years prior to election. The Association shall pay the reasonable expenses of each member of the delegation representing the Association at the American Medical Association meetings. Reasonable expenses shall be determined by the Board of Trustees; and be it further

RESOLVED. That Bylaw Chapter IV, Section B.2 be amended by deletion as follows:

Sec. 2. By September 1 ...

f) By December 1 of each year, submit nominees to the chief executive officer for open positions for: speaker and vice-speaker of the TMA House of Delegates, president-elect, AMA delegation, councilors, and board of trustees; and be it further

RESOLVED. That Bylaw Chapter IV, Section B.4 be amended by deletion as follows:

Sec. 4. In the membership-at-large balloting for president-elect, if no one receives a majority of the votes cast, the top two vote recipients shall be in a runoff to decide the election. There will be no runoff balloting for AMA Delegation, Councilors, or Board of Trustees unless there is a tie for the most votes received. All ballots for president-elect, AMA Delegation, and Councilors, except for runoff ballots, shall be designed to allow members to indicate “write in” votes; and be it further

RESOLVED. That Bylaw Chapter IV, section C.4 be amended by deletion as follows:

Sec. 4. In the event of the death, resignation, disability, or removal of any officer of this Association, other than the president or a member of the Board of Trustees, the vacancy so created shall be filled by the Board of Trustees and the officer so appointed shall serve until the next election. This shall include delegates and alternate delegates to the House of Delegates of the American Medical Association.

CODE: changes in wording signified by underline ________________
deletion of wording signified by strikethrough ------------------
INTRODUCED BY: COMMITTEE ON CONSTITUTION AND BYLAWS
DAVID G. GERKIN, MD, CHAIR

SUBJECT: DIVIDING TMA REGIONS BY COUNTIES RATHER THAN COMPONENT MEDICAL SOCIETIES

TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES
Bylaw Amendment No. 2-15

Whereas, Current Tennessee Medical Association (TMA) Bylaw Chapter IV, Section B.5., divides TMA into eight regions for purposes of casting votes in regional elections for positions such as Councilors and Trustees; and

Whereas, Current listings of regions in the Bylaws include the names of either medical societies or counties in each region; and

Whereas, The listing of medical societies is out of date every time a new society is added or subtracted due to revocation; and

Whereas, For example, current Bylaws lists the Buffalo River Valley Medical Society in Region 2 even though its charter was revoked previously by this House of Delegates; and

Whereas, The Bylaws are replete with examples of inaccurate society references in the region listings; and

Whereas, In order to preserve the accuracy of the region listings, such listings should be by county rather than by name of medical society. Now, therefore be it

RESOLVED, That the Bylaws be amended to list the counties comprising each Tennessee Medical Association region rather than listing component medical societies; and be it further

RESOLVED, That Bylaw Chapter IV, Section B.5., be deleted and amended as follows:

Sec. 5. There is hereby established a system of eight regions within the state made up of various component medical societies. As used in these Bylaws, such regions shall be comprised of the component medical societies indicated located in the counties indicated below. Members of Tennessee Medical Association who have joined directly shall be represented at the House of Delegates in, and vote in, the following regions:

Region 1: Shelby.
Region 2: Benton, Humphreys, Buffalo River Valley, Consolidated, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Humphries, Lake, Lauderdale, Lewis, Madison, McNairy, Obion, Perry, Northwest Tennessee and Tipton, and Weakley.

Region 3: Bedford, Cheatham, Coffee, Dickson, Franklin, Giles, Houston, Lawrence, Lincoln, Marshall, Maury, Montgomery, Moore, Robertson, Stewart, Wayne, and Williamson. [Cheatham, Houston, Stewart, and Wayne].

Region 4: Davidson.


Region 6: Bledsoe, Bradley, Hamilton, and Marion, Meigs, McMinn, Polk and Rhea. [Bledsoe, Marion, Meigs, Polk, and Rhea].

Region 7: Anderson, Blount, Campbell, Claiborne, Cocke, Knoxville, Knox, Loudon, Monroe, Morgan, Roane, Anderson, Scott, and Sevier, and Union. [Claiborne, Loudon, Morgan, and Union].


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deletion of wording signified by strikethrough ------------------
INTRODUCED BY: TMA BOARD OF TRUSTEES
KEITH G. ANDERSON, MD, CHAIR

SUBJECT: AUTHORIZATION TO CONDUCT ELECTRONIC MEETINGS OF THE TENNESSEE MEDICAL ASSOCIATION

Whereas, The Tennessee Medical Association (TMA) has previously held two House of Delegates meetings using electronic means; and

Whereas, The TMA Board of Trustees, committees, councils and work groups routinely conduct meetings by telephonic conference calls or by other electronic means; and

Whereas, The ability to conduct meetings electronically is efficient for TMA in terms of reducing members time out of their practice and reduces travel expenses; and

Whereas, While state non-profit statutes authorize organizations like TMA to conduct meetings electronically, there is no specific provision in the TMA Bylaws authorizing electronic meetings; and

Whereas, To prevent any confusion, the TMA Constitution and Bylaws Committee recommends that authorization to conduct meetings electronically should be specified in the Bylaws. Now, therefore be it be

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

Sec. 6. The annual meeting of the Association may be conducted by electronic means as authorized by state law and if so directed by the Board of Trustees; and be it further.

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

Sec. 2. The House of Delegates shall meet annually at the time and place of the annual meeting of the Association. The House of Delegates meeting may be conducted by electronic means as authorized by state law and if so directed by the Board of Trustees, ....; and be it further

RESOLVED, That Bylaw Chapter V, Section 7 be amended by insertion and deletion as follows:
Sec. 7. The Board of Trustees and any committee, subcommittee, task force, or work group organized by the Board shall hold such meetings, as often and in such manner as it deems necessary, whether by teleconference, electronic means, or otherwise, at the call of the chair, and the Board shall also meet on the last day of the annual meeting...; and be it further

RESOLVED, That Bylaw Chapter VI be amended by insertion as follows:

Sec. 6. The Judicial Council may conduct its meetings or hearings by electronic means at the call of the Judicial Council president; and be it further

RESOLVED, That Bylaw Chapter X, Section 10 be amended by insertion to read as follows:

Sec. 10. A meeting of the Board of Trustees may be called by any Trustee. The Trustee calling the meeting is authorized to conduct the meeting by electronic means. Notice of such meeting...

