HOUSE OF DELEGATES

May 18, 2019
Franklin Marriott Cool Springs
Franklin, Tennessee
MEMORANDUM

TO: TMA House of Delegates

FROM: Edward W. Capparelli, MD, Speaker, House of Delegates
      Charles E. Leonard, MD, Vice-Speaker, House of Delegates

DATE: May 18, 2019

Welcome to Nashville
and the 184th Annual Meeting
of the
Tennessee Medical Association

As an elected delegate from your component medical society, medical specialty society, Young Physician Section, Resident/Fellow, or Student Section of the TMA, you are participating in a decision-making process that will set policy and direction for the medical profession in Tennessee next year.

Please give yourself sufficient time to be properly credentialed before the session starts to ensure we have a smooth credentialing and seating process for all delegates and alternate delegates who attend.

Your handbook has been condensed to focus on the business of the House and includes only officers’ reports, amendments to the Constitution and Bylaws, and resolutions to be considered. Committee reports that are informational only (requiring no action by the House) are available at tnmed.org/hod, where you can also download the entire set of meeting materials on your laptop, tablet or other mobile device. Assistance with downloading the materials is available at the registration desk.

Please visit the registration desk or contact TMA staff if you need any assistance.
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TENNESSEE MEDICAL ASSOCIATION ANTITRUST STATEMENT

The Tennessee Medical Association ("TMA") is a non-profit, professional association organization committed to enhancing the effectiveness of physicians throughout the state and protecting the health interests of patients by defining and promoting quality, safe and effective medical care; advancing public policy to protect the sanctity of the physician-patient relationship and improve access to and the affordability of quality medical services; supporting ethics and competence in medical education and practice; and maintaining open communications between the medical profession and the public, fostering a better understanding of the capacities of medical practice.

TMA has a strict policy of compliance with federal and state antitrust laws. The antitrust laws prohibit agreements among competitors that restrain trade, and TMA members can be considered to be competitors for purposes of antitrust challenges even if their professional medical practices are not in the same geographic areas or in the same professional service lines. The penalties for violations of the antitrust laws are severe for medical associations and their members.

In all TMA activities, each member, as well as TMA staff, shall be responsible for following the TMA’s policy of strict compliance with the antitrust laws. TMA officers, trustees, board, council and committee chairs, and executive staff shall ensure that this policy is known and adhered to in the course of activities pursued under their leadership. Antitrust compliance is the responsibility of every TMA member and staff.

General Antitrust Compliance Principles
The TMA will not become involved in the competitive business decisions of its individual members, nor will it take any action that would tend to restrain competition. The TMA is firmly committed to the principle of competition served by the antitrust laws, and good business judgment demands that every effort be made to assure compliance with all applicable federal and state antitrust laws and trade regulations.

TMA members cannot come to understandings, make agreements, or otherwise concur on positions or activities that in any way tend to raise, lower, or stabilize prices or fees, allocate or divide up markets, or encourage or facilitate boycotts. Individual TMA members must make such business decisions on their own and without consultation with their competitors or the TMA.

In general, TMA activities and communications shall not include any discussion or action that may be construed as an attempt to: (1) raise, lower, or stabilize prices; (2) allocate markets or territories; (3) prevent any person or business entity from gaining access to any market or to any customer for goods or services; (4) prevent or boycott any person or business entity from obtaining services freely in the market; (5) foster unfair trade practices; (6) assist in monopolization or attempts to monopolize; or (7) in any way violate applicable federal or state antitrust laws and trade regulations. The actual purpose and intent of TMA’s policies and programs are important in this regard. They cannot be aimed at accomplishing anti-competitive objectives.

