185th
HOUSE OF DELEGATES

July 25, 2020
Order of Business

First and Second Sessions of the House of Delegates
Saturday, July 25, 2020
Hilton Cool Springs, Franklin, TN

Edward W. Capparelli, MD, Speaker               Charles E. Leonard, MD, Vice-Speaker

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<td>8:30 AM – 9:00 AM</td>
<td>REGISTERED DELEGATES ENTER ZOOM WEBINAR</td>
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<td>9:00 AM – 12:00 PM</td>
<td>TMA HOUSE OF DELEGATES</td>
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1. Call to Order of First Session .......................................................... Speaker

2. Introduction of Distinguished Guests .................................................. Speaker

3. Declaration of a Quorum ....................................................................... Kirk Stone, MD

4. Reports of Officers
   (A) President ...................................................................................... Elise C. Denneny, MD
   (B) Chair, Board of Trustees .............................................................. William Kirk Stone, MD
   (C) Secretary-Treasurer ...................................................................... John McCarley, MD
   (D) Chairman, Judicial Council ......................................................... James Gray, MD
   (E) Chief Executive Officer ................................................................ Russ Miller

5. Reports of Committees
   No. 1 Committee on Constitution & Bylaws ......................................... Robin Williams, MD
   No. 2 Insurance Issues Committee ...................................................... Natalie Dickson, MD
   No. 3 Committee on Public Health ...................................................... Adele M. Lewis, MD
   No. 4 Committee on Legislation ......................................................... Joseph Huffstutter, MD
   No. 5 IMPACT ....................................................................................... Newt Allen, MD
   No. 6 Professional Relations Committee ............................................. Matthew Mancini, MD
   No. 7 Membership & Recruitment Committee ......................................... Jerome W. Thompson, MD
   No. 8 Education Committee ................................................................... Jerome W. Thompson, MD
   No. 9 Tennessee Delegation to the AMA ............................................. John Ingram, III, MD

6. Informational Reports
   No. 1 Tennessee Medical Foundation ..................................................... Michael J. Baron, MD
   No. 2 Board of Medical Examiners ...................................................... William Reeves Johnson, Jr., MD
   No. 3 Tennessee Medical Education Fund ............................................ John Ingram, III, MD
7. Call to Order of Second Session

8. Introduction of Amendment to the Constitution

9. Explanation of Process for Resolutions for Consideration

10. Report of the Nominating Committee

11. Declaration of the Adjournment of the Annual Meeting and Recess of the House of Delegates until Saturday, October 17, 2020
Jesse M. Ehrenfeld, MD, MPH, is a senior associate dean, tenured professor of anesthesiology and director of the “Advancing a Healthier Wisconsin Endowment” at the Medical College of Wisconsin. He also is professor of anesthesiology and health policy at Vanderbilt University. He was elected to the American Medical Association Board of Trustees in 2014.

Dr. Ehrenfeld divides his time among clinical practice, teaching, research and directing a $470-million statewide health philanthropy. He also has an appointment as an adjunct professor of surgery at the Uniformed Services University of the Health Sciences in Bethesda, Md., is a consultant to the World Health Organization Digital Health Technical Advisory Group and has served as special advisor to the 20th U.S. Surgeon General.

Active in the AMA since medical school, Dr. Ehrenfeld has served on the governing councils of both the AMA Resident and Fellow Section and the AMA Young Physicians Section prior to his election to the AMA Board.

In addition to his work with the AMA, Dr. Ehrenfeld has served on the governing boards of the American Society of Anesthesiologists Resident Component, the Massachusetts Medical Society and the Illinois State Medical Society. He also served as speaker of the house of delegates of the Massachusetts Medical Society for six years.

Dr. Ehrenfeld’s research, which focuses on understanding how information technology can improve surgical safety and patient outcomes, has been funded by the National Institutes of Health (NIH), the Department of Defense, the Robert Wood Johnson Foundation, the Anesthesia Patient Safety Foundation, and the Foundation for Anesthesia Education and Research.

His work has led to the presentation of more than 250 abstracts, as well as the publication of more than 200 peer-reviewed manuscripts. He is editor-in-chief of the Journal of Medical Systems and has co-authored 18 clinical textbooks that have been translated into multiple languages. Dr. Ehrenfeld has received numerous awards for his research and is a recipient of several prestigious teaching awards.

For the past two decades, Dr. Ehrenfeld has advocated on behalf of lesbian, gay, bisexual, transgender and queer (LGBTQ) individuals. In 2018, in recognition of his outstanding research contributions, he received the inaugural Sexual and Gender Minority Research Investigator Award from the director of the NIH.

Born in Wilmington, Del., Dr. Ehrenfeld is a graduate of Phillips Academy, Haverford College, the University of Chicago Pritzker School of Medicine and the Harvard School of Public Health. He completed an internship in internal medicine, a residency in anesthesiology and a research informatics fellowship at the Massachusetts General Hospital. Board-certified in both anesthesiology and clinical informatics, Dr. Ehrenfeld is a fellow of the American Society of Anesthesiologists and the American Medical Informatics Association.

A combat veteran who deployed to Afghanistan during both Operation Enduring Freedom and Resolute Support Mission, Dr. Ehrenfeld, for his work in capturing and supporting the lives of LGBTQ people, was recognized in 2015 with a White House News Photographers Association award and, in 2016, with an Emmy nomination. Dr. Ehrenfeld and his husband, Judd Taback, have a son, Ethan Ehrenfeld-Taback.
Hello everyone and thank you for joining the first zoomed Tennessee Medical Association (TMA) presidential report.

I remember when taking office as president-elect, being collegially teased that it would be during my tenure that the nurse independent practice moratorium would end and TMA needed to be prepared with a winning solution. Over the next two years we laid the groundwork, cumulating in success defeating the 2020 nurse independent practice bill. While leaving “the hill” and driving back to Knoxville, that victorious day traveling east on I-40, I witnessed the Nashville/Putnam County EF-4 tornado’s destruction and contemplated how the sheared-off trees and mangled steel structures strewed like confetti, tossed by tornado winds, reflected the struggle we face as health care leaders in solving access to care and improving rural health. The brightness of our stellar victory, due in great part to establishment of the Coalition for Collaborative Care, where the house of medicine spoke with one united message to the legislature and negotiations with Tennessee Nurses Association (TNA)/Tennessee Association of Physician Assistants (TAPA), was somehow dimmed by the knowledge that rural health and its access still impacts many of our fellow Tennesseans. I challenge you to stay involved in the model of physician-led team-based healthcare that ensures quality and value.

Dr. Stone’s and Mr. Miller’s report are comprehensive and I will not repeat the information other than to highlight immediate 2021 future challenges.

A. Continued work on the Board’s strategic plan
   1. Advocacy
   2. Communication
   3. TMA structure alignment
   4. Diversity
   5. Specialty society relationships

B. COVID-19
C. Membership

No one individual can do this job and I am humbly indebted to the following persons:

TMA staff: Russ Miller, Yarnell Beatty, Julie Griffin, Karen Baird, Becky Morrissey, Ben Simpson, Rebecca Woods, Amy Campoli, Meg Book-Smith, Beth Lentchner, Kathleen Caillouette, Christy Reeves, Mark Thien, Nikki Hamlet, David Steed, David Kieu, Doug Word, Pam Slemp, Ann Anderson and Christine Lenihan

TMA Board of Trustees: Kirk Stone, MD, Tim Wilson, MD, James Cates, MD, Landon Combs, MD, Lee Berkenstock, MD, Ed Capparelli, MD, Rodney Lewis, MD, Amy Suppinger, MD, Matt
Mancini, MD, Kevin Smith, MD, John McCarley, MD, Max Keeling, DO, and Michael Feldman, MD

TMA Committee Chairmen; Robin Williams, MD, Natalie Dickson, MD, Matt Mancini, MD, Jerome Thompson, MD, Adele Lewis, MD, Don Franklin, MD, Timothy Davis, MD, Michael Baron, MD, John Ingram, III, MD

Past presidents: Nita Shumaker, MD, Matt Mancini, MD, Wiley Robinson, MD, Christopher Young, MD, John Hale, MD, Keith Anderson, MD

President-elects: Kevin Smith, MD (2020) Ron Kirkland, MD (2021)

Society leadership: Kim Weaver/Tim Wilson, MD (KAM), Rae Bond/James Haynes, MD (CHMS), Rebecca Leslie/Robin Williams, MD (NAM), Clint Cummins/Danielle Hassel, MD (MMS), Doug Word: Keith Lovelady, MD (CCMS), Patrick Andre, MD (CMAWT), Thomas Smith, MD (FCMS), Gary Podgorski, MD (MCMS) , Robert Kasper, MD (MCMS), John Hale, MD (NTAM), Kirk Stone, MD (NTAM), Matt Perkins, MD (SRAM) Samantha McLerran, MD (UCMS), Sam Bastian, MD (Williamson), Richard Lane, MD (Williamson), Dwayne Lett, MD (WCMS) Pam Slemp: Ted Taylor, MD (Carter), John Boys, MD (Greene), Conrad Brimhall, MD (Lakeway), Alan Colyar, MD (Washington), Sean White, MD (Sullivan).

Finally, a shout out to Drs. Richard Depersio, David Gerkin and Matt Mancini, whose encouragement and mentorship have “plowed the way”.

When I started the year, I had each one of you involved in TMA stand. I end likewise. You are TMA. You are what makes this work. Thank you for making the past year unforgettable.

“INTERNALLY STRONG, EXTERNALLY FOCUSED” and I am proud to be part of it.

Respectfully Submitted,

Elise C. Denneny, MD
It has been my distinct pleasure to serve a little over the past year as the chairman of your Board of Trustees as we represent you, the House of Medicine. And what a year it has been! My de facto term began a little early due to the unfortunate injury of our last chair. And then, due to COVID-19 disrupting all schedules, it has extended past the time it was supposed to. However, I can't complain, as I have had the pleasure of serving with hard working board members who have represented you well. I would like to thank each of them for the hard work this interesting year has brought and their willingness to take it on. It has been a pleasure to serve with you all. I also want to thank Russ Miller and the rest of the excellent TMA staff for the many hours they have put in guiding me and us through this year.

In the previous year, we, as a board, had already begun a strategic planning model for the next several years. As has been borne out through multiple member surveys in the past, our members view our advocacy as the primary function that they want from TMA. We, therefore began to focus all parts of our strategic plan toward the question, "How does this affect our advocacy?" This is an ongoing process, and I am sure your hardworking board and staff will continue moving this forward.

We knew that the three-year moratorium on independent practice bills would expire in 2020, so we began to prepare for likely upcoming issues regarding it. We began seeking funding assistance from the American Medical Association (AMA) to fund an extra lobbyist to focus on Scope of Practice so that our fulltime lobbyists could, while still dealing with Scope, have time to focus on our other issues of concern. We continued to work through the Coalition for Collaborative Care (our coalition of different specialty groups coming together for this purpose to present a unified front as The House of Medicine) to plan for the future fight. Along with our staff, Drs. Denneny and Smith have represented us well in helping drive this coalition. Through this coalition and our staff, we carried out extensive negotiations with the physician assistant association to try to come to some compromise that would keep a physician-led team as the model moving forward. We hoped that this would then give us a model to present to the legislature and the nurse practitioner organization to show that we do want to come to a workable solution. Unfortunately, these negotiations eventually hit an impasse.

As we looked at membership issues, we have begun looking at the possibility of the metropolitan medical societies working together with their nearby smaller county societies
in membership recruiting efforts and activities. This idea also is still a work in progress as we are looking at several different models of change to membership policies to improve our membership numbers.

We continued our monitoring of Episodes of Care and continue speaking with the government about our concerns and thoughts with that. At this point, the freeze on rolling out new episodes is still in place. We also continue to move forward with monitoring the opioid crisis and educating physicians and patients moving forward as was championed by our former president, Dr. Nita Shumaker.

Of course, nationwide, surprise billing became an issue. Your board took an active role in this. A few board members wrote op-ed pieces which were featured in several of our state papers. Many of us had personal phone calls with our national and state representatives regarding this issue.

As we geared up for the legislative session, our plan was to focus on Scope of Practice, Telehealth, Professional Privilege Tax and continue to monitor other issues. In an early VICTORY, the nurses did bring forth a bill for unsupervised practice, but it was withdrawn by its sponsor when it was found he was not going to get a second in committee. While, by no means is this fight over, we hope this may be a sign that the legislators are starting to see that we are the ones trying to work with them and the nurses while the nurses show no signs of wanting to compromise.

AND THEN COVID-19 HIT. This obviously threw everything off. We made the difficult decision to cancel Doctors Day on the Hill, as we felt we needed to be, and, show that we are, focused on taking care of our patients and not spending time in Nashville. Of, course after we made that decision, the legislature ended their session early and would not have been there then anyway. Without going into great detail, suffice it to say your board and staff worked very hard to stay on top of the COVID-19 issue and the state's response. We had multiple board and Executive Committee conference calls following this issue. While we initially met some resistance from the governor's office as we spoke of Stay at Home orders and other recommendations, eventually there was a softening and they did seek our input with regards to reopening and handling spikes as reopening occurred. Staff and board members have continued conversations with members of the administration. Of course, we did our best to keep all of you as informed as we could through the crisis.

Positives did come from COVID-19 though. Telehealth was moved forward faster than would have been seen otherwise and we plan to continue pressure on legislature and insurance companies for reimbursement to remain comparable to in person office visits even after the COVID-19 threat has hopefully passed. Also, we held, successfully, the first completely electronic board meeting. This showed that it can be done and will hopefully lead us as an organization to explore in the future how e-meetings can help us be more nimble in our advocacy activities.
So, as I end my year, I have to look back and see it as a success in spite of the curveballs thrown our way. I once again want to thank every member of the board for the hard work and extra time this year required. It was a pleasure and an honor working with all of you. I know those of you who will be staying on will continue this good work going forward. Finally, to Russ and the staff, thank you so much. This doesn't happen without you all, and I have enjoyed my year of getting closer to all of you.

Respectfully submitted,

W. Kirk Stone, MD Chair

2019-2020 Board Members
Elise C. Denneny, MD, President
M. Kevin Smith, MD, President-Elect
Matthew L. Mancini, MD, Immediate Past President
Timothy S. Wilson, MD, Vice-Chair
John McCarley, MD, Secretary/Treasurer
Edward Capparelli, MD, Speaker, House of Delegates
O. Lee Berkenstock, MD
Amy Suppinger, MD
Rodney Lewis, MD
James Cates, MD
Landon Combs, MD
Michael Feldman, MD
Mr. Max Keeling
Resolution No. 1-19  Annual Stipend for TMA President
Action: Adjustments made and communicated to accounting staff and new
president.