CODE: changes in wording signified by underline _______________
deletion of wording signified by strikethrough ------------------
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Bylaw Amendment No. 4-15

INTRODUCED BY: COMMITTEE ON CONSTITUTION AND BYLAWS
DAVID G. GERKIN, MD, CHAIR

SUBJECT: RESIDENT AND STUDENT DELEGATE REPRESENTATION IN TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Whereas, Tennessee Medical Association (TMA) Bylaw Chapter III, Section 3 includes active, veteran, and intern and resident members in the determination of component society membership for the purpose of determining the number of delegates (one for every 50) a component society is entitled to send to the TMA House of Delegates; and

Whereas, Intern and resident members do not pay dues to the TMA; and

Whereas, Most component medical societies do not have resident members because no residency slots are located in their geographic areas; and

Whereas, The only component medical societies with intern and resident members in 2014 were:

- Chattanooga-Hamilton County Medical Society – 170
- Consolidated Medical Assembly of West Tennessee – 21
- Knoxville Academy of Medicine – 114
- Memphis Medical Society – 485
- Nashville Academy of Medicine – 561
- Sullivan County Medical Society – 14
- Washington-Unicoi-Johnson County Medical Society – 173; and

Whereas, All, or substantially all, of the delegate slots added to those component societies by virtue of the delegate eligibility determination including intern and resident members are routinely held by active or veteran delegates, not intern and resident delegates; and

Whereas, Interns and residents are represented in TMA governance with a dedicated seat on the TMA Board of Trustees (Bylaw Chapter V, Section 3) and in the TMA House of Delegates (Bylaw Chapter III, Section 16); and

Whereas, Only active and veteran TMA members are eligible to vote in TMA elections (TMA election rule III); and
Whereas, To help ensure that resident TMA members are represented in the House of Delegates by resident members, TMA needs to revamp how its resident delegates are chosen and give the resident section autonomy in selecting its delegates just as has been done previously for the medical student section.

Now, therefore be it be

RESOLVED, That Bylaw Chapter III, Section 1 be amended by insertion and deletion 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. (9) The delegates certified by the resident and fellow section; and (10) the delegates certified by the student section. All members of the House of Delegates must be members in good standing of the Association. 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 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 at the president’s discretion or upon petition of twenty percent of the delegates. Delegates shall serve a term beginning with their credentialing at the House of Delegates meeting during the annual meeting until the House of Delegates is convened at the following annual meeting. The number of active and veteran delegates from each component society to a special meeting shall be determined as set out in section 3 of this chapter. The number of residents and fellow delegates from each region shall be determined as set out in section 16 of this chapter. The number of student
delegates from each accredited Tennessee medical school shall be
determined as set out in section 14 of this chapter. Each component society
will determine term limits, if any, for its active and veteran delegates. The
resident section and the medical student section shall each determine term
limits, if any, for their respective delegates; and be it further

RESOLVED. That Bylaw Chapter III, Section 3 be amended by insertion and deletion 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, 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. 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...; 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 1 Section B.2 shall be entitled to send to the House of Delegates each year one delegate for every fifty active, and veteran, and intern and resident members who have joined TMA by direct membership and are otherwise in good standing as of December 1 of the year preceding the meeting of the House. Such delegate(s) shall be appointed by the Nominating Committee; and be it further

RESOLVED. That Bylaw Chapter III, Section 14 be amended by insertion as follows:

Sec. 14. There shall be a Medical Student Section to provide representation for the interests of medical students within the structure of the Association. The medical students of each Liaison Committee on Medical Education-accredited medical school in the state shall be entitled to representation in the section. All representatives shall be members of the Association. The Medical Student Section shall be organized under a governing body and shall elect one medical student section delegate from each medical school to represent it in the House of Delegates of the Association; and be it further

RESOLVED. That TMA Bylaw Chapter III, Section 16 be amended by insertion as follows:
Sec.16. There shall be a Resident and Fellow Section to provide for the representation of the interests of residents and fellows within the Association. Members of the section shall be current members who are in residency training programs in the state of Tennessee. The section shall be organized under a governing body and which shall elect one resident and fellow section delegate from each eligible region for every 50 resident and fellow members, and one for every fraction thereof, based upon the number of resident and fellow members in the region as of December 1 of the year proceeding to represent it in the House of Delegates of the Association. To be eligible to provide a resident and fellow delegate to the House of Delegates, a region must have at least one resident and fellow member.

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deletion of wording signified by strikethrough ------------------

*For illustrative purposes only, based on the process suggested in this Resolution for choosing resident delegates to the House of Delegates (assuming it passes) and based on 2014 numbers, the resident section would choose the following number of delegates in each region:

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<tr>
<th>Region</th>
<th>Number of Delegates</th>
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<tr>
<td>Region 1</td>
<td>10 resident delegates (485 resident members = 50 x 9 + 35/50)</td>
</tr>
<tr>
<td>Region 2</td>
<td>1 resident delegate (21 resident members = 21/50)</td>
</tr>
<tr>
<td>Region 3</td>
<td>0 resident delegates</td>
</tr>
<tr>
<td>Region 4</td>
<td>12 resident delegates (561 resident members = 50 x 11 + 11/50)</td>
</tr>
<tr>
<td>Region 5</td>
<td>0 resident delegates</td>
</tr>
<tr>
<td>Region 6</td>
<td>4 resident delegates (170 resident members = 50 x 3 + 20/50)</td>
</tr>
<tr>
<td>Region 7</td>
<td>3 resident delegates (114 resident members = 50 x 2 + 14/50)</td>
</tr>
<tr>
<td>Region 8</td>
<td>4 resident delegates (187 resident members = 50 x 3 + 37/50)</td>
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</table>

Taking Region 1 as an example, for the 2014 House of Delegates, Region 1 had 485 resident members in its census. Dividing 485 resident members by 50, because each region receives one resident delegate for every 50 members, the result is 9 with a remainder of 35 members. The 35 members would qualify Region 1 for one (1) additional resident delegate for a total of 10 resident delegates if this resolution had been in place for the 2014 House of Delegates.
Whereas, Current Tennessee Medical Association (TMA) Bylaw Chapter IX adopts the most recent edition of Alice Sturgis’ *Standard Code of Parliamentary Procedure* to guide the deliberations of the TMA; and

Whereas, Alice Sturgis’ *Standard Code of Parliamentary Procedure* is no longer in print and its original author is deceased; and

Whereas, The TMA Committee on Constitution and Bylaws recommends that the TMA adopt a parliamentary procedure that will be continually revised and updated by a reputable parliamentary organization; and

Whereas, Alice Sturgis’ *Standard Code of Parliamentary Procedure* has been revised and updated by the American Institute of Parliamentarians (AIP), a not-for-profit educational organization founded in 1958 for the advancement of parliamentary procedure; and

Whereas, The American Medical Association (AMA) has adopted the most recent edition of the AIP’s revisions to *Standard Code of Parliamentary Procedure* as its official parliamentary procedure; and

Whereas, The AMA has vetted the AIP revisions to *Standard Code of Parliamentary Procedure* and determined that it is the most appropriate parliamentary procedure for medical organizations. Now, therefore be it be

RESOLVED, That Bylaw Chapter IX be amended by insertion and deletion as follows:

The deliberations of the Tennessee Medical Association shall be guided by parliamentary usage as contained in the most recent edition of Alice Sturgis’ “The American Institute of Parliamentarians’ Standard Code of Parliamentary Procedure.”

