2013 Resolutions to Sunset and Make Permanent Policy

Resolution No. 1-13
[Reaffirmation of Resolution No. 1-92 and 1-99]
MANDATORY ACCEPTANCE OF ASSIGNMENT FOR INSURANCE
RESOLVED, That the Tennessee Medical Association oppose the principle of mandatory acceptance of assignment as a requirement for reimbursement for the care of patients who are recipients of Medicare benefits; and be it further
RESOLVED, That the Tennessee Medical Association vigorously oppose any future effort to include mandatory acceptance of assignment as a condition for reimbursement from any government or private source.

Resolution No. 2-13
[Reaffirmation of Resolution No. 22-92 and 10-99]
INDIGENT CARE ACTIVITY
RESOLVED, That the Tennessee Medical Association (TMA) through the Board of Trustees continue to encourage its members via its local component societies to provide free care and reduced cost services to the indigent and that the TMA act as a resource for the development and enhancement of such activities.
2013 Resolutions to Sunset

Resolution No. 4-13
[Reaffirmation of Resolution No. 30-06]
INDEPENDENT MEDICAL EXPERT TESTIMONY IN MEDICAL LIABILITY CASES
RESOLVED, That the Tennessee Medical Association encourage the use of independent medical experts to advise a judge when the judge does not fully understand the medical issues involved in the case; and be it further
RESOLVED, That the Tennessee Medical Association will, when requested, provide suggestions for medical experts to advise a judge, taking into account their knowledge of the medical facts in the case, and taking care to avoid conflicts of interest such as personal, legal, or financial relationships; and be it further
RESOLVED, That the Tennessee Medical Association will support the position that any costs associated with obtaining independent medical testimony to advise a judge when the judge does not fully understand the medical issues involved in the case be taxed to the participants in the same manner as other court costs.

Resolution No. 5-13
INCLUSION OF COSMETIC SURGERY IN THE STATE MEDICAL PRACTICE ACT (MPA)
RESOLVED, That the Tennessee Medical Association support actions to expand the definition of the practice of medicine in the State of Tennessee to specifically include within it any surgical procedure performed for cosmetic or aesthetic purposes; and be it further
RESOLVED, That the legislative committee of the Tennessee Medical Association make the inclusion of cosmetic surgery in the Tennessee Medical Practice Act, a priority item for legislative action in 2013.

Resolution No. 6-13
DELEGATION OF COSMETIC SURGICAL PROCEDURES
RESOLVED, That the Tennessee Medical Association support efforts to prevent unlicensed and unsupervised cosmetic surgical procedures through legislative action and enforcement by the Board of Medical Examiners; and be it further
RESOLVED, That the legislative committee of the Tennessee Medical Association make the delegation of cosmetic surgical procedures without adequate physician supervision outside of a medical environment a priority item for legislative action in 2013.

Substitute Resolution No. 7-13
EXPANDING ACCESS TO CARE
RESOLVED, That the Tennessee Medical Association support access to affordable healthcare for all Tennesseans; and be it further
RESOLVED, That the Tennessee Medical Association supports a trial for three years to expand access to care by using Medicaid expansion funds either to subsidize uninsured residents to purchase health insurance through the Federal Insurance Exchanges or through direct Medicaid Expansion; and be it further
RESOLVED, That the Tennessee Medical Association insists that benefits to residents received via health insurance purchased through federal exchanges, be at a minimum at least comparable to Medicaid/TennCare benefits; and be it further
RESOLVED, That the Tennessee Medical Association will make itself fully available to the Governor and the state legislature to advocate for healthcare coverage in Tennessee.
Resolution No. 8-13
MENTAL HEALTH SCREENING
RESOLVED, That the Tennessee Medical Association support efforts for more state and Federal money for mental health screening and treatment in community hospitals and public health clinics.

Resolution No. 11-13
MATERNAL MORTALITY REVIEW
RESOLVED, That the Tennessee Medical Association support the establishment of a peer review protected and HIPAA compliant maternal mortality review process under the auspices of the Tennessee Department of Health to review maternal deaths in Tennessee and make recommendations for system changes to improve health care services for women in this state.

Resolution No. 12-13
REBUILDING TENNESSEE MEDICAL ASSOCIATION’S GRASSROOTS NETWORK
RESOLVED, That each component medical society is requested to hold at least one meeting per year with their local legislative delegation to discuss issues important to physicians and our patients, and be it further
RESOLVED, That each component medical society work to identify at least two physicians per legislator who will serve as a key contact and resource to that legislator so that when important issues arise, each legislator will have constituent physicians acting as liaisons they know and trust to talk to about issues critical to organized medicine. The names of the liaisons shall be shared with the Tennessee Medical Association so they can keep these individuals informed as issues arise; and be it further
RESOLVED, That the Tennessee Medical Association legislative staff be available to participate in meetings and calls with component medical societies to assist in communications with their local legislative delegation; and be it further
RESOLVED, That the Tennessee Medical Association legislative staff report back to this body at the next meeting of this House on the grassroots activities of each component medical society as set forth in this resolution.

Resolution No. 13-13
IN DEFENSE OF MEDICAL EDUCATION AND PHYSICIAN INVOLVEMENT
RESOLVED, The Tennessee Medical Association, through its American Medical Association (AMA) delegation, petition the AMA to work with the Centers for Medicare and Medicaid Services and other federal authorities to remove the onerous language stating, "Any contribution and participation of a billable service must be performed in the presence of a teaching physician or resident..."and"...the teaching physician may not refer to your documentation of physical examination findings or medical decision making in his personal note"; and be it further
RESOLVED, That Tennessee Medical Association, through its American Medical Association (AMA) delegation, petition the AMA for a more suitable alternative that recognizes more accurate documentation of care while allowing the profession of medicine to resume educating its future colleagues in a more cost effective and efficient manner.

Resolution No. 14-13
PRESCRIPTION DRUG TRANSPARENCY IN TENNESSEE
RESOLVED, That the Tennessee Medical Association work with insurors and pharmacies in Tennessee to mandate that what patients pay for name brand medication and that of any generic equivalent be made available on the health insuror and pharmacy organizations website.
Resolution No. 15-13
TRANSPARENCY OF HOSPITAL CHARGES IN TENNESSEE
RESOLVED, That the Tennessee Medical Association work with the health insurors and hospitals in Tennessee to draft legislation that would require insurors and hospitals to electronically post what patients pay out of pocket for hospital benefits, (“charge master”) the benefit paid by the patient’s insurance, the benefit payable by Medicare and TennCare in an easily comparable format.