Resolution No. 2-19  Youth Diversity on Standing TMA Committees
Action: Communicating with leadership of MSS and RFS. Supplied each
with list of all committees asking for nominations to be reviewed and
approved in July. This will become standing policy

Resolution No. 3-19  Expansion of Resources and Patient Access to Treatment Options for
Substance & Mental Health Disorders
Action: This resolution was on the list of issues considered by the TMA
Legislative Committee for inclusion in TMA’s legislative package for 2020.
It was not chosen to be a part of the legislative package but will be
reviewed again for consideration for 2021.

Resolution No. 4-19  Accreditation Considerations for Future US Medical Schools
Action: Presented in June 2019 to AMA delegation. Dr. Shumaker
volunteered to work with Max Keeling regarding intent and process. Good
deal of discussion among the delegation.

Resolution No. 6-19  Graduate Physicians
Action: The Graduate Physician Act was introduced in 2019 but did not
advance in committee in either chamber. The bill was not revived during
the 2020 legislative session and no other similar legislation was filed.

Resolution No. 7-19  Medical Records for Foster Children
Action: This resolution was on the list of issues considered by the TMA
Legislative Committee for inclusion in TMA’s legislative package for 2020.
While the Committee did not make this a legislative item for inclusion,
TMA staff passed along potential meeting dates to Dr. Shumaker for her to
meet with the Tennessee Department of Children Services to see if a non-
legislative solution can be arranged.

Resolution No. 8-19  Improving Communication between Hospitals & Primary Care
Action: Letter and resolution sent on June 20 to THA. Staff to meet this
summer. Had a web demo for board members in October with THA. Some
concern as to the fee for community physicians to participate. Conversation is to continue as to the role of TMA for its members working
with ConnectTN. Drs. Smith, Mancini, Capparelli and Lewis participated.

Resolution No. 9-19  Truth in Advertising for CBD Oil
**Resolution No. 11-19**

*Regulation of Physician-led, Team-based, Collaborative Practice Between Physicians and Advanced Practice Registered Nurses*

*Action*: TMA and the Coalition for Collaborative Care defeated legislation introduced by TNA and TAPA that would have allowed for independent practice (SB 2110); allowed APRNs and PAs to be second signatories for commitments (SB 2175); permitted APRN and PA independent workers’ comp (SB 2761); and allowed the ability to unilaterally prescribe buprenorphine (SB 1060 and SB 1938).

**Resolution No. 12-19**

*Scope of Practice Expansion by Non-Physician Providers*

*Action*: In addition to the victories related to Res. 11-19, TMA and the Coalition for Collaborative Care defeated or amended bills brought by other providers to unsafely expand their scope of practice: PT direct access (SB 1960); and acupuncturist expansion (SB 1156).

**Resolution No. 13-19**

*Remote Patient Monitoring for the Management of Chronic Conditions*

*Action*: Efforts to educate members have not commenced as we are awaiting the final actions of the State on telehealth. Plans are to publish information explaining rules and regulations along with the virtues and opportunities for physicians and patients.

2nd Resolve: Issue has been placed in TMA’s telehealth bill

3rd Resolve: Resolution presented to AMA delegation in June.

**Resolution No. 16-19**

*Reduction of Firearm Violence*

*Action*: Resolution 16-19 was sent to the Public Health Committee. The committee met twice to debate the issue. In the first meeting the committee took two votes; one to amend the resolution and one to vote down the resolution. Neither vote prevailed. The resolution was then sent back to the board with no recommendation. At that point the board voted to split the question and sent it back to the Public Health Committee to vote on its public health merits alone and to the Legislative Committee for its political ramifications. When it returned to the Public Health Committee the committee voted to approve the resolution on its public health merits as written. The Legislative Committee has not yet met to debate the issue.

**Resolution No. 17-19**

*Access to Care*

*Action*: This is regarding Medicaid expansion. It was reviewed by the legislative committee and is not included in the legislative package.
Resolution No. 18-19 The Future of IMPACT
Action: BOT members meeting with IMPACT Board on 8/24/19. TMA board approved a list of action items for 2020. TMA and IMPACT to review ancillary costs to be paid for by TMA and bring back to board for budget consideration.

Resolution No. 20-19 Step Therapy Reform: Tennessee
Action: This resolution was on the list of issues considered by the TMA Legislative Committee for inclusion in TMA’s legislative package for 2020. The bill was not chosen to be included in TMAs legislative package. TMA will work with others if a bill if brought forward.

Resolution No. 21-19 TMA Funding for Medical Student Chapters
Action: Leaders of the MSS chapters and liaisons at local medical societies have been communicated with regarding this resolution and protocols for reimbursements in the future.

Emergency Resolution 1-19 Resolution to Ban the Sale of Flavored Vape Products in Tennessee
Action: Resolution was suggested as an emergency to the AMA HOD by Dr. Shumaker. Decision was to monitor multiple resolutions already introduced. Bill was not included by the legislative committee to be included in TMA’s legislative package for 2020. Federal/presidential action was taken in January 2020 to ban sales of many flavored vaping products. TMA organized a group of medical specialties and other healthcare organizations to sign on to a letter in October urging Gov. Lee to enact an immediate ban on the sale of flavored vaping products. Department of Health Commissioner Piercey and leaders in the state legislature also received a copy of the letter. The effort generated widespread media coverage across the state and beyond, including pickup from the Associated Press after the first vape-related illness death occurred in Tennessee. We will continue to monitor any bills brought at the state level.
REPORT OF THE SECRETARY/TREASURER

July 25, 2020

TO: HOUSE OF DELEGATES
TENNESSEE MEDICAL ASSOCIATION

SUBMITTED BY: John McCarley, MD, SECRETARY/TREASURER

The annual audit for the fiscal (and calendar) year ending December 31, 2019, has been completed and is now available for review. The customary examination of the Association’s records and accounts was conducted by Blankenship CPAs, our certified public accountants, appointed by the TMA Board of Trustees.

The attached financial statements have been extracted from the complete audit. They show the revenue and expenditures during 2019 as well as the assets, liabilities, and fund balance at the end of the year.

A budget surplus of $96,000 had been projected for 2019 with revenue projected at $3,290,000 and expenditures projected at $3,194,000. The actual revenue was $3,043,000 against actual expenses of $3,135,000 resulting in $92,000 deficit.

There were two factors leading to the deficit. The $100,000 license agreement with TMAIA was dissolved. The $100,000 draw from capital gains in the Building Reserve did not occur.

Reserve Accounts
At the conclusion of 2019, TMA’s combined reserve accounts were $3,724,000. The assets allocation is as follows: 58% in US Stocks, 6% in Foreign Equities, 19% in Bonds & Fixed Income, and 17% in Cash.

In 2020, we saw our reserves take a steep downturn with the market in the first quarter. The market has rebounded to a point and our reserve accounts now stand at $3,285,000 as of 06/30/2020.

All investments were executed though our financial advisory at Aldebaran Financial in Kingsport.

I wish to thank the other members of the Finance Committee, Drs. Rodney Lewis and Landon Combs, for their assistance and guidance during the past year. It has been a pleasure for me to serve on the Board of Trustees and an honor to serve as chairman during the last year.
Respectfully submitted,

John McCarley, MD, Chattanooga
Secretary/Treasurer and Chair

TMA Board of Trustees Finance Committee
Rodney P. Lewis, MD, Nashville
Landon Combs, MD, Gray
David L. Kieu, TMA Staff Accountant
Russell E. Miller, Jr., CAE, TMA Assistant Secretary/Treasurer

Copies of the Independent Auditor’s Report can be provided by request made to CEO.
OFFICER’S REPORT D

REPORT OF THE JUDICIAL COUNCIL

July 25, 2020

TO: HOUSE OF DELEGATES
    TENNESSEE MEDICAL ASSOCIATION

SUBMITTED BY: JAMES C. GRAY, MD, CHAIR

The Judicial Council met once since last year’s House of Delegates, on May 19, 2019, the day after the House adjourned as required by the TMA Bylaws. I, James C. Gray, MD, served as Chairman and John W. Lacey, III, MD, served as Vice Chair.

No business was assigned to the Judicial Council by the 2019 TMA House of Delegates. The TMA Board of Trustees did not assign any business to the Council.

The Council’s work plan for 2019-2020 focused on the development of resources developed by TMA geared toward the recruitment of employed physicians with memberships sponsored by the employer. Membership-related activities of the Council were shifted by the Board of Trustees’ strategic plan recommendations addressing the Judicial Council. Due to duplication of focus and activity between the Council and Membership Committee, the Board recommended that membership activities be the exclusive focus of the Membership Committee. A bylaws amendment resolution has been introduced to this House of Delegates by the Constitution & Bylaws Committee to implement this recommendation. If passed by the House, the Council’s functions will be concentrated on bylaw enforcement rather than membership.

Councilors inquired whether one of its responsibilities is to identify members who should be terminated due to conduct or practice. According to TMA’s General Counsel, Yarnell Beatty, identifying physicians who should be terminated from membership is not a duty or responsibility of the TMA Judicial Council. TMA repealed its Bylaws provisions regarding individual member discipline in 2017. Now, TMA waits until the appropriate licensing board revokes a member’s license to terminate membership because they no longer meet requirements for membership if they do not have a medical license. In the case where a former member does not have a license due to licensure disciplinary action, TMA places a flag on their file in case they seek to reapply for TMA membership.

In 2019, we reported that polling was conducted to gauge interest in a possible merger of Lakeway, Hawkins, and Cocke County Medical Societies. The Council circled back to see if there was interest in any consolidation of Upper East Tennessee component medical societies. There was no interest in pursuing a consolidation.
The Judicial reviewed the charter of the Scott County Medical Society. Our review revealed that the Scott County Medical Society has three (3) members, two (2) active and one (1) retired. There are eight (8) non-member physicians in Scott County. The Society has not submitted an annual report since 2018 (for 2017). The Society has not submitted a delegate to the House of Delegates since at least 2015. It has no officers and has not met in years. The former secretary reports that two of the three members are under investigation by law enforcement. Therefore, the Council recommends that the 2020 House of Delegates revoke the component medical society charter of the Scott County Medical Society. If adopted, the members can join TMA directly or join through a neighboring medical society.

In the TMA elections held in February 2020, regions 1, 3, 5 and 7 elected Councilors for 2020-2022 terms. The following Councilors were elected and will assume their new terms on May 17, 2020: Autry J. Parker, Jr., MD, MPH (1); Keith Lovelady, MD, MPH (3); James Batson, MD, FAAP (5); and John W. Lacey, III, MD (7). Regions 2, 4, 6, and 8 will be up for election in 2021. I would like to thank the Councilors whose terms expired for their service to TMA through their work on the Council.

It has been enjoyable to serve as Chairman of the Judicial Council this past year and work with this group of dedicated Councilors.

I wish to thank all of the members of the current Judicial Council for their willingness to serve TMA in this important capacity as well as the TMA staff who support the Judicial Council, specifically Julie Griffin who staffed our 2019 meeting and Yarnell Beatty who is our staff liaison.

Respectfully submitted,

James C. Gray, MD, Chairman

2019-2020 Councilors:

Patrick N. Andre, MD (Region 2)          Justin Monroe, MD (Region 1)
John W. Lacey, III, MD (Region 7)        Susan C. Briley, MD (Region 4)
Howard Herrell, MD (Region 8)            J. Mack Worthington, MD (Region 6)
Omar Hamada, MD (Region 3)               James C. Gray, MD (Region 5)
A. Yarnell Beatty, JD, Staff Liaison
This is the report of the chief executive officer of the Tennessee Medical Association (TMA). Details of this report encompass activities and events from May 2019 through June 2020.

It is very difficult to summarize the last 14 months in an orderly report. The last year has been quite a tale of upheaval, change, fear, opportunity, loss, gain and extreme emotion among our members, staff, the health care system, markets...everywhere you look. TMA overall is in a solid position as an association despite all that has occurred. The last legislative session was paused and restarted. We had a significant win for members in March and even this summer we are hanging on to opportunities to score more victories amidst the pandemic pandemonium.

TMA has continued making progress with its strategic planning to better position itself for greater efficiencies and effectiveness, digging deep into critical areas at the core our being, challenging many areas to uncover achievable change for growth and improvement.

Just as the last few years have been consumed with some overwhelming issues facing physicians and patients alike, such as our lengthy battle with opioid misuse and abuse, something ‘novel’ set all plans and progress aside and altered our course as an association, a profession, a country.

The COVID-19 pandemic altered everything and literally sent us home to rethink how and what we do tomorrow.

**Finances and membership**

Investments – TMA financial reserves have been steadily growing over the last few years due in part to prudent investment and a reduced need to draw from reserves. A robust market return in 2019 erased late year loses of 2018, leaving TMA with more than a year’s operating capital in its portfolio. This has been a goal of the Finance Committee for the last five years. Like so many companies, TMA experienced the same shock of the market drop in February and March, having recovered a majority of lost value in April and May. To date, our accounts are down approximately 12% as we shifted to a conservative position in March and have held those positions awaiting confirmed news on vaccine progress. Our cash position has been aided by the Payroll Protection Program and continued support of member dues and a significant reduction in expenses in the second quarter of 2020.

TMA ended 2019 with an operational deficit of $93,000 due to a loss of members and lower than anticipated earnings from seminars and event sponsorships. We have been retooling our education
functions to increase our capabilities to deliver more offerings through varied platforms and increase our
Continuing Medical Education (CME) services to specialty organizations and medical societies.

2019 saw a reduction in dues revenue of $33,000 and 214 members. This was mostly related to the
decision of Erlanger Hospital to discontinue the memberships of some 240 physicians. In 2020, we were
slightly ahead on membership renewals and on pace with new member sign-ups when the pandemic hit
full force. This caused a shift in our procedures as TMA and its components elected to delay the deadline
for renewal until June 30 from March 31. This appears to have been appreciated by members and groups
as most have renewed to date. We have also welcomed 349 new regular members, 513 students and 51
residents for 2020.

In the fall of 2019, we were able to create a new group membership agreement with Vanderbilt Medical
Group. 200 physicians are part of this group membership.

For 2020, we are optimistic that we will come to terms with the physicians within Ballad Healthcare in the
Tri-cities. This will represent more than 1,000 physicians to the TMA, Medical Society of Virginia and
respective county medical societies.

Programs and Events
Last fall, we held an inaugural Medical Student Leadership Day at the TMA offices for 26 medical student
leaders. Participants were immersed in sessions on medical leadership, organized medicine and the TMA
House of Delegates, communications and media, legislative and government affairs.