CODE: changes in wording signified by underline ________________
deletion of wording signified by strikethrough
INTRODUCED BY: COMMITTEE ON CONSTITUTION AND BYLAWS
DAVID G. GERKIN, MD, CHAIR

SUBJECT: CUTOFF DATE FOR MEMBERSHIP IN ORDER TO BE ELIGIBLE TO BE A DELEGATE IN THE TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES AND MAKING BYLAWS REGARDING MEDICAL STUDENT SECTION DELEGATE CONSISTENT

Whereas, Certain “housekeeping” Bylaw amendments need to be made; and

Whereas, Tennessee Medical Association (TMA) Bylaw Chapter III, Section 3 provides that the cutoff date for membership in the TMA in order to be eligible to serve in the TMA House of Delegates is December 1; and

Whereas, Some members do not pay dues to the TMA until the end of each year; and

Whereas, Having the cutoff date be December 31 of each year instead of December 1 would make accounting of membership administratively easier for the TMA accounting and membership departments because they could rely on year-end reports to determine eligibility for a member to serve as a delegate to the TMA House of Delegates rather than have to run a set of reports on December 1 and again on December 31; and

Whereas, Having the cutoff date be December 31 of each year instead of December 1 would increase the pool of TMA members eligible to be delegates; and

Whereas, Having the cutoff date be December 31 instead of December 1 would coincide with the Bylaw Chapter I, Section B.13 which requires that component medical societies submit their lists of delegates on or before January 1 preceding the annual meeting; and

Whereas, The sentence in Bylaw Chapter III, Section 3 which currently reads, “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” is in direct conflict with Bylaw Chapter III, Section 14 which gives the medical student section governing body the responsibility to determine the delegate to represent it in the TMA House of Delegates; now therefore be it
RESOLVED, That Bylaw Chapter III, Section 3 be amended by insertion and deletion 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, 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 the end 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...

CODE: changes in wording signified by underline _______________
deletion of wording signified by strikethrough ------------------
RESOLUTION OF COMMENDATION

INTRODUCED BY: ADELE LEWIS, MD, DELEGATE
NASHVILLE ACADEMY OF MEDICINE

SUBJECT: RECOGNITION OF SENATOR DOUGLAS HENRY

Whereas, Senator Douglas Henry has dedicated his life to public service, having served at the Tennessee General Assembly longer than anyone else in history, serving first as a member of the Tennessee House of Representatives during the 79th General Assembly, then being elected as a state senator beginning in the 87th General Assembly, a 58-year legacy of serving the people of Tennessee; and

Whereas, During Senator Henry’s time in the Senate, Tennessee has seen thousands of healthcare related bills impacting hundreds of thousands of patients in Tennessee; and

Whereas, Senator Henry understands the importance of the physicians in Nashville and the state of Tennessee, having worked in partnership with the Tennessee Medical Association to heighten the recognition of physicians and ensure that their voices are heard on legislative issues; and

Whereas, As a member of the Senate Health Committee, Senator Henry sought the advice of the Tennessee Medical Association on every piece of legislation affecting patient care, and relied heavily on our position in determining his own; and

Whereas, Throughout his terms as senator, he was outspoken in Committee about his support of the physician community and he was reluctant to oppose any position physicians took due to the extensive training and experience of medical issues that he felt should not be questioned; and

Whereas, His passion for healthcare extended in a personal way to quiet visits to General Hospital to visit its children’s wards and put a face to the patients we serve daily in healthcare; and

Whereas, Senator Henry supported the Tennessee Medical Association in helping us to accomplish one of our biggest goals in a decade, with the passage of the Tennessee Civil Justice Act of 2011 (SB 1522/HB 2008); and

Whereas, Senator Henry has worked to make Tennessee a more livable and vibrant state by introducing legislation to aid in healthcare, economic development, education, and traffic safety; and
RESOLUTION OF COMMENDATION
SENATOR DOUGLAS HENRY

Whereas, Senator Henry has known that the true strength of any state is its commitment to serve its citizens, reflected in the drive to ensure appropriate patient care; and

Whereas, These values were displayed daily by Senator Henry’s leadership, his willingness to listen, and above all, his passion about physicians issues for more than five decades. Now, therefore be it

RESOLVED, That the Tennessee Medical Association House of Delegates publicly recognize Senator Douglas Henry for his unwavering support of physicians in Tennessee because he has led Nashville, Davidson County, and the State of Tennessee through times that have propelled Tennessee to be recognized as a top location for healthcare in the country; and be it further

RESOLVED, That a copy of this resolution be shared with Senator Douglas Henry and communicated to the membership of the Tennessee Medical Association.
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 1-15

INTRODUCED BY: TMA BOARD OF TRUSTEES
KEITH G. ANDERSON, MD, CHAIR

SUBJECT: THE APPROACHING PHYSICIAN SHORTAGE CRISIS
(REAFFIRMATION OF RESOLUTION NO. 5-08)

REFERRED TO: CONSENT CALENDAR

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

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

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

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

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

Sunset 2022
Fiscal note to be determined
RESOLVED, That the Tennessee Medical Association seek the repeal of relevant provisions of the Uniform Accident and Sickness Policy Provision Law (UPPL) which prevent reimbursement for medical services for alcohol and narcotic-related injuries if such repeal is recommended in the Comptroller’s 2008 report.

Sunset 2022
Fiscal note to be determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 3-15

INTRODUCED BY:  CHARLES E. LEONARD, MD, DELEGATE
LAKEWAY MEDICAL SOCIETY

SUBJECT:  SUPERVISORY RELATIONSHIP NOTATION IN CONTROLLED SUBSTANCE MONITORING DATABASE (CSMD)

Whereas, Public Chapter 898 (2014) requires a physician assistant and advanced practice nurse with a certificate of fitness to prescribe to identify their supervising physician in the course of that prescriber’s registration for access to the Controlled Substance Monitoring Database (CSMD); and

Whereas, Public Chapter 898 (2014) requires a supervising physician of an advance practice nurse with certificate of fitness to prescribe and a physician assistant to confirm such physician’s supervisory relationship in the CSMD; and

Whereas, Because of the above reporting and confirmation requirements, information about a supervising physician is captured by the CSMD; and

Whereas, Many midlevel prescribers have multiple supervising physicians; and

Whereas, The CSMD currently does not report but should report which supervising physician is responsible for each prescribing midlevel when he or she is prescribing controlled substances so that if there is a problem with the midlevel’s prescribing practices, a physician will be able to contact the midlevel’s supervising physician and bring any problems to his/her attention; and

Whereas, Physician-to-physician discussion of potential problems in midlevel prescribing can strengthen the supervisory relationship and help reduce over-prescribing and incorrect prescribing in Tennessee. Now, therefore, be it

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

Sunset: 2022
Fiscal note to be determined
Reminder to Confirm Supervisory Relationships in CSMD

A recent rule change promulgated pursuant to Public Chapter 898 (2014) requires all physician assistants and advanced practice nurses (with a certificate of fitness to prescribe) to identify their supervising physician by entering that physician’s driver’s license number into the CSMD. If you have not already obtained your supervising physician’s driver’s license number and entered that information into the CSMD, you are advised to do so immediately. A supervisee’s failure to enter supervisory relationship information and/or a supervising physician’s failure to approve entered information will result in the supervisee’s inability to properly access the CSMD.

Please be advised, if you have not already registered in the CSMD, you will be unable to complete registration unless and until your supervising physician confirms the relationship. If you are already registered, you will soon not be able to access patient records unless your supervisory relationship is confirmed. Accordingly, it is imperative that you visit the CSMD to ascertain that no relationships are pending in your profile. If you find that there are pending relationships in your CSMD profile that have not been approved by your supervising physician, please promptly notify your supervisor that further action is necessary. For instructions on how to access this information in the CSMD, please visit: http://health.state.tn.us/boards/Controlledsubstance/PDFs/APN-PA-InstructionsAddingSupervisor-20141124.pdf

Please note, if you wish to terminate your supervisory relationship with a supervisor, in addition to making the change in the CSMD, you must update your Attachment 4 and Attachment 5 with the Administrative Office and amend your practitioner profile so that these records reflect the change. Pursuant to the “Health Care Consumer Right-to-Know Act,” licensees must notify the Department of Health of updates to their profiles within thirty (30) days of the date on which a change occurs. You may access the profile form from the Board’s website: http://health.state.tn.us/Downloads/PH-3585.pdf. You may access the Attachment 4 and Attachment 5 form from the Committee on Physician Assistants website at: http://health.state.tn.us/boards/PA/PDFs/PA_Supervising_Photographic_Application.pdf
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 4-15

INTRODUCED BY:  TMA JUDICIAL COUNCIL
                EDWARD W. CAPPARELLI, MD, CHAIR

SUBJECT:  OUTREACH TO DORMANT AND REVOKED CHARTER SOCIETIES

Whereas, The strength of any organization lays in the strength of its individual components; and

Whereas, The county medical societies within the Tennessee Medical Association (TMA) have eroded significantly over the last 20 years; and

Whereas, The Judicial Council has presided over the revocation of several county medical societies over the last several years; and

Whereas, More and more members of the TMA are joining directly, but the direct membership has never sent a delegate to the House of Delegates. Now, therefore be it

RESOLVED, That the House of Delegates charge the Judicial Council to explore new mechanisms to encourage county and local participation, including but not limited to consolidation of several counties into one society, outreach of an active county to a dormant neighboring county, and use of metro society resources to reach out to dormant or revoked charter counties in their region and to report its findings to the House of Delegates in 2016.

Sunset: 2016
Fiscal note to be determined
INTRODUCED BY: JOHN W. HALE, JR., MD, EX-OFFICIO DELEGATE 
NORTHWEST TENNESSEE ACADEMY OF MEDICINE

SUBJECT: A PLAN TO GOVERN TENNESSEE MEDICAL ASSOCIATION BY REGIONS

Whereas, The Tennessee Medical Association (TMA) is a grassroots, voluntary membership organization for medical doctors and doctors of osteopathy practicing medicine and in training to practice; and

Whereas, Since 1830, the county medical society has been the core organization for convening member physicians and for the organizing of activities of the Association at the community or county level, and

Whereas, TMA chartered 52 component medical societies at it peak; and

Whereas, There are presently 34 component medical societies chartered and actively functioning as such; and

Whereas, Presently four medical societies and two TMA regions (2 and 8) have the benefits of personnel to manage and operate the activities of the Association; and

Whereas, Organizations that are active and well managed are more likely to engage and attract members; and

Whereas, The majority of our component medical societies are operated by volunteer physician leaders who, themselves are overburdened with the pressures of a medical practice; and

Whereas, Since 2000, the TMA has been steadily evolving the manner in which it operates the state association to a regional concept in areas such as leadership elections, board positions, committee nominations, and educational programming; and

Whereas, We must be prudent stewards of our scarce resources in personnel, leader talents, and finances. Now therefore be it

RESOLVED, That the Tennessee Medical Association commit to a complete study of its governance structure; and be it further
1 **RESOLVED.** That officers of the Tennessee Medical Association (TMA), its component societies, and its sections, participate in the process to create a plan to govern TMA along regional lines; and be it further
2
3 **RESOLVED.** That a final report be presented to this House of Delegates in 2016 with any and all recommendations for modification to the Constitution and Bylaws.

Sunset: 2016
Fiscal note to be determined
Whereas, The Tennessee Medical Association (TMA) last increased its membership dues in 2003 from $385 to $485; and

Whereas, The average cost of doing business in Tennessee has increased on average 2.4% annual over that period of time; and

Whereas, The Association has struggled over the last decade to maintain a steady number of members who pay dues annually; and

Whereas, Many large medical groups have agreed to 100% membership in TMA and component societies with percentage reductions for economies of scale and managerial simplification; and

Whereas, Total dues revenue for the association have averaged $1.8 million over the last 10 years while our actual annual expenditures have averaged $3,350,000, putting more pressure on TMA to earn non dues revenues to support operations, and

Whereas, The Affordable Care Act has created a myriad of issues for medical societies just as it has for our members; and

Whereas, The TMA needs to have ample reserves to invest in programs and efforts to assist its members. Now, therefore be it

RESOLVED, That the Tennessee Medical Association commission a professional review of its current financial position, its fiscal policies, and financial projection for future operations; and be it further

RESOLVED, That the results of this study be reported to this House of Delegates in 2016 with any and all recommendation for modifications to finances of the Tennessee Medical Association, especially recommendations as to the adequacy of our dues amount.