Through its local and regional medical societies, TMA participated in legislative dinners to bring local
members and lawmakers together to discuss medical issues to come before the legislature in 2020. Events
were held in Chattanooga/Hamilton County Medical Society, East Tennessee (Johnson/Unicoi Counties),
Maury County Medical Society, Memphis Medical Society, Montgomery County Medical Society, the
Nashville Academy of Medicine, the Knoxville Academy of Medicine, Region 2 (Consolidated Medical
Assembly of West Tennessee and Northwest Tennessee Academy of Medicine), Stones River Academy of
Medicine, Upper Cumberland Medical Society, Williamson County Medical Society, and Wilson County
Medical Society.

The early recess of legislature forced TMA to cancel its annual Day on the Hill for 2020. Alternative plans
were created to have a virtual lobby day but subsequently were cancelled as well. During the recess, TMA
did engage a number of lawmakers virtually to discuss telemedicine, balance billing and COVID Liability
bills.

Balance billing was a pressing national issue in the latter part of 2019 as Senator Lamar Alexander (R-TN)
cosponsored a bill to address surprise medical bills. Medicine was more supportive of a competing house
bill cosponsored by Congressman Phil Roe (R-TN) and others. At the request of the American Medical
Association (AMA), TMA leaders conducted a fly-in to make personal visits to Sen. Alexander and other
Tennessee delegation members on Capitol Hill. Activity on this legislation has not moved forward at this
point.
TMA’s 185th Annual Meeting and House of Delegates (HOD) set for May 2020 was postponed due to the pandemic, emergency public declarations forbidding large group meetings and stay-at-home orders. Delegates were surveyed about additional meeting dates and methods in April 2020. Out of necessity for safety, the TMA Board elected to hold the TMA Annual Meeting and first sessions of the House of Delegates with minimal in-person attendance to allow safe social distancing, with preliminary plans to hold a live HOD meeting in October to consider any resolutions.

In recent years, the TMA has begun periodic meetings with representative of the pharmaceutical industry, most recently to discuss certain resolutions passed by our House of Delegates dealing with drug pricing and cost transparency. This has led to the creation of the Tennessee Medical and Pharmaceutical Council, co-chaired by a physician member and a pharmaceutical member. The Council meets quarterly to discuss issues of mutual concern to both parties and that have impact on patients in Tennessee.

With the expiration of a moratorium on all legislative bills dealing with the scope of practice of advance practice nurses, the TMA spearheaded the creation of the Coalition for Collaborative Care (CCC) to help assure that all physicians and specialties are included in the consideration and creation of measures regarding collaboration rules for Advance Practice Registered Nurses (APRN) and other allied professionals. Joining TMA in the CCC are Tennessee Academy of Family Physicians, Tennessee Chapter of the American Academy of Pediatrics, Tennessee Chapter of the American College of Physicians, Tennessee Osteopathic Medical Association, Tennessee Society of Anesthesiologists, Tennessee Chapter of the American College of Surgeons, Tennessee Group Practice Coalition, Tennessee Orthopedic Society, Tennessee Psychiatric Association, and the Tennessee Academy of Ophthalmology.

TMA has offered its annual insurance workshops across the state for almost 40 years. In 2019, the format was changed to partner more directly with the health insurance plans to offer more practical education to accompany new information on claims management and billing procedures. We welcomed more than 500 participants and 20 vendors at this rebooted series entitled the Tennessee Healthcare Symposium. Out of an abundance of caution, the 2020 Symposium will be a virtual conference over a three-day period.

**Operations and Staffing**

Many of our regular association events and meeting have been altered to become virtual meetings. This also includes the TMA Board of Trustees meetings. While we have allowed remote attendance in the past, the May 2020 meeting of the Board was the first entirely virtual meeting ever held. This has held true for many of our committees and other group meeting customarily held at TMA headquarters.

Our staff followed the guidance of the Centers for Disease Control and Tennessee Department of Health and began working remotely on March 19, 2020. Our staff initiated a ‘soft reopen’ of the office on June 15, with a reduced number of employees in office utilizing strict worksite precautions. Most staff continue to work remotely.

TMA Physician Services launched a new product for members to aid with retirement planning and associated expenses. The TMA 401(k) Plan is a multi-employer retirement plan operated on a Charles Schwab platform and managed by Bluestar Retirement Services and ACG Wealth in Atlanta. Tennessee
has joined with other state medical associations to create this offering. Key benefits are lower operational costs and lower fiduciary risk to sponsoring practices.

Internally we have seen the departure of a few employees over the last year. Mr. Dave Chaney, Vice President; Ms. Julia Couch, Communications Manager, both resigned in March 2020 for new career positions. Mr. Michael Hurst, likewise departed in June 2019. Ms. Christy Reeves was promoted to Director of Member Services, which encompasses her membership duties with management of TMA Physician Services. Mr. Mark Thien joined staff as Director of Marketing in May 2020.

TMA Association Management Services provides staff for a number of state medical specialty societies, county and regional medical societies and now has added the US Cutaneous Lymphoma Consortium to its client list. In 2019, the TMA board considered a revised business plan in this area to reduce the demand on TMA employees to maintain the volume of accounts by partnering with a secondary management company. This proposal was not accepted.

Through its banking partnership with Insbank/TMA Medical Banking, TMA was able to help members’ practices with the Payroll Protection Program. TMA Physician Services has begun promoting a new financial service for members to provide analysis of insurance receipts and reconciliations to provide more insight to contractual payment accuracy and timeliness.

Initiatives and Issues Management

The looming scope battle with nurses over independent practice has been at the center of our advocacy radar the last few years. TMA and a number of specialty society representatives met with the nurses organization during the summer of 2019. It was obvious that we were not going to be able to reach any version of an agreement to modernize the nurse collaboration rules if such plans did not include a path to independence. The Tennessee Nurses Association (TNA) proceeded to have a full independent practice bill sponsored in both chambers. Senate sponsor Jon Lundberg and House sponsor Bob Ramsey called TMA and the TNA to the table for one last attempt to reach an agreement. Medicine offered suggestions to make improvements to the collaboration rules to mitigate the extent that certain regulations applied to more experienced APRNs but the nurses did not want to yield their push for independence. The bill was subsequently pulled rather than having it die in committee for purportedly a lack of a second. The TMA and the CCC have continued work to solidify and fortify its efforts, fully expecting the nurses to run the bill again next year.

Efforts continue within TMA and the industry to further reduce the misuse and abuse of opioid pain medications. Tennessee numbers have continued to decline but not to an acceptable and safe level. Education, legislation and enforcement efforts have played equally important roles. Opioid deaths have continued to fall but Tennessee has seen an increase in deaths from illicit Fentanyl analogs.

As stated, TMA has been heavily engaged in advocacy surrounding surprise medical bills making visits to Washington, DC to meet with Senator Alexander about his version, public comments supporting another version that features arbitration and a fairer, market based pricing average versus insurance out-of-network average. In our state, we have worked diligently with vested parties, including payers, to create
state law to supersede possible federal law, but the legislature failed to address the issue in the shortened session of 2020.

While telemedicine has been on the list for a number of years, the pandemic pushed the issue to the top in 2020. While payers and the government have altered rules in 2020, TMA has sought to pass legislation to maintain parity payment for telehealth going forward. The legislature may call a special session to address this and liability protection for physicians and business from frivolous lawsuits related to the pandemic.

TMA first started its campaign for medical liability reforms in 2002. We saw our effort finally bear fruit in 2008 with general liability protections and again in 2009 with additional medical liability statutes. Since that time, medical liability insurance rates have fallen on average 35 to 40% and held steady for the last decade due to the decrease in lawsuit frequency. Throughout that period, there has been a continual push by trial attorneys to find cases to challenge the constitutionality of non-economic damage limits. Just this year, the state court opined on the Yebuah Case, finding that the reduction in the award was not unconstitutional. This was the first medical case challenged and a significant ruling to help maintain our actions on medical liability reform.

Tennessee’s ability to retain medical students received a boost in 2019 when the Governor included new funding in the State budget for additional graduate medical education slots. TMA medical students played a major role in this victory as they initiated a letter writing and lobbying effort to urge lawmakers to take steps to increase slots, else students are forced to find resident slots elsewhere and become statistically more likely not to return to Tennessee.

Additionally, TMA has been successful delaying further rollout of new episodes of care payment models in TennCare and in commercial plans; successfully filed court briefs in a case to defend due process in medical staff disciplinary cases; and curtailing deceptive marketing practices for vaping products.

COVID-19 had a significant impact on TMA activities far beyond its finances and work methods. Very early in the initial onslaught of the virus in Tennessee, our Board held weekly calls to discuss TMA’s role and response. In March we engaged the Governor’s office about the decision to issue a stay-at-home order versus shelter in place. When it was apparent that the Governor was hesitant to issue an order, TMA made its case to the mayors of all counties and municipalities. The Governor ultimately did issue a stay-at-home order. As the virus numbers decreased, the Governor announced plans to reopen the state and TMA created and proposed a decision tree to aid in gauging the stages of reopening. TMA has issued an appeal to the State to provide financial assistance to practices that were basically closed due to rules to stop non-essential services. Many of our county medical societies held town hall ‘zoom meetings’ to help answer questions and share best practices among members. The TMA created a series on telemedicine to help members assimilate to a new way of providing patient care.

TMA Strategic Plan

The Board of Trustees continues its work on its strategic plan, updated in 2018. Every four years, leadership invests significant time to consider TMA’s current standing and the challenges ahead for the Association and the practice of medicine in our state. TMA must adapt to keep pace with changes in
healthcare and ensure the association’s continued relevance and solvency. The Board will hold its next strategy session in July 2020.

- TMA’s clear strength and competitive edge is advocacy. We will reinforce that identity through every facet of operations.
  - TMA was named the most influential and trusted advocacy organization in Tennessee, not just in health care, by an independent survey by Capitol Resources, LLC Feb 2019
  - We established the Collaborative Care Coalition
  - We have analyzed all areas of operations to align with our advocacy direction
- We will continue working to improve our communications, differentiating TMA with a compelling value proposition in an increasingly competitive and fragmented market.
  - Better use of technology for marketing and communications including virtual options, social media, and texting
  - Market segmentation for better focused communication and messaging
- We will become a more diverse organization by recruiting and engaging leaders who better represent Tennessee’s medical community (age, gender, ethnicity, specialty and practice environment) and will drive the organization in the future.
  - Created a process to measure our talent and diversification needs
  - Developing a diversity workgroup to analyze association functions and policies
  - Creating resources for members on diversity and unconscious bias
- We will reexamine and renovate our structure to eliminate redundancies and avoid internal competition.
  - Continuing work on ideas to modify our structure to work more closely with our county medical societies to mutually grow and reduce overlap
- We will strengthen relationships with state-level specialty organizations.
  - Including state specialty organization in board meetings and attending their meetings
  - Created and hope to grow the CCC beyond scope issues

Conclusion
It is a great privilege to work for such an astute and revered profession and an honor to carry out that work alongside my fellow staff members. The accomplishments reported here are not possible without the diligence and dedication of the group of professional I have the honor to work with daily (albeit remotely for now!)

Yarnell Beatty          Sr. Vice President, General Counsel
Karen Baird             Director of Insurance Affairs
Julie Griffin           Director, Government Affairs
Becky Morrissey         Paralegal
Ben Simpson             Assistant Director, Government Affairs
Rebecca Woods           Grassroots Manager
Meg Book-Smith          Advocacy Assistant
Beth Lentchner          Director, Leadership Programs and CME
Kathleen Caillouette    CME Coordinator
Christy Reeves          Director of Membership Services
Mark Thien              Director of Marketing
Respectfully submitted,

Russell E. Miller, Jr., CAE
Chief Executive Officer
The TMA Constitution & Bylaws Committee met on several occasions during this past year. The Committee was comprised of members Robin Williams, MD, Chair; John D. McCarley, MD; Robert H. Miller, III, MD; David G. Gerkin, MD, O. Lee Berkinston, MD, M. Kevin Smith, MD, student member, Jennings Dooley, and ex officio member, Elise Dennenyy, MD, TMA president. John D. McCarley, MD, served as the Board of Trustees liaison to the Committee. Mr. Yarnell Beatty, Senior Vice President and General Counsel, served as the TMA staff liaison to the Committee.

The 2019 TMA House of Delegates did not refer any resolutions to the Committee for study or action. The TMA Board of Trustees tasked the Committee with a comprehensive review of the Constitution and Bylaws in order to carry out the Board’s strategic plan objective of making TMA’s primary purpose advocacy. No formal opinions were requested or issued.

The Committee convened via conference call on May 7, 2019. The only order of business was to review a draft set of bylaws and accompanying resolution which, if adopted by the House of Delegates, would have replaced the current set of TMA bylaws. The Committee voted to recommend that Bylaws Resolution 15-19 not be submitted to the 2019 House of Delegates.

The Board of Trustees requested in July 2019 that the Committee conduct a comprehensive review of TMA’s Bylaws as part of the Board’s strategic plan priority regarding advocacy. The Board’s directive was accomplished in phases.

In Phase 1, the Committee only addressed the Board of Trustees’ Work Group recommendations that were ratified by the Board on July 13, 2019:

1. Remove Young Physician Section reference in Bylaws.
2. Remove references to specific committees from Bylaws except for C&B.
3. Remove references to mandatory awards from Bylaws.
4. Remove requirement to have a journal from the Bylaws.
5. Remove the mandate to have annual audits conducted from Bylaws.
6. Address clear housekeeping issues.

Sixteen proposed Bylaw changes were recommended and adopted by the Committee to address these six topics. This House of Delegates will address them via an omnibus bylaw resolution.

In Phase 2, the Committee only addressed the Board's recommendation to eliminate the Judicial Council as well as some housekeeping recommendations. Since the Board did not ratify a recommendation to go to a contractual relationship with component societies, but decided instead
to continue requiring members to join both a component society and TMA, the Committee concluded that there is still a need to have some mechanism by which to oversee compliance with component society charter requirements and provide a mechanism by which to discipline association officers. These functions will continue to be conducted by the Judicial Council. There is not a need for the Council to perform membership tasks since TMA has regional staff and a membership committee. Therefore, there is a need for the Judicial Council to continue in a reduced capacity.