Sunset: 2016
Fiscal note to be determined
Whereas, The Tennessee Medical Association (TMA) opposed passage of the Affordable Care Act; and

Whereas, Tennessee hospitals will experience dramatic reductions in Medicare payments in the next several years resulting in the closure of some rural hospitals and overall reduction of healthcare infrastructure spending in Tennessee; and

Whereas, Tennessee ranks 45th in the US in population health; and

Whereas, Roughly 200,000 Tennesseans remain uninsured, including over 20,000 veterans; and

Whereas, The TMA House of Delegates passed a resolution supporting Governor Haslam’s attempt to find a Tennessee-specific solution to closing the insurance coverage gap for low income citizens of the state; and

Whereas, Governor Haslam presented Insure Tennessee to a special session of the General Assembly in February 2015 which failed. Now, therefore be it

RESOLVED, That the Tennessee Medical Association support Governor Haslam in his continued efforts to pass Insure Tennessee.

Sunset: 2022
Fiscal note to be determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 8-15

INTRODUCED BY: CHRISTOPHER YOUNG, MD, EX-OFFICIO DELEGATE
CHATTANOOGA HAMILTON COUNTY MEDICAL SOCIETY

SUBJECT: TENNESSEE DRUG SHORTAGES

Whereas, Tennessee hospitals and physicians have experienced an inability to obtain necessary drugs from drug manufacturers and suppliers for many years; and

Whereas, The cause of these shortages is multifactorial, but the result is the use of more expensive alternatives or drugs that are less effective, and sometimes with adverse side effects; and

Whereas, The Federal Drug Administration (FDA) has worked to mitigate these shortages on a national level, but recognizes that drug shortages will continue for the foreseeable future; and

Whereas, Availability of necessary drugs for patients is critical to the health of Tennesseans; and

Whereas, There is no current comprehensive state data on drug shortages in Tennessee. Now, therefore be it

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

Sunset: 2022
Fiscal note to be determined
INTRODUCED BY: JOSEPH E. HUFFSTUTTER, MD, DELEGATE
CHATTANOOGA HAMILTON COUNTY MEDICAL SOCIETY

SUBJECT: TENNESSEE HEALTH CARE INNOVATION INITIATIVE

Whereas, Tennessee has begun a state-based healthcare reform initiative changing the manner in which physicians are reimbursed for services, transitioning from fee-for-service to value-based reimbursement; and

Whereas, Tennessee plans to have 80% of healthcare spending using this methodology in five years; and

Whereas, The Tennessee Medical Association (TMA) has been supportive of measures that lower overall healthcare spending, if quality of patient care can be maintained or improved; and

Whereas, The TMA has participated with the state by providing technical support through Technical Advisory Groups (TAGs), Provider Stakeholder meetings, and in the State Innovation Model (SIM) grant process which resulted in a $65 million grant to Tennessee from the Center for Medicare and Medicaid Services; and

Whereas, The TMA's support of the state healthcare reform has been predicated on the principles of transparency, uniformity, and timeliness with regards to the distribution of reports and information on the reform by TennCare and participating payers; and

Whereas, The TMA has worked with the state to facilitate the implementation of the reform, but has limited ability to influence decisions made by TennCare and payers when problems arise; and

Whereas, The first wave of episodes of care reports have failed to meet TMA's specified conditions thus far; and

Whereas, The Tennessee Health Care Innovation Initiative is an agreement between Tennessee and payers, and has little or no legislative oversight. Now, therefore be it

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

Sunset: 2022
Fiscal note to be determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 10-15

INTRODUCED BY:  VIJAY APPAREDDY, MD, DELEGATE
CHATTANOOGA HAMILTON COUNTY MEDICAL SOCIETY

SUBJECT:  HEALTH DISPARITIES

Whereas, There are widespread health disparities among counties in Tennessee; and

Whereas, A recent study by the Gallup-Healthways Well-Being Index reported Chattanooga and other counties in Tennessee had some of the worst health outcomes in the country due to poverty and financial stability; and

Whereas, There is higher mortality of Heart Disease, Cancer, Stroke, Diabetes, Nephritis (Kidney Disease), Female Breast Cancer, Colon Cancer, and Prostate Cancer among African-Americans in Tennessee; and

Whereas, Tennessee's statewide 2013 infant mortality rate is 6.8 per 1000 live births, with rates of 6.7 in Hamilton County, 7.7 in Davidson, and 9.2 in Shelby county, of those, African-American babies have two and one-half times mortality rate; and

Whereas, The underrepresented minority population of African-Americans and Hispanics is increasing in Tennessee but the number of underrepresented minority physicians and other healthcare providers are not keeping pace. Now, therefore be it

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

RESOLVED, That the Tennessee Medical Association promote racial and ethnic workforce diversity of physicians and other health care workers in Tennessee.

Sunset: 2022
Fiscal note to be determined
RESOLUTION NO. 11-15

INTRODUCED BY: EDWARD CAPPARELLI, MD, EX-OFFICIO DELEGATE
ROANE ANDERSON COUNTY MEDICAL SOCIETY

SUBJECT: ASSOCIATE MEMBERSHIP FOR NURSE PRACTITIONERS

1. Whereas, Nurse Practitioners are becoming much more common and widespread in Tennessee; and
2. Whereas, Many physicians in Tennessee currently have Nurse Practitioners working in their practices; and
3. Whereas, Physicians and Nurse Practitioners work together closely providing quality health care to patients throughout Tennessee. Now, therefore be it
4. RESOLVED, That Nurse Practitioners be encouraged to join the Tennessee Medical Association as associate (non-voting) members.

Sunset: 2022
Fiscal note to be determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 12-15

INTRODUCED BY: EDWARD CAPPARELLI, MD, EX-OFFICIO DELEGATE
ROANE-ANDERSON COUNTY MEDICAL SOCIETY

SUBJECT: ASSOCIATE MEMBERSHIP FOR PHYSICIAN ASSISTANTS

Whereas, Physician Assistants are becoming much more common and widespread in Tennessee; and
Whereas, Many physicians in Tennessee currently have physician assistants working in their practices; and
Whereas, Physicians and Physician Assistants work together closely providing quality health care to patients throughout Tennessee; and
Whereas, The Tennessee Association of Physician Assistants has signed an agreement of supervision and collaboration with the Tennessee Medical Association.

Now, therefore be it

RESOLVED That Physician Assistants be encouraged to join the Tennessee Medical Association as associate (non-voting) members.

Sunset: 2022
Fiscal note to be determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 13-15

INTRODUCED BY:  GARY KIMZEY, MD, DELEGATE
THE MEMPHIS MEDICAL SOCIETY

SUBJECT:  EXPANSION OF ACCESS FOR OFFICE BASED SURGERY

1  Whereas, The Tennessee Board of Medical Examiners (BME) have established regulations for physicians performing office-based surgery in Tennessee; and

2  Whereas, The American Society of Anesthesiologists (ASA) has established a physical status classification for patients requiring anesthesia. (see appendix); and

3  Whereas, The BME restricts Level III office-based surgery (complex procedures or/and deep sedation and general anesthesia) to ASA I and ASA II patients, to those patients who have only minimal or moderate physical limitations. Anesthesia for these patients can be administered by an anesthesiologist or a certified nurse anesthetist; and

4  Whereas, There exists a population of ASA III patients who could benefit from Level III office-based surgery if the patient's medical condition can be properly evaluated pre-operatively, and if necessary, diagnosis and treatment of these conditions and others that may arise during the peri-operative period in the office surgery environment; and

5  Whereas, Office-based surgery may be performed in physician offices isolated from other healthcare resources. In the event of an emergency, office surgery personnel will have to manage the patient until the patient can be transported to a hospital; and

6  Whereas, Anesthesiologists are the undisputed experts in peri-operative medicine, and routinely evaluate ASA III patients for surgery, and address all medical issues that occur in the inter-operative and immediate post-operative period. Now, therefore be it

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

Sunset: 2022
Fiscal note to be determined
Tennessee Medical Association  
Mission Statement

The mission of the Tennessee Medical Association is to protect the health interests of patients and enhance 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;
- Open communications between the medical profession and the public, fostering a better understanding of the capacities of medical practice.

The TMA Organization

In 1830, a small group of physicians met to establish the Medical Society of Tennessee. The General Assembly clearly delineated the need for such an organization by stating, “health is universally acknowledged to be essentially necessary to the happiness and prosperity of society.” The legislators recognized that the health and prosperity of a state are directly proportional to the health of its citizens and thus chose the Medical Society of Tennessee to insure the good health of Tennessee.

The Tennessee Medical Association, organized on May 3, 1830, as the Medical Society of Tennessee, has grown from the original 151 charter members to more than 8,000 members today.

Membership in the Association is determined annually and members must first be certified by one of the component medical societies chartered by the TMA; the only exception is for physicians who live and practice in those counties in Tennessee in which there is no component society and fewer than 10 physicians. Physicians in such counties may join the TMA directly. The House of Delegates determines the amount of annual dues for membership.
What is the House of Delegates?

The House of Delegates (HOD) meets annually and serves as the official policy-making body of the Association. Special meetings of either the Association or HOD may be called by the president at his discretion or upon petition of 20 delegates.

Who are Delegates?
The Delegates are:

- Delegates elected by the component societies and all sections of the Association
- Ex-Officio Delegates
  - Former presidents of the TMA and AMA
  - TMA Delegates to the AMA
  - Elected officials of the AMA, provided such officials are members in good standing of the TMA
  - The Commissioner of Health and the Commissioner of Mental Health and Mental Retardation for the State of Tennessee, or the Chief Medical Officer of either of these departments if the Commissioner is ineligible
  - The Editor of Tennessee Medicine, the Journal of the Association
  - Delegates elected by medical specialty societies meeting certain criteria
  - Officers of the Association
    - President
    - President-Elect
    - Immediate Past President
    - Speaker, House of Delegates
    - Vice-Speaker, House of Delegates
  - Board of Trustees
  - Sections
    - Young Physician Section
    - Resident/Fellow Section
    - Medical Student Section
  - Judicial Councilors

How it Works

**Operation of Parliamentary Procedures**
The following excerpts are taken from Procedures of AMA House of Delegates and The Standard Code of Parliamentary Procedure by Alice Sturgis. They are used as guidelines by the TMA House of Delegates to assist in a better understanding and operation of parliamentary procedures and the role of the reference committee.

**Preface**
The House of Delegates transacts its business according to a blend of rules imposed by its Bylaws, established by tradition, decreed by its presiding officer, and generally pursuant to the dictates of Alice Sturgis’ The Standard Code of Parliamentary Procedure. No rigid codification of its rules exists. Parliamentary law serves to aid the House in orderly,
expeditious and equitable accomplishment of its desires. Any compulsive adherence to
an inflexible set of directives may thwart rather than abet such an objective.

The majority opinion of the House in determining what it wants to do and how it wants to
do it should always remain the ultimate determinant. It is the Obligation of the Speaker
to sense the will of the House, to preside accordingly, and to hold his/her rulings ever
subject to challenge from and reversal by the assemblage. In consonance with the
concept, the following outline of procedures is offered as a guide, subject to reasonable
modification, in the hope that adherence to its principles will advance smoothness of
operation by reducing confusion and misunderstanding.

Introduction of Business
Tradition governs a substantial portion of each formal session of the House of Delegates.
Addresses by outgoing and incoming presidents, remarks by the Speaker, recognition of
the Outstanding Physician Award, recognition of distinguished guests, and the like are in
this category. It is the prerogative of the Speaker to permit so many of these niceties as
he/she may feel to be appropriate without unduly intruding upon the time necessary for
the House to accomplish its regular business. In general such items are scheduled in
advance in the published order of business. Unscheduled presentation may be arranged,
either with the Speaker, or by a request for unanimous consent of the House to hear them.
It is to be recognized that the Speaker must usually discourage extraneous unscheduled
presentations not because of any lack or merit of the proposals, but because his/her
primary obligation to conserve the time of the House of its immediate deliberations.

What you may hear

• The Main Motion
  The purpose of the main motion is to bring a proposal before an assembly for
discussion and decision. The main motion is the means by which a member may
present a substantive proposal to the assembly for consideration and action. It is
the basic motion for the transaction of business. Since only one subject can be
considered at one time, the main motion can be proposed only when no other
motion is before the assembly.

• Motion to Amend a Previous Action
  The purpose is to amend a main motion that was approved previously. A main
motion approved at a previous meeting can be amended by majority vote, unless
it was a motion requiring prior notice or a two-thirds vote, in which case the same
restriction applies to the amendment. Since a motion amending a prior action is a
main motion, it is subject to amendments and secondary amendments, as with any
other main motion.
• **Motion to Ratify**
The purpose is to confirm and thereby validate an action that was taken in an emergency, or where a quorum was not present.