During the October 2019 call, the Committee approved recommendations to amend the current Bylaws to:

1. Continue the Judicial Council, but in a more limited capacity, primarily to have an entity to address officer and society discipline
2. Delete the requirement that the Judicial Council must approve a member’s move from one component society to another
3. Remove Councilors as officers of the association
4. Remove the responsibility of Councilors for “building up” component societies
5. Eliminate the mandate as to when Judicial Council meets
6. Delete some ex officio members of Council
7. Eliminate the responsibility of Councilors to indoctrinate members annually on ethics
8. Eliminate Judicial Council decision appeals to the AMA

Housekeeping changes recommended:

1. Clarify that 2017 Bylaw amendments to reduce lawsuit liability make licensure the criteria for membership
2. Eliminate January 1 deadline for societies to submit delegate lists
3. Allow nominations for speaker and vice speaker from the floor
4. Make the CEO the custodian of all records of the association (Judicial Council had been excepted)
5. Delete reference to Regional Nominating Committee which was eliminated in 2012

Regarding Phase 3, the Board will consider proposals to improve the function and efficiency of the House of Delegates. Staff is working to obtain information from other state medical associations. When proposals are submitted from TMA staff, the Committee will review them and make Bylaw amendment recommendations, if any, to the TMA House of Delegates in 2021.

Phase 4 is complete. The Committee looked at TMA’s Constitution and Emergency Bylaws. In January 2020, the Committee discussed a proposal to repeal the TMA Constitution and import some of its provisions into the Bylaws. Instead of repealing and replacing the entire Constitution, the Committee recommended two changes; first, that the House repeal the Code of Ethics Article and place it into the Bylaws and second, that the Article requiring a corporate seal be repealed. State corporation law no longer requires corporations to have official seals.

I wish to thank the members for their willingness to serve and express appreciation to our Board liaison and our staff liaison for their assistance and information. I thank the Board as well for appointing additional members to assist us with our comprehensive Bylaw review. Finally, I would be
remiss if I did not thank our TMA president this year, Dr. Elise Denneny, for participating with us in every phase and providing sage feedback.

Respectfully submitted,

Robin Williams, MD

2019-2020 Constitution and Bylaws Committee
David G. Gerkin, MD,
John D. McCarley, MD
Robin Williams, MD, Chair
Robert H. Miller, III, MD
O. Lee Berkinsonstock, MD
M. Kevin Smith, MD
Jennings Dooley, Student Section Member
John D. McCarley, MD, Member and Board Liaison
Yarnell Beatty, TMA Staff Liaison
The committee met four times throughout the year via conference call. The charge of the Insurance Issues Committee is to monitor and address all insurance issues, both government and commercial, affecting physicians, practices and patients in Tennessee. This includes reimbursement, regulation and policy changes, lawsuit settlements, contracting issues, networks, pay for performance, workers compensation, etc.

The committee was addressed by several guest speakers throughout this past year. Julie Griffin, Tennessee Medical Association’s (TMA) Director of Government Affairs, gave an update on current legislation. Micah Cost, PharmD, MS, Executive Director, Tennessee Pharmacists Association gave an overview of Pharmacy Benefit Managers. Hodgen Mainda, Commissioner, Tennessee Department of Commerce and Insurance and Rachel Jrade-Rice, Assistant Commissioner, Tennessee Department of Commerce and Insurance (TDCI) discussed the TDCI’s Outreach Initiative, telehealth parity, balance billing, and remote patient monitoring. The Department is especially interested in mental health access. TDCI is aware of prior-authorization and credentialing issues and is willing to participate in a workgroup with TMA and the payers. The Commissioner stated he wanted to have open lines of communication and build trust within the physician community.

**Telemedicine** – The COVID-19 public health emergency resulted in expansion of telemedicine services and payment parity. Blue Cross Blue Shield of Tennessee announced that it will permanently cover telemedicine services; however, they may revise some of the services covered once the public health emergency has ended. TMA was **unable to pass telehealth parity** this session. The bill was defeated in the Senate.

**Surprise Medical Bills** – This is a Federal and State issue. TMA leadership met with Senator Lamar Alexander and Congressman Phil Roe in Washington, DC. Senator Alexander’s bill states all providers seeing patients out-of-network in in-network hospitals would be reimbursed the median contracted rate by the payers. This would give the payers control on setting rates by narrowing networks and reducing reimbursement. There is no flexibility or dispute resolution process; however, it does take the patient out of the middle. TMA, American Medical Association (AMA), and the specialty societies worked against Alexander’s bill.

The Roe/Ruiz bill models New York which is a “loser pays” model. It forces negotiations between payers and includes an independent dispute resolution process. It also holds the patient harmless, meaning they would only be responsible for their in-network co-pay, coinsurance and deductible. TMA submitted a bill that would put Congressman Roe’s bill into Tennessee statute; however, it did not pass this session.
Coverage for alternative treatment modalities – Dr. Turney Williams stated he did not feel the committee would be able to address this issue since it is a policy issue related to services that are not covered. The Bureau of TennCare stated it is the MCO’s sole discretion to offer coverage for alternative treatment modalities. The TennCare policy was provided to the committee.

Blue Cross quarterly verification – Payer data verification has become overly burdensome for practices. Since payers use the Council for Affordable Quality Healthcare (CAQH) to verify information for credentialing purposes, the committee suggested requiring payers to use CAQH for quarterly data verification. The problem is CMS requires verification every 90 days and CAQH requires 120 days. Dr. Leonard will submit a request to the Board of Trustees to suggest TMA work with the appropriate entities to allow payers to use CAQH for quarterly data verification.

United Healthcare (UHC) PCP reassignment – UHC has been erroneously reassigning patients to different PCPs. UHC was unable to identify a system issue; however, they were aware of the problem and worked with individual practices to reverse the reassignments.

Increased prior authorization on medications, procedures, and diagnostic studies – Dr. Dickson shared a Consensus Statement on Improving the Prior Authorization Process from the AHA, AHIP, AMA, APhA, BCBS Association and Medical Group Management Association. There were five areas of opportunities discussed: 1) Selective Application of Prior Authorization 2) Prior Authorization Program Review and Volume Adjustment 3) Transparency and Communication Regarding Prior Authorization 4) Continuity of Patient Care 5) Automation to Improve Transparency and Efficiency.

A Prior-Authorization workgroup has been formed. This workgroup will meet with payers to discuss possible resolutions to the issues included in the Consensus Statement. The first meeting is scheduled on July 24, 2020.

Malpractice Timely Policy Issues – SVMIC confirmed that it usually takes 60-90 days for a clean application to be processed and a policy to be issued. It can take longer if the application is deficient. This affects the prior authorization process during the credentialing phase. This issue will be added to the prior authorization workgroup’s discussion.

Non-Par Status During Credentialing – Non-par status and prior-authorization involves carriers not allowing prior-authorization of care until credentialing is complete. The current law states they have to pay for any care in the interim period; however, payers are unable to authorize treatment because prospective providers are not loaded into payer systems. Payers previously agreed to issue prior-authorizations for providers whose applications are complete under a provider who is already credentialed within the group as a work around.

Medicare Advantage (MA) STEP edits limiting appropriate treatment – This is a voluntary process of MA plans. Dr. George Woodbury submitted a resolution that passed the House of Delegates. This bill did not make the Legislative committee’s top priority list; however, someone else may bring a bill and TMA will support.
Narrow Networks – Several members have been excluded from participation with UHC’s Core product commencing Fall 2019. UHC states this is due to cost containment efforts requested by employer groups.

United Healthcare Premium Designation Data Validation – UHC Premium Designation reports contain multiple errors and do not include actionable information. UHC is using Summit Medical Group as a pilot project to improve their Premium Designation Program reporting.

Peer-to-Peer Reviews – Payers often pair physician peer-to-peer reviews with professionals that are not in the same or similar specialty. TMA’s paralegal, Becky Morrissey, did extensive research on payer policies regarding peer-to-peer reviews. The peer was not specified as either same or similar specialty. A copy of Ms. Morrissey’s research is located in the Resource Library. Legislation has been unsuccessful in the past. This issue will be added to the prior-authorization workgroup discussion.

Pharmacy Benefit Managers - Pharmacy Benefit Managers (PBMs) are third party administrators for prescription drugs. They are primarily responsible for managing drug formulary plans and processing drug claims. This third-party function drives up costs with direct and indirect fees. Most PMBs are out of state and taking revenue away from Tennessee. The committee is in the process of forming a pharmacy workgroup. Dr. Natalie Dickson will serve as a consultant to the TMA’s Pharmacy Council with the Board’s approval.

Co-Pay Accumulators - Copays do not count toward patient deductibles. Once copay cards are exhausted, it is financially difficult for patients to meet their deductibles along with the exorbitant cost of drugs. This issue will be added to the pharmacy workgroup for further discussion.

White Bagging –Blue Cross implemented a new “white bagging” policy that affects multiple specialties. The State employee health plan went into effect January 1, 2020. TennCare was postponed until July 1, 2020. Major concerns regarding this policy include decreased adherence, logistical issues, and the quality of products after shipment. It also creates another barrier for patients. There is a push to keep patients harmless from financial burden and ensure all associated costs are covered. TMA and several physicians had a conference call with Blue Cross to discuss concerns related to this policy. Blue Cross is offering specialty pharmacy contracts to practices with their own specialty pharmacy. TMA was involved in a coalition that brought a bill to give patients a choice of specialty pharmacy providers but it did not pass during the 2020 legislative session. This issue will be added to the pharmacy workgroup for further discussion.

Value-Based Payments during the COVID-19 Pandemic - Dr. Colleen Schmitt expressed concern regarding value-based payments. Offices have been closed during the pandemic and patients are delaying routine care. Providers are at a major disadvantage because this affects their ability to meet quality metrics and receive value-based payments. Dr. Schmitt feels this is a federal issue and could be addressed by the AMA. Dr. Schmitt will address this issue with Dr. Nita Shumaker, who is in her group and an AMA delegate.

Legislative Contacts – Dr. Dickson asked the committee to get involved with legislators at a grassroots level. They can locate legislators at capitol.tn.gov or contact TMA’s grassroots coordinator, Rebecca Woods by email: Rebecca.woods@tnmed.org or phone: 615-460-1659.
Communities Page – The Insurance Issues Committee has a community page on TMA’s website. It is used for committee announcements and updates. Staff maintains a resource library with supporting documentation related to the committee’s work. The community page has been a valuable tool that allows committee meetings to run more efficiently.

Respectfully submitted,

Natalie Dickson, MD, Chair

2019-2020 Committee Members

Joe Browder, MD                James Peyton, MD
Tommy Campbell, MD             Seenu Reddy, MD
Douglas Cobble, MD             B Ruffner, MD
Dale Criner, MD                Craig Sarine
Roger Dmochowski, MD           Colleen Schmitt, MD
Rick Fung                      Van Sewell
George Hernandez               Jane Siegel, MD
Greg Mancini, MD               William T. Williams, MD
Richard Panek                 Karen Baird, TMA Staff Liaison
Edward Capparelli, MD, Board of Trustees Liaison
The Tennessee Medical Association (TMA) Public Health Committee continued to work with various statewide organizations to address issues of public health for all Tennesseans. The committee met by conference call to review the following items:

The Public Health Committee met and sent out award nominations, they had received two nominations. The Public Health Committee conferred with the Tennessee Public Health Association to nominate a winner for the William Schaffner Award. Dr. Adele Lewis will present the award at the House of Delegates this year.

The Public Health Committee met at the request of the Board to address the COVID-19 pandemic. Dr. Denneny requested the committee first look at the Board’s criteria to reopen the state then look at the Board’s criteria for a “throttle down” set of criteria.

In the first instance the Public Health Committee made a recommendation to follow the Department of Health in a more scientific guidance and to stay away from the 1/100,000. This recommendation was made to the Board.

In the second instance the committee was given different criteria to put into place “speed bumps” in the state’s four phased reopening plan. The committee sent a report to the Board through Dr. Denneny that contained a plan on how to support the department and hopefully achieve the Board’s goals.

The Public Health Committee was referred one resolution from the last House of Delegates. The resolution by Dr. Lane of Williamson County regarded gun safety. The resolution was sent back to the Board with a positive recommendation by the committee.

Respectfully Submitted,

Adele Lewis, MD, Chair

2019-2020 Committee Members
Faith Aimua, MD  Barry Jarnagin, MD
Mark Anderson, MD  Andrew Stephen May, MD
Vijaya Apparedy, MD  Michael Miller, MD
Valerie Arnold, MD  Steve Swann, MD
O. Lee Berkenstock, MD  Amy Suppinger, MD, TMA Board Liaison
Kelsey Brown  Ben Simpson, TMA Staff Liaison
The Tennessee Medical Association (TMA) in 2019 was named the most influential and trusted advocacy organization in the state across all industries. TMA had an intentionally limited focus on opioids, graduate medical education funding and scope of practice during a transitional legislative year. The first session of the 111th General Assembly brought more than 30 new legislators and was the start of a new gubernatorial administration.

The TMA advocacy team reviewed 1,549 bills, and actively tracked 342 of those bills. Further TMA amended 32 bills, defeated 11 bills and passed six pieces of legislation into law. TMA brought two major initiatives and was successful in both.

The first initiative TMA was able to make significant improvements to Gov. Haslam’s “Tennessee Together” legislation in 2018, some of the unintended consequences doctors initially feared the new law would create manifested across the state. New restrictions on prescribing and dispensing no doubt helped to reduce initial supply, but also unreasonably obstructed some patients from accessing legitimate, effective pain management. TMA worked with the General Assembly to amend the law to address specific issues raised by doctors and patients.

The second initiative TMA was able to secure funding to increase the amount of Graduate Medical Education slots available to graduate medical students. TMA was able, with the help of many partners, to increase the slots for the first time in twenty years. Below please find other TMA victories and other bills of note.

- **PC 259 (SB 367) Employment of Physicians by Office-Based Opioid Treatment (OBOT) Centers.** It clarifies that the present law requirement for licensure of physicians does not prohibit a licensed nonresidential OBOT from employing or contracting with a physician if the facility has a physician in the ownership structure of its controlling business entity and the employment relationship between the physician and the OBOT is evidenced by a written contract or employment agreement that does not restrict the physician from exercising independent professional medical judgment in diagnosing and treating patients.
• **(SB 312) Employer Drug Testing.** Effective July 1, 2019, PC 373 provides some clarification of the employer drug testing law requiring health care employers to report health care professionals who have a positive drug screen. It clarifies that the prescription the employee must produce in order to justify the positive result may not be issued more than six months earlier than the positive screen. The concern for health care professionals is the use of PRN medications or medications retained from a previous injury being legitimate prescriptions but not counting in the professional’s defense. Health care professionals need to be aware of this change in the law. Amends Title 50, Chapter 9.