• **Motion to Reconsider**
The purpose is to enable an assembly to set aside a vote on a main motion taken at the same meeting or convention and to consider the motion again as though no vote had been taken on it. It is a restorative main motion and can be offered at any time during a meeting. It is unusual in that, unlike an ordinary main motion, it may be proposed even if other business is under consideration and, if necessary, it may interrupt a speaker.

• **Motion to Rescind**
To repeal (cancel, nullify, void) a main motion approved at a previous meeting. Any main motion that was passed, no matter how long before, may be rescinded unless as a result of the vote something has been done that the assembly cannot undue. The motion to rescind, if passed, affects the present and future only, since it is not retroactive.

• **Motion to Resume Consideration**
The purpose is to enable an assembly to take up a motion that was postponed temporarily (tabled) during the same meeting or convention. It applies only to a main motion that has been postponed. Beyond the current meeting or convention, the temporarily postponed motion lapses and can be brought up only as a new main motion.

• **Motion to Amend**
The purpose of the emotion to *amend* is to change a motion that is being considered by the House so that it will express more satisfactorily the will of the members. The most frequently used methods of amending are by addition, by deletion, by striking and inserting, and by substitution. The subsidiary motions to postpone temporarily (table) and to vote immediately are not amendable. An amendment cannot change the intent of the motion and still be appropriate; however, an amendment cannot simply change an affirmative statement into a negative statement.

• **Motion to Refer to a Committee or Board**
The purpose is to transfer a motion that is pending before the assembly to a committee:

1. To investigate or study the proposal, make recommendations on it, and return it to the assembly, or
2. To conserve the time of the assembly by delegating the duty of deciding the proposal, and sometimes of carrying out the decision, to a smaller group, or
3. To ensure privacy in considering a delicate matter, or
4. To provide a hearing on the proposal, or
5. To defer a decision on the proposal until a more favorable time.

- **Motion to Postpone to a Certain Time and To Postpone Temporarily/Table**
  These are the two most frequently used subsidiary motions. The purpose of the motion to *Postpone to a Certain Time* is to delay further consideration of a pending main motion until a stated time. And the purpose of the motion to *Postpone Temporarily* is to set aside a pending main motion, which can be taken up for further consideration at any time during the same meeting or convention.

- **Postponing to a Certain Time vs. Postponing Temporarily**
  The motion to postpone to a certain time defers consideration, or further consideration, of the pending main motion, and fixes a definite date or time for its consideration, and make it either a general or special order for the designated time. Debate is permitted, but is restricted to brief discussion of the time or reason for postponement.

  The motion to postpone temporarily (table) defers the pending main motion temporarily but specifies no time for its consideration and is not debatable. Its effect terminates at the end of the current meeting or convention, at which time the main motion dies if the assembly has not voted to resume consideration of it (or to “take it from the table”).

- **Motion to Limit or Extend Debate**
  The purpose is to limit or extend the time that will be devoted to discussion of a pending motion or to modify or remove limitations already imposed on its discussion. The motion to limit debate on a pending question or to modify limitations already set up usually relates to the number of speakers who may participate, the length of time allotted each speaker, the total time allotted for discussion of the motion, or some variation or combination of these limitations. The most common example of a motion extending limitations on debate is one that extends the time allowed a particular speaker.

- **Motion to Close Debate and Vote Immediately**
  The purpose is to prevent or to stop discussion on the pending question or questions, to prevent the proposal of other subsidiary motions except to postpone temporarily, and to bring the pending question or questions to an immediate vote. A powerful tool for expediting business, it may be proposed at any time after the motion to which it applies has been stated to the assembly. If the motion to close debate is proposed as soon as a main motion has been stated to the assembly, its adoption prevents any discussion of the question.
• **Request to Withdraw a Motion**  
The purpose is to enable a member who has proposed a motion to remove it from consideration by the assembly. If the motion has been stated to the assembly by the presiding officer, it becomes the property of that body, and the proposer may withdraw it only if no objection is raised.

• **The Ballard Motion**  
One of the most memorable contributions to efficient operations of the TMA House and its election process is the motion which the late Thomas Ballard, MD, former TMA president and member of Consolidated Medical Assembly standardized: “Mr. Speaker, I move that nominations cease and this nominee be elected by acclamation.” In 1995, the TMA House of Delegates adopted Resolution No. 15-95 stating that “Mr. Speaker, I move the nominations cease and this nominee be elected by acclamation” be known as “The Ballard Motion.”

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**Your Role and Responsibility as an Elected Delegate**

**Duties Relating to Efficiency of the Work of the House**  
The following instructions are intended as a Guide for Members of the House of Delegates. The purpose is to explain some of the major rules and procedures designed to promote maximum efficiency in the work of the House.

**Electronic Capabilities**  
According to Resolution No. 13-10, once credentialed as a delegate or alternate delegate to the TMA House of Delegates, a member should supply a working email address.

**Credentialing**  
Every delegate must be credentialed before being seated in the House of Delegates. In order to be credentialed one must:

- Be a member in good standing of the TMA
- Your component society or medical specialty society must have submitted its list of elected delegates and alternate delegates to the TMA headquarters
- Your component society must have submitted its annual report
- You must place the proper ribbon on your registration badge.

**Who are Non Certified Delegates**  
Delegates from those component societies not previously certified or listed in the handbook must have documentation of election signed by their component society President or Secretary to present to the Credentials Committee in order to be seated in the House of Delegates.
How to Serve in Place of a Delegate
If a delegate is unable to attend either of the sessions of the House and desires an alternate delegate to serve in his or her place, the Credentials Committee must certify the alternate delegate as a delegate. This certification must be in writing and presented at the credentials desk prior to the session if possible. Certification forms will be available at the credentials desk during the credentialing process.

Special Services Available to Delegates
The headquarters of the meeting will be located in the staff office. The office and personnel of the headquarters will be available to assist officers, delegates and other meeting attendees for (1) information, (2) secretarial assistance, and (3) preparing motions, resolutions, amendments, etc.

Points to Remember
- **If you wish to speak during any session of the House, If you wish to make a motion or If you wish to second a motion:**
  Please identify yourself by stating your name and your component medical society. This procedure enables the official recorder to make accurate transcription of the House of Delegates. It also makes it easier for the Speaker to call you by name.

- **If you have a Resolution to Introduce to the House**
  It should be presented in the proper form. The resolution will be given its correct number, correct heading and presented to the House for consideration by the Speaker of the House.

Other Duties of a Delegate
Members of the TMA House of Delegates serve as an important communications, policy and membership link between the TMA and grassroots physicians. The delegate/alternate delegate is a key source of information on activities, programs, and policies of the TMA. Delegates and Alternate Delegates:
- Serve as a direct contact for individual members to communicate with and contribute to the formulation of TMA policy positions, the identification of situations that might be addressed through policy implementation efforts, and the implementation of TMA policies
- Are expected to foster a positive and useful two-way relationship between grassroots physicians and the TMA leadership
- Are expected to make themselves readily accessible to individual members by providing the TMA with their addresses, telephone numbers and email address so that the TMA can make the information accessible to individual members through the TMA website and through other communication mechanisms
- Regularly communicate TMA policy, information, activities and programs to constituents so he/she will be recognized as the representative of the TMA
• Relate constituent views and suggestions, particularly those related to implementation to TMA policy positions, to the appropriate TMA leadership, governing body, or executive staff
• Advocate constituent views with the House of Delegates or other governance units including the executive staff
• Attend and report highlights of House of Delegates meetings to constituents, for example; at hospital medical staff, county and specialty society meetings
• Serve as an advocate for patients to improve the health of the public and the health care system
• Cultivate promising leaders for all levels of organized medicine and help them gain leadership positions
• Actively recruit new TMA members and help retain current members
### 2015 TMA House of Delegates

**Elected Delegates and Alternate Delegates**

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<td>Washington-Unicoi-Johnson</td>
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<td>Rebekah C Austin MD, Scott C Dulebohn MD, Clinton A Musil Jr MD, Timothy S Smyth MD, William T Williams MD</td>
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<td>Starling C Evins MD, Jeffrey A. Suppinger MD</td>
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## Ex-Officio Delegates to the TMA House of Delegates – 2015
*(Ex-Officio Delegates Are Voting Delegates in the TMA House of Delegates)*

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<thead>
<tr>
<th>Officers:</th>
<th>TMA Former Presidents</th>
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<tr>
<td>Douglas J Springer MD, FACP, FACG, President</td>
<td>Kenneth M Kressenberg MD (1966-67)</td>
</tr>
<tr>
<td>John W Hale Jr. MD, President-Elect</td>
<td>John B Dorian MD (1978-79)</td>
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<tr>
<td>Christopher Young MD, Immediate Past President</td>
<td>George W Holcomb Jr MD (1982-83)</td>
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<td>Jane M Siegel MD, Speaker House of Delegates</td>
<td>Nat E Hyder Jr MD (1983-84)</td>
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<td>James T Galyon MD (1987-88)</td>
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<td><strong>Board of Trustees:</strong></td>
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<tr>
<td>Keith G Anderson MD, Chairman</td>
<td>Howard L Salyer MD (1991-92)</td>
</tr>
<tr>
<td>Michel A McDonald MD, Vice Chair</td>
<td>Charles W White Sr MD (1993-94)</td>
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<tr>
<td>James “Pete” Powell MD, Secretary/Treasurer</td>
<td>Virgil H Crowder Jr MD (1994-95)</td>
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<td>James H Batson MD</td>
<td>Robert E Bowers Jr MD (1995-96)</td>
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<tr>
<td>Frederick P Clayton III MD</td>
<td>David G Gerkin MD (1998-99)</td>
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<tr>
<td>Brian R Dulin MD</td>
<td>J Chris Fleming MD (1999-2000)</td>
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<td>Timothy L Gardner MD</td>
<td>Barrett F Rosen MD (2000-01)</td>
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<td>Ms. Kelly E Gassie</td>
<td>David K Garriott MD (2001-02)</td>
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<tr>
<td>Nita W Shumaker MD</td>
<td>Michael A McAdoo MD (2002-03)</td>
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<td>Robert Vegors MD</td>
<td>Subhi D Ali MD (2003-04)</td>
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<td>John J Ingram MD (2004-05)</td>
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<td><strong>Vice-Speaker House of Delegates</strong></td>
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<tr>
<td>Edward W. Capparelli, MD</td>
<td>Phyllis E Miller MD (2005-06)</td>
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<td>J Mack Worthington MD (2007-08)</td>
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<td><strong>Councillors:</strong></td>
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<td>Region 1 Paul Klimo Jr MD</td>
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<td>B W Ruffner Jr MD (2010-11)</td>
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<td>F Michael Minch MD (2011-12)</td>
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<td><strong>AMA Delegates</strong></td>
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<tr>
<td>John J Ingram III MD, Vice Chair</td>
<td>Department of Health</td>
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<td>Lee R Morisy MD</td>
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<tr>
<td>Barrett F Rosen MD</td>
<td>John J Dreyzehner MD</td>
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**Region 7** Edward W Capparelli MD

**Region 8** Frederic R Mishkin MD

**Region 6** Eugene H Ryan MD

**Region 5** Pushpandra K Jain MD

**Region 4** Ronald E Overfield MD

**Region 3** S Steve Samudrala, MD

**Region 2** Susan D Shore Lowry MD

**Region 1** Paul Klimo Jr MD

**Region 8** Frederic R Mishkin MD

**Region 7** Edward W Capparelli MD

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**Region 1** Paul Klimo Jr MD

**Vice-Speaker House of Delegates**

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Region 6 Eugene H Ryan MD

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Region 8 Frederic R Mishkin MD

**AMA Delegates**

John J Dreyzehner MD

**Region 8** Frederic R Mishkin MD

**Region 7** Edward W Capparelli MD

**Region 6** Eugene H Ryan MD

**Region 5** Pushpandra K Jain MD

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**Region 1** Paul Klimo Jr MD

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Region 4 Ronald E Overfield MD

Region 5 Pushpandra K Jain MD

Region 6 Eugene H Ryan MD

Region 7 Edward W Capparelli MD

Region 8 Frederic R Mishkin MD

**AMA Delegates**

John J Dreyzehner MD
## TMA SECTIONS

### Young Physician Section Delegates

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<thead>
<tr>
<th>Delegale</th>
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### Medical Student Section

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### Resident and Fellow Section

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### Medical Specialty Society Delegates

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<tr>
<td>TN Chapter, American College of Physicians</td>
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<td>J Fred Ralston MD</td>
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<td>Richard G. Lane MD</td>
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<td>TN Academy of Family Physicians</td>
<td>7</td>
<td>Ty T. Webb, MD</td>
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