• **PC 424 (SB 487) Reporting Sexual Abuse of a Minor.** Under current law, TCA § 39-15-210 requires reporting suspected sexual abuse of a minor if a physician is requested to perform an abortion on a minor who is less than 13 years of age. This amendment adds that if the minor who presents for an abortion is at least 13 years of age but no more than 17 years of age, and the physician has reasonable cause to believe that there was child sexual abuse, then the physician must report his/her suspected abuse. The requirement added by this amendment will apply only when a physician is requested to perform an elective abortion. Effective July 1, 2019.

• **PC 351 (SB 1257) Abortion.**

  The Human Life Protection Act was enacted to trigger the restoration of Tennessee’s abortion laws prior to the Roe v. Wade Supreme Court decision, if and when the power to regulate abortion is returned to the states. It adds a new section to Title 39, Chapter 15, Part 2. Effective May 10, 2019.

  When the United States Supreme Court handed down the Roe v. Wade decision in 1973, it rendered Tennessee’s then-existing abortion laws null and void, which prohibited abortion except when the life of the mother was at risk. Since then, Tennessee enacted numerous abortion laws and a state constitutional amendment adopted by Tennessee voters that allows the General Assembly to enact restrictions on abortion. The restoration of state power over abortion would occur in one of two ways under the legislation. One, the U.S. Supreme Court could issue a decision overruling Roe v. Wade, or two, an amendment could be adopted to the U.S. Constitution that returns the authority to regulate abortion back to the states. Under the new law, the attorney general is required to notify the Tennessee Code Commission in the event that Roe v. Wade is overturned or a U.S. constitutional amendment is adopted. Then 30 days following either event, Tennessee’s abortion law would be restored to its 1972 status. Six states have passed trigger legislation.
2017, there were 10,810 induced abortions in Tennessee, according to the Tennessee Department of Health.

- **Notice of Out of Network Status and Assignment of Benefits.** TCA §§ 56-7-120 and 68-11-243 are amended. Effective for services after April 30, 2019, the new law applies to health insurance entities, in-network healthcare facilities, and out-of-network facility-based physicians. It places new notice requirements on healthcare facilities to notify patients about (1) the possibility they may receive services and bills for charges from an out-of-network provider; (2) the patient’s estimated copay, deductible, or coinsurance the patient may owe for scheduled items or services (or as estimated by the patient’s health insurer on its website); and (3) a list of contracted facility-based physicians. The patient must sign the notice. The language of the notice is included in the law. Facilities are excused from the notice requirement if they employ all facility-based physicians; require them to participate in all of the insurance networks in which the facility participates; or “if the facility contractually prohibits all facility-based physicians from balance billing patients in excess of the cost sharing amount required in accordance with the insured’s health benefits coverage for the items and services provided.” Finally, the law sets out requirements for billing statements by out-of-network facility-based physicians.

- **PC 124 (SB 810) Tennessee Together Opioid Law Amendments.** This legislation was promoted by the medical and pharmacist associations to fix problems noted by their members resulting from the 2018 Tennessee Together opioid law brought by the Haslam administration. It amends TCA § 53-10-306 of the controlled substance monitoring database (CSMD) law and the Quality Improvement Committee law, TCA § 63-1-150, to allow prescribers to give CSMD reports to medical practice quality improvement committees evaluating quality or necessity. Pharmacy dispensing software vendors operating in the state are required to update their dispensing software systems to allow for partial filling of controlled substances and to submit documentation of compliance to the board of pharmacy by January 1, 2021. TCA § 63-1-163 is amended to repeal mandatory partial fill of some opioid prescriptions and replace it with optional partial fill. It amends last year’s electronic prescribing of Schedule II drug law by extending the requirement to Schedule II, III, IV, and V drugs by January 1, 2021 to match the federal requirement. It adds “palliative care” to the exempt category. The exemption for cancer is clarified to mean active cancer treatment. It deletes the current “up to 20-day supply” opioid prescribing category and absorbs it into the “up to 30-day supply” category for major surgery patients. It
allows the prescribing of Scheduled cough syrup for up to a 14-day supply. Effective April 9, 2019.

- **PC 264 (SB 566) Sharing of Controlled Substance Monitoring Database Information.**
  This amends the CSMD law confidentiality provision, TCA § 53-10-308, to require the Commissioner of Health or the Controlled Substance Database Committee to release confidential information from the CSMD to the Attorney General pursuant to an investigation or litigation involving controlled substances.

- **PC 144 (SB 26) Vaping. Effective April 17, 2019, TCA §§ 39-17-1503 and 1603 are amended.** “Vapor product” is defined and the smoking or use of vapor products are restricted in certain places except for designated areas where children are not permitted, including child care centers; areas of community centers being used for children’s activities; group care homes; health care facilities; within 100 feet of a kindergarten; residential treatment facilities; zoos or school grounds.

- **PC 343 (SB 620) Manner of Death as Suicide Reconsideration Amendments.** PC 343 amends TCA § 68-3-502, the law addressing manner of death determination to be suicide reconsideration law. The bill was introduced to address gaps in second level reconsiderations whereby the regional forensic medical examiner was also the examiner who performed the initial autopsy. This new law requires a medical examiner to consult with the decedent’s treating mental health professional or primary care physician, if known and reasonably able to be identified through the decedent’s next of kin, if the examiner suspects that suicide may be the determined manner of death. It requires the county medical examiner to make a written determination on the manner of death and notify the next of kin within 30 calendar days if there has been a reconsideration meeting with the next of kin. On reconsiderations, the medical examiner must address the next of kin’s specific bases for disagreement, inform the next of kin of the right to seek reconsideration from the office of the state chief medical examiner (OSCME), and include information on how to request the reconsideration. The notification must also inform the next of kin of their right to seek judicial review. The next of kin may request reconsideration from the OSCME within 120 calendar days of the notification of the manner of death from the county medical examiner. The OSCME will notify the county medical examiner of the request and will request all records and documentation from the county medical examiner and the next of kin. Upon receipt of the records and documentation, the state chief medical examiner will convene a peer review panel to conduct the
reconsideration. The peer review panel will consist of the state chief medical
examiner and all chief medical examiners of the regional forensic centers except for
the chief medical examiner of the regional forensic center for the region in which the
autopsy being reconsidered was performed. The state chief medical examiner will
serve as chair of the peer review panel but will not vote except in case of a tie.
Generally, the peer review panel must complete the reconsideration within 90
calendar days of the date the OSCME receives the records and documentation from
the county medical examiner. The state chief medical examiner will: (1) Prepare a
written report of the peer review panel's findings and decision and must detail in the
report the panel's reasoning for its decision and an explanation of any additional
investigation that was done; and (2) Send a copy of the report to the next of kin and
the county medical examiner within 15 calendar days of the completion of the
investigation. If the findings of a reconsideration from the OSCME support the
original suicide determination made by the county medical examiner, then the next
of kin may appeal that decision to a court of competent jurisdiction. This amendment
requires, if the findings of a reconsideration from the OSCME support a manner of
death determination other than suicide, the state chief medical examiner to amend
the manner of death no later than 15 calendar days after the date of the written
report. This amendment requires the OSCME to maintain statistics on the number of
reconsideration requests, the number of manner of death determinations that are
upheld or overturned, and the number of next of kin terminations of a
reconsideration process before the issuance of final findings. The OSCME may also
maintain additional information relative to the reconsideration requests that may
assist in carrying out other functions of the office.

- **(SB 476) “Katie Beckett” Program for High Medical Needs Children.** A new section is
  added to Title 71, Chapter 5, Part 1 to require the TennCare Bureau to submit a
  waiver exemption request to Centers for Medicare & Medicaid Services (CMS) in
  order to expand TennCare for high medical needs children with disabilities not
  requiring institutionalization. It must provide that a physician must certify that the
  child’s needs can be met with in-home care. [Speakers’ notes: You will receive more
detailed information in another module during the 2019 Health Law Forum].

- **(SB 1428) Medicaid Block Grants.** The new law requires the commissioner of F&A to
  submit a block grant waiver request to CMS within 180 days of the bill’s enactment.
The block grant must convert funding for the program into an allotment that is
tailored to meet the needs of Tennesseans. Coverage for the existing TennCare
population would be maintained under the proposal. Funds must be indexed for
costs such as population and inflation growth. Funding must remain at the level set,
1 without any decrease in the federal share based on deflation or a reduction in
2 population. Administrative costs would be excluded, permitting the state to continue
3 to draw federal matching funds for operating the program. To provide flexibility
4 regarding pharmacy benefits, the amendment includes fluctuation of prescription
5 drug costs, diabetic testing supplies, and over-the-counter medications. Finally, it
6 gives the state additional flexibility to serve other needy populations with distinct
7 financial or healthcare needs.
8
9 TMA also worked tirelessly to succeed on a multitude of other priority issues including
10 preventing physicians from having to give, defeating a bill giving physical therapists direct
11 access, removal of bill language that would have subjected physicians to criminal penalties
12 for being on a public medical marijuana prescriber list, once again defeated efforts to repeal
13 the state’s motorcycle helmet law, defeated bills that would have prohibited physician
14 balance billing, and turned back a bill that would have limited the amount of fluorine in
15 drinking water.
16
17 Thank you to committee members for sharing your knowledge and offering guidance to TMA
18 staff during the first half of the 111th General Assembly and to the physicians who
19 volunteered their time to participate in grassroots efforts for and against legislation.

Respectfully Submitted,

Joseph Huffstutter, MD, Chair (District 3)

2019-2020 Committee on Legislation
William T. Williams, MD (District 1)                          Gregory Mancini, MD (District 2)
John Schneider, MD (District 4)                              Richard G. Soper, MD (District 5)
Steven G. Flatt, MD (District 6)                             Damon P. Dozier, MD (District 7)
Pamela Murray, MD (District 8)                               Andrew T. Watson, MD (District 9)
Kathleen Forbes, MD                                          Paul Gentuso, MD
Daniel Pereira                                               Gail Brabson, RN, TMA Alliance
Sharon Cannon, TMGMA                                         Julie Griffin, TMA Staff Liaison
Elise Denneney, MD TMA Board Liaison
2019 was not an election year but with the departure of Mark Green who was elected to Congress, Senate District 22 was filled in a special election by Bill Powers. Former Senator Rosalind Kurita whose husband is a physician and TMA member, served in the interim while the special election was taking place.

IMPACT sustaining membership numbers remained steady in 2019 while Capitol Hill Club membership declined by $12,000. Corporate donations are keeping IMPACT a vibrant PAC but it is critical that more donors support IMPACT if TMA is to continue to sustain our strength with members of the General Assembly.


2019 had 54 Capitol Hill Club (CHC) members, 77 Sustaining Members, and nine Advocate Members with a grand total of $150,660 raised. Compared to 2018 when there were 66 Capitol Hill Club (CHC), 25 Advocate Members and 63 sustaining members, with a total raised of $180,092.

IMPACT hosted tables representing TMA at the Tennessee Democrats’ Three Star Dinner and Tennessee Republican’s Statesman’s Dinner. We also supported several House and Senate Caucus PACs and several other leadership PACs for both Democrats and Republicans. We have been a strong ally to the new House Speaker, Rep. Cameron Sexton as well as the Lt. Governor, Sen. Randy McNally.

Financial and Membership Status Collections
$189,245 (2010)
$168,229 (2011)
$201,120 (2012)
$168,479 (2013)
$201,740 (2014)
$187,000 (2015)
$176,000 (2016)
$222,300 (2017)
$180,000 (2018)
$150,660 (2019)

**Collections (Corporate)**
- $45,000 (2014)
- $42,200 (2015)
- $58,200 (2016)
- $85,500 (2017)
- $72,600 (2018)
- $115,154 (2019)

**Sustaining Members**
- 448 (2010)
- 318 (2011)
- 413 (2012)
- 335 (2013)
- 321 (2014)
- 305 (2015)
- 133 (2016)
- 130 (2017)
- 76 (2018)
- **77 (2019)**

**Advocate Membership**
- 25 (2018)
- **9 (2019)**

**Capitol Hill Club Membership**
- 130 (2010)
- 106 (2011)
- 120 (2012)
- 87 (2013)
- 94 (2014)
- 59 (2015)
- **77 (2016)**
- **78 (2017)**
- 66 (2018)
- **54 (2019)**

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1 Many thanks go out to the members of the IMPACT Committee listed below who have been instrumental in assuring the TMA’s political action committee remains one of the most effective in the state.

Respectfully submitted,
Newton Allen, MD Chair

2019-2020 Committee Members
Tim Smyth, MD (District 1)
Patrick McFarland, MD (District 2)
Jacob E. Dowden, MD (District 3)
Matt Perkins, MD FACP (District 4)
Vacant (District 6)
Omar Hamada, MD, MBA (District 7)
Michael McAdoo, MD (District 8)
Gregory Laurence, MD (District 9)
Alexis Hood (Student)
Brian J. Daley, MD (At Large East TN)
Brent Moody, MD (At Large Middle TN)
Ronald H. Kirkland, MD MBA (At Large West TN)
Mrs. Sue Vegors, TMAA Advisor
Julie Griffin, TMA Liaison
The Tennessee Medical Association (TMA) Professional Relations Committee met twice via conference call between sessions of the House of Delegates, most recently October 2019. The Committee was tentatively scheduled to meet in February 2020 but did not have new business necessitating a call with the full Committee.

The Committee’s top priority is engaging and strengthening relationships with medical specialty societies, as directed by the TMA strategic plan and Board of Trustees, which in May 2019 approved a motion to transition the official specialty society liaison roles from the Board of Trustees to the Professional Relations Committee. Following is a summary of related activities since the last business meeting of the House of Delegates.

- TMA contacted 15 state chapters of medical specialty societies in summer and fall 2019 to ask for opportunities to present a TMA update during the societies’ board meetings, annual meetings/conferences or in one-on-one meetings between officers; ten societies replied favorably.
  - Dr. Mancini presented to the Tennessee Chapter of the American College of Surgeons (TNACS) board meeting in August 2019. TNACS also agreed to partner with TMA for Doctors’ Day on the Hill on March 25, 2020.
  - Drs. Mancini and Denneny met with officers from the Tennessee Osteopathic Medical Association (TOMA) in September 2019, and Dr. Mancini gave a briefing again at the TOMA board meeting in Knoxville on April 2, 2020. TOMA is participating on the Coalition for Collaborative Care and supported TMA’s request for grant funding from the TMA/American Osteopathic Association (AOA) Scope of Practice Partnership.
  - Dr. Kevin Smith and Dave Chaney met with the President of the Tennessee Oncology Practice Society (TOPS) in Nashville in September 2019. TOPS coordinated legislative activities with TMA on the Blue Cross Blue Shield of Tennessee specialty pharmacy issue in early 2020.
  - Dr. Vegors was slated to present at the Tennessee Chapter of the American College of Physicians’ (TNACP) annual meeting in October 2019 but was unable to facilitate and is searching for another opportunity with TNACP leadership in 2020.
  - Dr. Mancini presented at the Tennessee Dermatology Society (TDS) meeting in November 2019. Dr. Adrian Rodriguez of Nashville is the TDS Legislative Chair and incoming TMA Board representative for Region 4.
  - Dr. Smith met with the Board of the Tennessee Academy of Ophthalmology (TNAO) on February 22, 2020. TNAO also joined the Coalition for Collaborative Care, with TNAO President Dr. Becky Taylor representing the society on scope of practice issues.
Dr. Smith and Capparelli and TMA CEO Russ Miller met with the Executive Committee of the Tennessee Academy of Family Physicians during their annual meeting on February 23, 2020.

- In February 2020, TMA staff also coordinated an email membership solicitation to physicians in two of the societies that contract with TMA for management services: the Tennessee Chapter of the Emergency College of Physicians and the Tennessee Dermatological Society. Staff is evaluating response from the effort.

TMA continues leading the Coalition for Collaborative Care, a group of 13 physician organizations opposed to independent practice for midlevel providers. Negotiations around potential rule changes for collaborative relationships between physicians and Advanced Practice Registered Nurses (APRN) and Physician Assistants did not produce any compromise prior to the 2020 legislative session. The Coalition worked to oppose a push by the Tennessee Nurses Association for APRN independent practice and defeated the bill in subcommittee in March. TMA will continue engaging the Coalition in efforts to promote physician-led, team-based healthcare delivery models without leading to independent practice, and jointly offer a solution to the General Assembly.

TMA solicited, and in December 2019 was awarded, a $65,000 grant from the American Medical Association/American Osteopathic Association Scope of Practice Partnership to support lobbying efforts related to scope of practice. TMA used a portion of the funding to secure a contract lobbyist to represent the Coalition’s interests on Capitol Hill and advance the physician-led, team-based healthcare delivery model as a preferred solution versus midlevel independent practice. Bill sponsors have asked all stakeholders to continue negotiations in 2020.

The Committee led TMA’s response to Emergency Resolution 01-19 passed during the 2019 House of Delegates supporting a legislative ban on the sale of flavored vaping products in Tennessee. A total of 13 healthcare advocacy organizations (including TMA) signed on to an October 8, 2019 letter urging Gov. Bill Lee and the Tennessee General Assembly to take swift action in response to the emerging public health issues associated with electronic nicotine delivery systems. TMA initiated and coordinated the letter, which drew widespread media attention in Tennessee and even nationally amid a sudden outbreak of vaping-related illnesses.

Two committee members’ terms will expire in May: Drs. Michel McDonald and Justin Monroe. We thank them for their time and service to the Committee and TMA.

The Committee has nominated four new member appointments for the Board to consider and approve in May for two-year terms: Dr. Amy Hawes (Clinton), Dr. Diana Kooper (Murfreesboro), Dr. Seenu Reddy (Nashville), and Dr. Rhonda Sivley (Rogersville).

The Committee is also in transition with its Staff Liaison after Dave Chaney stepped down his position with TMA in late March 2020. Mark Thien, newly hired Director of Marketing, will step into the staff liaison role. He has already connected with Chairman Mancini, Dr. Denneny and Dr. Combs.

Respectfully submitted,
Matt Mancini, MD, Chair

2019-2020 Committee Members
- Dr. Matt Mancini, Chair
- Dr. Landon Combs, Board Liaison
• Dr. Elise Denneny, Ex-Officio
• Dr. Michel McDonald
• Dr. Justin Monroe
• Dr. Nita Shumaker
• Dr. Bob Vegors
• Max Keeling, Medical Student Section representative
• Dave Chaney, Staff Liaison
COMMITTEE REPORT NO. 7

REPORT OF THE CHAIR OF THE MEMBERSHIP AND RECRUITMENT COMMITTEE

July 25, 2020

TO: HOUSE OF DELEGATES
TENNESSEE MEDICAL ASSOCIATION

SUBMITTED BY: JEROME W. THOMPSON, MD, CHAIR

GENERAL COMMITTEE ACTIVITIES
The Committee last met with a quorum via conference call on Thursday, June 4, 2020.

2020 MEMBERSHIP SUMMARY – as of 6/30/20
- 9,815 members (this is prior to 2020 drops which have not yet taken place)
  - 4,431 dues-paying members
    - Full-time practice (4,036)
    - First-year of practice following training (189)
    - Second year of practice following training (87)
  - Part-time practice (84)
  - Physician couples (35)
  - 5,384 Non-dues paying members
    - Retired physicians (1,200)
    - Students (1,802)
    - Residents (2,254)
    - Retired categories (101)
    - Special Status (1)
    - Disabled (21)
    - Associate Member/Military (5)
- Total new members – 913
  - 349 dues-paying
  - 513 students
  - 51 residents

RECRUITMENT EFFORTS
Ballad Health (Tri-Cities, 600+ physicians) remains our top prospect. The COVID-19 pandemic forced us to temporarily halt recruitment efforts, but we are beginning to pick back up. With the 2021 recruitment season upon us, we are working with the metros to develop a formal sales and marketing plan moving into 2021. We continue working to recruit individual physicians through our normal sales and marketing efforts – new arrival mailings, postcards, etc.
**DELINQUENT MEMBERS**

As of June 29, 2020, we had 714 delinquent members – 359 in groups and 355 individuals. If all of our groups pay, we still need about 277 of the 355 individual delinquents to pay in order to meet our membership budget.

An email and delinquent members list were emailed to all component society presidents Monday, June 29, with a request to follow up with individual delinquent members and ask them to pay their dues. We will also be sending one final letter to delinquent members from Russ Miller, highlighting what TMA has done on their behalf, why it is important to be a member, and asking them to pay their dues.

We have several groups still outstanding including two of our large and historically supportive groups, Heritage Medical Associates and Tennessee Oncology, both in Nashville. We have received commitments from both that they will pay this year, but based on feedback from Heritage, it is likely we will need to reassess their dues invoice moving into 2021.

**MEMBERSHIP DUES BILLING CYCLE**

In an effort to lessen the number of delinquent members we have each year, as well as to mitigate time and money spent collecting from delinquent members, the Membership and Recruitment Committee proposed to TMA’s Executive Committee developing a new, formal policy which would allow the billing cycle to begin sooner, possibly in July or August, and noting that payment is due by December 31 for the following dues year. Additionally, any payments made after December 31, would be subject to a late fee (yet to be determined, but 5% was discussed). This new policy would apply to individual members only. The Executive Committee approved moving forward with presenting this to the Board of Trustees. Dr. Tim Wilson also recommended, and the Executive Committee voted and approved, moving membership due dates from the Constitution and Bylaws to Policies and Procedures in order to make it easier to amend moving forward.

**REQUESTS FOR ASSISTANCE FROM STAFF OF NON-MEMBERS IN MEMBER GROUPS**

The Committee proposed to TMA’s Executive Committee to develop a formal policy whereby TMA will only provide assistance on issues affecting ALL physicians in a group if all physicians are members. Currently, TMA staff receives many calls from practice staff members in groups where only one or two physicians are members. When we identify the physician they are calling on behalf of as a nonmember, they claim the issue affects, or will affect the paying member also. They take advantage of the system.

TMA’s Executive Committee approved moving forward with developing a new policy and discussing with the Board of Trustees. We will try to come up with a few options. One idea is to implement an hourly fee for service and then using that as a marketing tool to recruit the non-member physicians in the groups.
UPCOMING BUSINESS

The next meeting is scheduled for Thursday, August 27, 2020, and will be held via conference call.

Respectfully Submitted,

Jerome W. Thompson, MD, Chair

2019-2020 Membership Committee Members
Jacob Dowden, MD
Larry David Johnson, MD
Matthew Mancini, MD
Howard Herrell, MD
Rodney P. Lewis, MD, TMA Board Liaison
Megan McLeod, Student Representative
Christy Reeves, TMA Staff Liaison
The Education Committee is comprised of seven members. The position of committee chairman is currently vacant. Matthew L. Mancini, MD serves as the Tennessee Medical Association (TMA) Board Liaison.

The Education Committee did not meet in 2019 due to reorganization efforts in the Education department of TMA. Individual committee members were taped to lend advice and counsel regarding updating TMA’s online prescribing education course, and issues related to TMA’s continuing medical education (CME) programming.

The committee was available to review CME applications and potential conflicts of interest for CME program applications, resolve conflicts of interest to assure unbiased education, identify learning gaps for educational content development, review content to assure best practices, and provide review and improvement over sessions and the entire educational process.

As a part of TMA’s strategic planning efforts during the past year, it was decided at the March 2019 Executive Committee meeting that the focus of TMA’s internally produced educational programs will support advocacy, legislative, legal and regulatory, and physician leadership development. At the October 2019 TMA Board of Directors meeting a new pricing structure for CME joint accreditation applications was adopted with an implementation date of January 1, 2020. In November 2019, TMA declared our intent for re-accreditation and began the re-accreditation process. Our current ACCME accreditation will expire in March 2021. TMA’s original accreditation expiration date was November 2020, but the date was moved due to the coronavirus outbreak which disrupted the reporting and application process.

The committee is excited about the focus on education within the TMA and is excited about producing quality education that serves the needs and identified learning gaps for physicians in Tennessee.

Respectfully submitted,

Elizabeth Lentchner, TMA Staff Liaison

2019-20 Committee Members

Adele Lewis, MD
William Rodney, MD
Madison S. Kahl, Medical Student Member
Elizabeth Lentchner, TMA Staff Liaison

Matthew Mancini, MD
Eugene C. Scobey, Jr, MD
Matthew Mancini, MD, TMA Board Liaison
Committee Report No. 9

Report of the Tennessee Delegation to the AMA

July 25, 2020

To: House of Delegates
Tennessee Medical Association

Submitted by: John J. Ingram, MD, Chair

The American Medical Association (AMA) continues its evolution as a national organization to serve and lead efforts to protect the rights of American patients, and the physicians who care for them.

As the representatives of Tennessee physicians and the Tennessee Medical Association (TMA) in the AMA House of Delegates, we are currently working on two resolutions at the behest of the TMA House of Delegates – Accreditation considerations for future US medical schools and remote patient monitoring for the management of chronic conditions. Actions on these issues were unfortunately delayed by the cancellation of the 2020 June Meeting.

The AMA was forced to cancel its House of Delegates meeting slated for June. We did participate in a virtual meeting with members of the House in attendance to complete the reporting and election aspects of the annual meeting.

The following is an update of the last 12 months activities and advocacies of the AMA that benefit physicians of the Tennessee Medical Association. For more summary information, visit https://www.ama-assn.org/system/files/2020-02/advocacy-dashboard.pdf.

House of Delegates Issues

New PA board-certification practices could confuse public

For-profit entities have emerged offering to certify physician assistants (PAs) and other midlevel providers, suggesting they are on equal par with board-certified physicians.

To stand against this trend and intrusion on physician scope of practice, delegates modified existing policy to oppose:

- Efforts by organizations to board certify physician assistants in a manner that misleads the public to believe such board certification is equivalent to medical specialty board certification.
- Any action, regardless of intent, by organizations providing board certification for non-physicians that appears likely to confuse the public about the unique credentials of medical specialty board certification or take advantage of the prestige of medical specialty board certification for purposes contrary to the public good and safety.
AMA will study the ethics of ads in EHRs

To help subsidize electronic health records (EHRs) for small practices that can’t afford them, pharmaceutical advertisements have begun to pop up in the EHR while physicians work in them.

The House of Delegates said this practice needs to be investigated.

Modernize public health surveillance to ease doctors’ reporting burden

Disease surveillance is an essential public health function that requires coordination between health care and public health agencies. The surveillance data is used to monitor, control and prevent diseases. However, authority to require notification of cases of diseases resides with the jurisdiction’s state legislature, causing varying reports. These reports have often been created manually or by telephone, mail or fax, which is time consuming and disruptive to workflow. Delegates adopted new policy to ensure new disease-reporting requirements are based on scientific evidence and do not add to the burden placed on physicians.

Stop sales of e-cigarettes that lack FDA approval

The House of Delegates has adopted policy to “urgently advocate for regulatory, legislative or legal action at the federal or state levels to ban the sale and distribution of all e-cigarette and vaping products, with the exception of those which may be approved by the FDA for tobacco-cessation purposes and made available by prescription only.”

Education on methadone maintenance therapy

The AMA supports the evidence-based use of methadone in the treatment of opioid-use disorder (OUD), and model state legislation drafted by the AMA calls for all payers to make all forms of medication-assisted treatment (MAT) available without prior authorization and placed on a formulary’s lowest cost-sharing tier.

Big promise in use of real-world data, evidence

Doctors have traditionally relied on evidence from randomized controlled trials to help guide their decisions on which drugs and devices to use in treatment. However, real-world data (RWD) and real-world evidence (RWE) are now increasingly used in health care to enhance evidence from randomized controlled trials to provide proper patient care. Delegates adopted policy supporting the generation and use of real-world data and real-world evidence fit for regulatory purposes.

Call for greater accountability on medicine’s racial pay gap

Disparities in physician pay are not limited to gender, says a resolution presented by the AMA Medical Student Section. There are also racial disparities in compensation among doctors after controlling for relevant factors, according to research cited in the resolution, which also points to longer promotion timelines among black and Hispanic faculty at academic medical centers.

Pathways to train more addiction medicine physicians
The 2015 National Survey on Drug Use and Health indicated that more than 20 million Americans live with a substance-use disorder—including two million Americans who have an opioid-use disorder—yet federal officials say that only 10% of those affected receive treatment for the condition.

The nation has only about 3,500 physicians trained in addiction medicine to meet that need. While medical schools and residency programs are working to address the shortage, the public health challenge of substance-use disorder requires more working physicians in the field in the near future.

**Addressing drug prices that are high and rising**

Arbitration in determining prescription drug prices is a viable mechanism to address the burden of high and escalating pharmaceutical prices in the U.S. market and builds upon existing policy in favor of drug-price negotiation—and opposed to price controls.

**Physicians have duty to monitor their own competence**

Physicians’ ethical responsibility to provide competent care is fluid and context-dependent at different phases of their careers, according to an AMA Council on Ethical and Judicial Affairs that delegates have adopted.

“The ethical responsibility of competence requires that physicians at all stages of their professional lives be able to recognize when they are and when they are not able to provide appropriate care for the patient in front of them or the patients in their practice as a whole.”

**How APMs should account for patients who require more care**

Alternative payment models (APMs) can eliminate barriers to care coordination that often exist in traditional payment systems, but better risk adjustment is needed to account for patients who require more services, according to an AMA Council on Medical Service report whose recommendations were adopted by delegates.

Delegates adopted policies to support:

- Risk-stratification systems that use fair and accurate payments based on patient characteristics, including socioeconomic factors, and the treatment that would be expected to result in the need for more services or increase the risk of complications.
- Risk-adjustment systems that use risk corridors that use fair and accurate payment if spending on all patients exceeds a pre-defined percentage above the payments or support aggregate stop loss insurance at the insurer’s cost.
- Risk-adjustment systems that use fair and accurate payments for external price changes beyond the physician’s control.
- Accountability measures that exclude from risk adjustment methodologies any services that the physician does not deliver, order, or otherwise have the ability to influence.
- Risk-adjustment mechanisms that allow for flexibility to account for changes in science and practice as to not discourage or punish early adopters of effective therapy.

**Make healthful food options available at all health care facilities**
AMA policy has already encouraged healthy, plant-based food options in hospitals. Such diets have been shown to improve health in everyone, not just patients in hospitals. These options also have the potential to be cheaper than other alternatives, according to a resolution introduced by the AMA Medical Student Section.

mHealth apps should be accessible to all patients

Few mobile health (mHealth) applications address the needs of patients who have poor health or with low English literacy. Existing national policy fails to address barriers to equal access to mobile health technologies for vulnerable, linguistically diverse, culturally diverse and low-income communities. Interventions offered by mobile devices can enhance the health of minority and low-income individuals, reduce medical care costs and close health gaps between populations, if developed appropriately.

Sunny spots should dispense free sunscreen

One in five Americans will be diagnosed with skin cancer. While sunscreen can help protect people from skin cancer, individuals of lower socioeconomic status who require year-round sun protection, such as the homeless or those who spend a significant part of their day outside, may require financial assistance to adhere to guidelines, according to a resolution introduced by the AMA Medical Student Section.

However, the availability of public sunscreen has been shown to increase application and decrease sunburn occurrence in sun-sensitive individuals.

To reflect this, delegates adopted new policy as part of a successful skin cancer prevention strategy, to support free public sunscreen programs.

Let children of H1-B physicians stay in U.S. as adults

Adults who were brought to the U.S. legally as children by their physician parents could be forced to leave the country after turning 21. The House of Delegates has adopted policy that says they should be allowed to stay.

Many physicians with H-1B visas—including some who have been here for decades—have been actively practicing in the U.S. as they wait to receive their green card due to a massive backlog caused by legislatively mandated per-county limitations. Their children and spouses can reside in the U.S. with them after obtaining an H-4 visa. Children, however, lose their H-4 status when they turn 21 years old.

Innovative local efforts to battle opioid epidemic

While recognizing that opioid-epidemic reversal strategies that may work in one community may not be transferable elsewhere, successful local programs can still provide lessons and inform the development of treatment and prevention efforts in other communities, according to an AMA Board of Trustees report whose recommendations delegates have adopted. The report highlights strategies in Huntington, West Virginia, and Clark County, Indiana, and examines whether other communities could use them as examples for their own efforts.
Delegates seek curricula on sexual orientation, gender ID

About eight million U.S. adults identify as lesbian, gay or bisexual, and 700,000 identify as transgender, according to figures cited in a resolution presented at the Interim Meeting.

When contrasted with the general public, research indicates that sexual and gender minorities experience worse health outcomes in several areas, including modifiable risk factors for cardiovascular disease, risk of mortality from breast cancer, substance use disorders, sexually transmitted infections and mental health disorders.

Delegates amended AMA policy to encourage training institutions—at both the undergraduate and graduate medical education levels—to put more comprehensive curricula into place that inform medical students and residents on how to care for populations from diverse sexual orientations and gender identities.

Payer-backed care shopping plans shouldn’t coerce patients

There are programs offered by employers and insurance companies that offer patients financial incentives when they use shopping tools to compare prices on health care items and services and choose lower-cost options.

These financial incentive program (FIPs) can empower patients to make informed health care choices, but FIPs need to be transparent and never coerce patients to accept lower-cost care that could jeopardize their health.

“With payers increasingly looking to FIPs as an avenue for reducing patient costs, it is essential that health care quality not be sacrificed in the process, and that fragmentation of care is minimized,” says the report, adding that the FIPs it describes “claim to base their decisions on care quality” but do not include metrics or data on how they evaluate quality.

AMA to boost health-policy paths for doctors

The House of Delegates has adopted new policy to “encourage and support efforts to educate interested medical students, residents, fellows and practicing physicians about health policy and assist them in starting or transitioning to careers that involve health policy.”

Respectfully submitted,

John J. Ingram, MD, Chair

2019-2020 Tennessee Delegation to the AMA
Richard J. DePersio, MD, Vice-Chair Nita W. Shumaker, MD
Clinical Program Statistics: The following chart shows some of the statistics of the Physician’s Health Program from January 1, 2002 through May 31, 2020:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use/Abuse</td>
<td>65</td>
<td>42</td>
<td>1,181</td>
</tr>
<tr>
<td>Behavioral</td>
<td>28</td>
<td>9</td>
<td>639</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>8</td>
<td>1</td>
<td>219</td>
</tr>
<tr>
<td>Sexual Boundary</td>
<td>6</td>
<td>3</td>
<td>133</td>
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<tr>
<td>Over-prescribing</td>
<td>4</td>
<td>0</td>
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<tr>
<td>Cognitive Difficulties</td>
<td>2</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Burnout</td>
<td>4</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Other/Consultation</td>
<td>2</td>
<td>2</td>
<td>172</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>119</strong></td>
<td><strong>57</strong></td>
<td><strong>2,450</strong></td>
</tr>
</tbody>
</table>

As of May 31, 2020, the total number of healthcare professionals identified to the TMF PHP since 2002 is 2,450. All participants under contract as of May 31, 2020 number 206. There are currently 175 participants enrolled in and being monitored by the drug screening program, 14 of which are being monitored through the SoberLink system. We currently have three participants in treatment.

Field Coordinator: Ms. Jeanne Breard continues as Field Coordinator and manages the cases of those participants currently under contract who do not have BME involvement. The addition of our Go to Meeting account has allowed Ms. Breard to meet with out-of-town participants via teleconference. As of May 31, 2020, Ms. Breard has a total of 104 participants under contract.

BME Case Management: As of May 31, 2020, Mr. Mike Todd, Administrator, has a total of 102 participants under contract, most of whom require quarterly reports to the Tennessee Board of Medical Examiners. He is also involved in assisting participants with pre-board issues. The addition of our Go to Meeting account has allowed Mr. Todd to meet with out-of-town participants via teleconference. On May 1, Ms. Kathleen Haas joined the TMF as Case Manager.
She has been training with Mr. Todd and Ms. Rainwater to take over Mr. Todd’s caseload upon
his retirement on June 30, 2020.

Medical Director: Dr. Michael Baron  March presented some challenges with the Covid-19 crisis
beginning to affect in-person meetings and lectures. Dr. Baron presented an online lecture for
Vanderbilt as an Opioid Health Policy guest speaker on March 24, recorded a prescribing lecture
for SVMIC on March 25 and recorded a lecture for the Addiction Symposium on March 26. Various
web-based meetings continued as scheduled. Unfortunately, all of the SVMIC in-person speaking
engagements scheduled for 2020 have been cancelled. Also, the FSPHP Annual Meeting in San
Diego, CA was also cancelled due to the Covid-19 crisis.

In April, Dr. Baron attended the virtual 9th Annual Prescription Drug Abuse and Heroin Summit.

May saw several adjustments from in-person to web-based meetings and conferences and on
May 21, Dr. Baron gave a video lecture to the Physician Assistant students at South College.

Following is a list of Dr. Baron’s Lectures, Committees, Testimony, Teaching Opportunities and
Publications since May 2019.

<table>
<thead>
<tr>
<th>Lectures</th>
<th>Dept. of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/15/19 ASAM Criteria for Safety Sensitive Workers</td>
<td>Maryville</td>
</tr>
<tr>
<td>5/17/19 PTSD Among Students at Meharry</td>
<td>Nashville</td>
</tr>
<tr>
<td>5/17/19 Cohort Study &amp; Presentation at Meharry</td>
<td>Nashville</td>
</tr>
<tr>
<td>6/25/19 Physician Burnout &amp; Opioid Crisis</td>
<td>Webinar</td>
</tr>
<tr>
<td>7/9/19 TN Dangerous Drugs Task Force Seminar</td>
<td>Lenoir City</td>
</tr>
<tr>
<td>7/11/19 TN Dangerous Drugs Task Force Seminar</td>
<td>Manchester</td>
</tr>
<tr>
<td>9/12/19 Pain Symposium Mutter</td>
<td>Chattanooga</td>
</tr>
<tr>
<td>9/27/19 UTHSC Lecture</td>
<td>Franklin</td>
</tr>
<tr>
<td>10/2/19 Capstone Lecture at UTHSC</td>
<td>Memphis</td>
</tr>
<tr>
<td>10/3/19 TriStar-Summit General Medical Staff</td>
<td>Hermitage</td>
</tr>
<tr>
<td>10/22/19 UTHSC Ob/Gyn Faculty</td>
<td>Memphis</td>
</tr>
<tr>
<td>10/24/19 Pain Symposium Mutter</td>
<td>Cookeville</td>
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<td>11/7/19 Pain Symposium Mutter</td>
<td>Ashland City</td>
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<td>11/20/19 Lipscomb PA Lecture</td>
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<td>1/14/20 Mental Health &amp; Substance Use Committee</td>
<td>Nashville Legislature</td>
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<tr>
<td>1/22/20 UTHSC Capstone Lecture</td>
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<td>1/30/20 The Next Door, “Dopesick”</td>
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<td>2/4/20 Quillen College of Medicine</td>
<td>Mountain Home</td>
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<td>2/5/20 DeBusk Osteopathic School – LMU</td>
<td>Harrogate</td>
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<td>2/18/20 Williamson Medical Society</td>
<td>Franklin</td>
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<td>2/19/20 Meharry Medical College – Capstone</td>
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<tr>
<td>2/27/20 UT Knoxville Veterinary Lecture</td>
<td>Knoxville</td>
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<tr>
<td>3/16/20 UTHSC Capstone Lecture</td>
<td>Memphis</td>
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<tr>
<td>3/24/20 Vanderbilt Opioid Health Policy</td>
<td>Nashville</td>
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<tr>
<td>3/25/20 Recording for Addiction Symposium – SVMIC</td>
<td>Nashville</td>
</tr>
<tr>
<td>5/21/20 South College PA Lecture</td>
<td>Video Conference</td>
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DOH Committees

Steering Committee of the Chronic Pain Guidelines | Dept. of Health
Buprenorphine Treatment Guidelines | DOMHSAS
Amphetamine Meeting | Dept. of Health
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
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<tbody>
<tr>
<td>6/5-6/19</td>
<td>FSMB Workgroup on Sexual Boundary Violations</td>
<td>Washington, DC</td>
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<tr>
<td>9/4/19</td>
<td>FSMB Physician Impairment</td>
<td>Nashville, TN</td>
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<tr>
<td>11/14/19</td>
<td>FSMB Physician Impairment</td>
<td>Nashville, TN</td>
</tr>
<tr>
<td>1/29/20</td>
<td>FSMB Workgroup on Physician Sexual Misconduct</td>
<td>Conference Call - Completed</td>
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**Federation of State Medical Board**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>5/2/19</td>
<td>Accreditation Meeting</td>
<td>Web Conference</td>
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<tr>
<td>5/6/19</td>
<td>Accreditation Meeting</td>
<td>Web Conference</td>
</tr>
<tr>
<td>5/7/19</td>
<td>Agenda Planning Meeting</td>
<td>Web Conference</td>
</tr>
<tr>
<td>5/7/19</td>
<td>MAT Taskforce Meeting</td>
<td>Web Conference</td>
</tr>
<tr>
<td>5/9/19</td>
<td>Accreditation Meeting</td>
<td>Web Conference</td>
</tr>
<tr>
<td>6/13/19</td>
<td>Accreditation Meeting</td>
<td>Web Conference</td>
</tr>
<tr>
<td>6/27/19</td>
<td>Accreditation Meeting</td>
<td>Web Conference</td>
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<td>7/11/19</td>
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<td>Web Conference</td>
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<td>7/12/19</td>
<td>Board of Directors</td>
<td>Web Conference</td>
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<tr>
<td>8/1/19</td>
<td>Accreditation Meeting</td>
<td>Web Conference</td>
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<tr>
<td>8/14/19</td>
<td>MAT Taskforce Meeting</td>
<td>Web Conference</td>
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<tr>
<td>8/15/19</td>
<td>Accreditation Meeting</td>
<td>Web Conference</td>
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<tr>
<td>8/22/19</td>
<td>Accreditation Meeting</td>
<td>Web Conference</td>
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<tr>
<td>9/5/19</td>
<td>Accreditation Meeting</td>
<td>Web Conference</td>
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<td>9/5/19</td>
<td>Southeast Regional Meeting</td>
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<td>9/21/19</td>
<td>Board Meeting</td>
<td>Charlotte, WV</td>
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<td>10/22/19</td>
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<td>10/24/19</td>
<td>Accreditation Meeting</td>
<td>Web Conference</td>
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<td>11/6/19</td>
<td>MAT Taskforce Meeting</td>
<td>Web Conference</td>
</tr>
<tr>
<td>11/14/19</td>
<td>Accreditation Meeting</td>
<td>Web Conference</td>
</tr>
<tr>
<td>11/20/19</td>
<td>MAT Taskforce Meeting</td>
<td>Web Conference</td>
</tr>
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<td>12/5/19</td>
<td>Accreditation Meeting</td>
<td>Web Conference</td>
</tr>
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<td>Board of Directors</td>
<td>Web Conference</td>
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<td>12/19/19</td>
<td>Accreditation Meeting</td>
<td>Web Conference</td>
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<td>1/23/20</td>
<td>Evaluation and Treatment Accreditation</td>
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<td>Web Conference</td>
</tr>
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<td>2/12/20</td>
<td>Board of Directors</td>
<td>Web Conference</td>
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<td>2/12/20</td>
<td>MAT Taskforce Meeting</td>
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</tr>
<tr>
<td>2/24/20</td>
<td>FSPHP Presentation</td>
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<tr>
<td>2/27/20</td>
<td>Accreditation Meeting</td>
<td>Web Conference</td>
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<td>3/31/20</td>
<td>Accreditation Meeting</td>
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<td>4/2/20</td>
<td>Evaluation and Treatment Accreditation</td>
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<td>4/8/20</td>
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<td>4/17/20</td>
<td>MAT Taskforce Meeting</td>
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<td>4/22/20</td>
<td>Board of Directors</td>
<td>Web Conference</td>
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<tr>
<td>4/23/20</td>
<td>Accreditation Meeting</td>
<td>Web Conference</td>
</tr>
<tr>
<td>5/13/20</td>
<td>Board of Directors</td>
<td>Web Conference</td>
</tr>
<tr>
<td>5/13/20</td>
<td>MAT Taskforce Meeting</td>
<td>Web Conference</td>
</tr>
<tr>
<td>5/28/20</td>
<td>Accreditation Meeting</td>
<td>Web Conference</td>
</tr>
</tbody>
</table>

**Collaborative Meetings**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/29/19</td>
<td>Amphetamine Task Force Meeting</td>
<td>Nashville</td>
</tr>
<tr>
<td>9/27/19</td>
<td>UTHSC Statewide Program Director Meeting</td>
<td>Franklin</td>
</tr>
<tr>
<td>12/2/19</td>
<td>Nashville Healthcare Leadership Exchange</td>
<td>Nashville</td>
</tr>
<tr>
<td>1/14/20</td>
<td>Safe Haven Taskforce Meeting</td>
<td>Nashville</td>
</tr>
<tr>
<td>1/15/20</td>
<td>Amphetamine Task Force Meeting</td>
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</tr>
<tr>
<td>5/26/20</td>
<td>Amphetamine Task Force Meeting</td>
<td>Nashville - Completed</td>
</tr>
</tbody>
</table>
INFORMATIONAL REPORT NO. 1
Page 4

1. Publications
   1/2019 Medical Marijuana: Therapy or an Oxymoron? TMA Journal
   10/2019 Boundary Violations and Professional Sexual Misconduct Are Always Harmful TMA Journal

2. Teaching
   6/19-21/19 Over Prescribing Course Center for Professional Health – Vanderbilt
   8/2/19 Legal Concerns for Physicians in Recovery IDAA/TMF Retreat – Knoxville
   8/3/19 Over Prescribing Course IDAA/TMF Retreat – Knoxville
   8/21-23/19 Over Prescribing Course Center for Professional Health – Vanderbilt
   11/14/19 SVMIC Course Review SVMIC
   11/21-22/19 Over Prescribing Course Center for Professional Health – Vanderbilt

Respectfully Submitted,

Timothy Davis, MD, President
Michael Baron, MD, MPH, Executive Director & Medical Director
The TMEF Board has committed $270,000 in scholarships for the 2019-20 and 2020-21 school years. In 2019, $126,000 in scholarships were provided to 41 medical school students in four Tennessee medical schools. For 2020, $144,000 in scholarships are being provided to 53 medical students from five medical schools. Both years show an increase in award dollars over previous years.

The Board sincerely appreciate the continuation of TMA’s contribution of $10 per regular dues-paying member of TMA to the TMEF, as adopted by the TMA House of Delegates in 2002 Resolution No. 16-02 (“Tennessee Medical Education Fund [TMEF] Contribution”).

The TMEF’s financial aid to students in Tennessee’s five medical schools from 1997 to 2020 totals $3,218,906.00. This total is more than double the total grants provided to Tennessee’s five medical schools by the American Medical Association Foundation over the same time period.

The TMEF continues to offer the following named scholarships:

The Dr. Charles Ed Allen Medical Education Scholarship with one scholarship in the amount of $4,000, two scholarships in the amount of $5,000, and one scholarship in the amount of $10,000;

The Dr. E. Conrad Shackleford, Jr. Medical Education Scholarship with two scholarships in the amount of $2,000 each;

The Dr. John H. and Marjorie Burkhart Medical Education Scholarship with one scholarship in the amount of $4,000, two scholarships in the amount of $5,000, and one scholarship in the amount of $10,000;

The L. Hadley Williams Jr. Memorial Medical Education Scholarship with two scholarships, each in the amount of $2,500;

The William V. Wallace Medical Education Scholarships with one scholarship in the amount of $4,000.00, and one scholarship in the amount of $2,000.00;

The John Grant Memorial Scholarship with two scholarships, each in the amount of $2,000;
The Jim Gibb Johnson Memorial Scholarship with two scholarships, each in the amount of $2,000;

The Don Alexander Scholarship with two scholarships in the amount of $2,000;

The Dr. Robert Bowers Medical Education Scholarship with two scholarships in the amount of $2,000;

The Dr. Robert Kirkpatrick Memorial Scholarship with two scholarships in the amount of $2,000;

The Dr. Sam J. Williams, III Medical Education Scholarship with two scholarships in the amount of $2,000;

The Dr. Subhi Ali Medical Education Scholarship with two scholarships in the amount of $2,000;

The Dr. Robert Kerlan Scholarship with two scholarships in the amount of $2000.00;

In addition to the above named scholarships, TMEF awarded 24 Medical Education Scholarships with two for $2,500 each, and twenty at $2,000 each.

The TMEF is proud to announce that it also awarded the John Ingram Institute for Physician Leadership a grant in both 2019 and 2020 to be used for a Medical Student Leadership Summit.

Any TMA component medical society or medical specialty society in Tennessee interested in establishing a named scholarship through the TMEF should contact a TMEF Board member, or TMA staff liaison, Beth Lentchner.

The ability of the TMEF to provide over $5.5 million in financial assistance over the last 50 years has been largely due to the ongoing support of the Tennessee Medical Association through its leadership and the contributions of member physicians.

The scholarship profile for the past ten years is:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>2011</td>
<td>$120,500</td>
</tr>
<tr>
<td>2013</td>
<td>$130,000</td>
</tr>
<tr>
<td>2015</td>
<td>$110,000</td>
</tr>
<tr>
<td>2017</td>
<td>$107,500</td>
</tr>
<tr>
<td>2019</td>
<td>$126,000</td>
</tr>
<tr>
<td>2012</td>
<td>$120,500</td>
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<td>2014</td>
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<tr>
<td>2016</td>
<td>$107,500</td>
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<tr>
<td>2018</td>
<td>$123,500</td>
</tr>
<tr>
<td>2020</td>
<td>$144,000</td>
</tr>
</tbody>
</table>

The Board members of TMEF are to be commended for working very hard to make the case for the TMEF’s program of financial aid to Tennessee medical school students. They are to be
especially commended for keeping the operational expenses of the TMEF to less than ten percent of the amount of financial aid provided each year.

Respectfully submitted,

John J. Ingram, III, MD, Chair

Board of Directors
John J. Ingram, III, MD, Chair
Maysoon S. Ali, MD
Subhi D. Ali, MD, Secretary/Treasurer
Neal Stanley Beckford, MD
Melanie B. Blake, MD

Dennis A. Higdon, MD, Vice Chair
G. Keith Lovelady, MD
Robert E. Bowers, MD, Advisory
Sam J. Williams, III, MD, Special Advisor

Beth Lentchner, Staff Liaison
The TMA John Ingram Institute for Physician Leadership continues to offer two core leadership courses. Both the Physician Leadership Immersion Program and the Physician Leadership Lab continue to be in high demand. By November 2019, both 2020 courses were sold out, and our 2021 classes are partially filled.

New for 2019, the John Ingram Institute received a generous grant of $10,000 from the Tennessee Medical Education Fund, Inc. to host a Medical Student Leadership Summit. Participants were immersed in sessions on medical leadership, organized medicine, the TMA House of Delegates, communications and media, and legislative and government affairs. Twenty-six (26) medical students participated in a 1.5-day course representing all five Tennessee medical schools.

The 2019 Physician Leadership Lab class met from January 16-July 31, 2019. The class included webinars, live meetings, and individual coaching sessions. This course’s content includes lean healthcare concepts, process improvement, and change leadership.

**2019 Physician Leadership Lab participants:**
- Dawn Barlow MD, Internal Medicine, Livingston
- Bradley N. Bullock MD, Internal Medicine and Pediatrics, Franklin
- Gena R. Carter MD, Internal Medicine and Diagnostic Radiology, Murfreesboro
- Lynn L. Ellington MD, Obstetrics and Gynecology, Franklin
- Megan D. Johnson MD, Family Medicine, Elizabethton
- Steven P. Johnson MD, Family Medicine, Brentwood
- Demeka Y. Kilgore MD, Hospital Medicine, Hermitage
- Casey Chollet Lipscomb MD, Radiation Oncology, Nashville
- Samantha E. McLerran MD, Emergency Medicine and Family Medicine, Cookeville
- Karie A. McLevain-Wells MD, Pediatrics, Mount Juliet
- Colleen Schmitt MD, Gastroenterology, Chattanooga
- Gregg C. Shepard MD, Hematology Oncology, Nashville

The 2019 Physician Leadership Immersion Program met over two weekends June 21-23 and July 26-27. The June meeting was again held at the Monteagle Inn retreat center in...
Monteagle, Tennessee. This course provides foundational leadership skills training and individual assessments and goal setting.

2019 Physician Leadership Immersion Program participants:
Dawn M. Barlow MD, Internal Medicine, Livingston
Frankie E. Crain-Ruf MD, Pediatric Critical Care Medicine, Knoxville
Norleena R. Gullet MD, radiation Oncology, Chattanooga
Amy M. Hawes MD Forensic Pathology, Knoxville
Steven P. Johnson MD, Family Medicine, Brentwood
Diana Constanza Kooper MD, Family Medicine, Clarksville
Giri Korivi MD, Family Medicine, Clarksville
Tiffany M. Meador MD, Family Medicine, Chattanooga
Joseph V. Russo MD, Internal Medicine and Pediatrics, Memphis
Kimbel D. Shepherd MD, Pediatrics, Mount Juliet
Nicole J. Shields MD, Family Medicine, Claiborne
Tim S. Wilson MD, Plastic Surgery, Knoxville

In September of 2019, the Physician’s Foundation awarded a new two-year, $150,000 grant for continued support of our two core leadership programs. The grant period runs from September 1, 2019-August 31, 2021. As part of TMA’s strategic planning process, growth in leadership programming has been identified as a focus point. Work continues to gather ideas for potential program growth. This preliminary work will be refined, examined, and prioritized for further vetting.

I want to thank this governing body for your continued support and commitment to the John Ingram Institute for Physician Leadership. Leadership development is crucial, and we believe by investing in our next generation of leaders, we will all benefit.

Respectfully submitted,

John J. Ingram, III, MD, Chair

PLC Steering Committee
John J. Ingram, III, MD, Chair
Sam Bastian, MD
Starling Claude Evins, MD
Jeffery Paul Fenyves, MD

William Gibson, MD
George (Trey) R. Lee, III, MD
Phyllis E. Miller, MD
Beth Lentchner, Staff Liaison
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Constitutional Amendment No. 01-20

INTRODUCED BY: ROBIN WILLIAMS, MD, CHAIR
COMMITTEE ON CONSTITUTION AND BYLAWS

SUBJECT: AMENDMENTS TO TMA CONSTITUTION

1 Whereas, The Tennessee Medical Association (TMA) underwent an extensive review of its Constitution by a Work Group of the Board and by the TMA Constitution and Bylaws Committee as part of the Board’s 2018-2019 strategic planning; and

2 Whereas, Such review was conducted in phases with input and participation from metro component society executives and regional TMA staff; and

3 Whereas, Article VI of the TMA Constitution provides that any provision of the Constitution may be amended by a two-thirds vote of the delegates registered at the annual meeting, provided that such amendment shall have been presented in open meeting at the previous annual meeting, and that it shall have been sent officially to each component society at least two months before the meeting at which action is to be taken; and

4 Whereas, Article III of the TMA Constitution, “Code of Ethics,” has been promulgated as a rule by the Tennessee Board of Medical Examiners, Tenn. Comp. R & Regs. 0880-02-.14(8); and

5 Whereas, The TMA Constitution does not reference the “Code of Ethics” published by the American Osteopathic Association (AOA); and

6 Whereas, The Tennessee state law requirement that a corporation have a corporate seal, TCA 47-50-101, was repealed in 1932; and

7 Whereas, Article III of the Constitution, “Code of Ethics,” is not required to be included in the TMA Constitution; it can be simultaneously repealed in 2021 and placed into the 2021 TMA Bylaws along with a reference to the AOA Code of Ethics; Now, therefore be it
Constitutional Amendment No. 01-20

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1 RESOLVED, That this Resolution be considered presented in open meeting of the 2020 TMA House of Delegates in compliance with Article VI of the TMA Constitution; and be it further

RESOLVED, That the 2020 House of Delegates is hereby on notice of the intent by the TMA Constitution & Bylaw Committee to introduce a resolution or resolutions at the 2021 TMA House of Delegates to amend the TMA Constitution as follows:

a. By repealing Article III of the TMA Constitution, “Code of Ethics,” and simultaneously placing it in an appropriate chapter of the TMA Bylaws along with reference to the A.O.A. Code of Ethics; and

b. By repealing Article V of the TMA Constitution; and

c. By renumbering the Articles of the TMA Constitution accordingly to accommodate the repealed Articles
2020 Election Certification Form

By my signature, I do hereby certify the results of the 2020 Elections of the Tennessee Medical Association. Our elections were held online beginning February 1 and ended February 29, 2020. A total of 1652 votes were cast. The Election Committee comprised of Drs. Matt Mancini, TMA Immediate Past President; Elise Denneny, TMA President; and M. Kevin Smith, TMA President Elect, convened on March 2, 2020 to review voting procedures and vote tallies and hereby accept the results contained below.

Signed: Elise Denneny (signed electronically)  Date: 3/3/2020

Elise C. Denneny, MD, President

President-Elect

Ronald Kirkland, MD, Jackson

TMA Board of Trustees

Region 2 Trustee: Pam Murray, MD, Jackson
Region 4 Trustee: Adrian Rodriguez, MD, Nashville
Region 5 Trustee: Jamie Cates, MD, Cookeville
Region 7 Trustee: Tim Wilson, MD, Knoxville

Judicial Council

Region 1: Autry Parker, MD, Memphis
Region 3: Keith Lovelady, MD, Manchester
Region 5: James Batson, MD, Cookeville
Region 7: John "Jack" Lacey, MD, Knoxville