The antitrust laws are complicated and often unclear. If any member on TMA business is concerned about being in a “gray area,” the member should consult with the TMA General Counsel. If the conversation among competitors at a TMA meeting turns to antitrust-sensitive issues, participants should discontinue the conversation until legal advice is obtained or leave the meeting immediately and request that their absence from the remainder of the meeting be recorded in the minutes.
Discussions of pricing or boycotts as part of TMA scheduled programs or at TMA sponsored meetings could implicate and involve the TMA in extensive and expensive antitrust challenges and litigation. In addition, the United States Supreme Court has determined that an association can be held liable for statements or actions in antitrust-sensitive areas by volunteer leaders who claim to speak for the association, even if they are not authorized to speak in that area. **Trustees and officers of the TMA must, therefore, make clear whether they are speaking in their official capacity when they address such issues. If they are making personal remarks outside of a TMA setting, the speaker should clearly state that he or she is speaking for him or herself, and not on behalf of the TMA.**

To assist the TMA staff, officers, trustees and committee chairs in recognizing situations that may give the appearance of an antitrust concern, the Board of Trustees shall provide to each such person, copies of this Antitrust Statement. Committees and task forces will be instructed on this policy during the first meeting of each calendar year and when new members are added.

Any violation of the antitrust policy will be brought to the attention of the Board of Trustees, and the Board will deal with it in a timely and appropriate manner. The Board of Trustees will consult with the TMA General Counsel, and/or its outside counsel, when questions arise as to the manner in which the antitrust laws may apply to the activities of TMA.

**Specific Rules of Antitrust Compliance**

1. TMA activities shall not be used for the purpose of bringing about, or attempting to bring about, any understanding or agreement, written or oral, formal or informal, expressed or implied, among competitors with regard to prices or fees, terms or conditions of sale, discounts, territories or customers. For example, any agreement by competitors to “honor,” “protect,” or “avoid invading” one another’s geographic areas, practice specialties, or patient lists would violate the law.

2. TMA activities and communications shall not include discussion or actions, for any purpose or in any fashion, of prices or pricing methods or other limitations on either the timing of services or the allocation of territories or markets or customers in any way. For example, TMA members cannot come to understandings, make agreements, or otherwise concur on positions or activities that are directed at fixing prices, fees, or reimbursement levels. Likewise, TMA members cannot make agreements as to whether they will or will not enter into contracts with certain managed care plans. Even if no formal agreements are reached on such matters, discussions of prices, group boycotts, or market allocations followed by parallel conduct in the marketplace can lead to antitrust scrutiny or challenges. Members may, however, consult with each other and freely discuss the scientific and clinical aspects of the practice of medicine.

3. TMA shall not undertake any activity that involves exchange or collection and dissemination among competitors of any information regarding prices, pricing methods, cost of services or labor, or sales or distribution without first obtaining the advice of legal counsel, when questions arise as to the proper and lawful methods by which these activities may be pursued. For example, caution should be exercised in collecting data on usual and customary fees, managed care reimbursement levels, workforce statistics, and job market opportunities. While the mere collection of data on such matters is permissible if certain conditions are met, antitrust concerns may arise if the data become the basis for collective action.
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<td>Jane Siegel, MD</td>
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<td>M. Kevin Smith, MD</td>
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<td>Joseph Wieck, MD</td>
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<td>Mary Yarbrough, MD</td>
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<tr>
<td>NW Tennessee Academy of Medicine</td>
<td>2</td>
<td>Selena Dozier, MD</td>
<td>Susan Lowry, MD</td>
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<td>Mary Jane Brown, MD</td>
<td>Diana Kooper, MD</td>
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<td>Sullivan</td>
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<td>Landon Combs, MD</td>
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<td>Donald Lovelace, MD</td>
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<td>Tipton</td>
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<td>Vincent Kent, MD</td>
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<td>Upper Cumberland</td>
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<td>Dawn Barlow, MD</td>
<td>Samantha McLerran, MD</td>
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<td>Pushpendra Jain, MD</td>
<td>James McKinney, MD</td>
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<td>F. Bronn Rayne, MD</td>
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<td>Washington-Unicoi-Johnson County Medical Association</td>
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<td>Faith Aimua, MD</td>
<td>Christine Moore, DO</td>
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<td>John E. Reynolds, MD</td>
<td>Michael Wilkinson, MD</td>
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<td>William Turney Williams, MD</td>
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<td>John Binhlam, MD</td>
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<td>Amy Suppinger, MD</td>
<td>Barry Jarnagin, MD</td>
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<td>Jeffrey Suppinger, MD</td>
<td>S. Steve Samudrala, MD</td>
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<td>Wilson</td>
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<td>Wayne Wells, MD</td>
<td>E. Dwayne Lett, MD</td>
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<tr>
<td>Total Eligible Members</td>
<td>174</td>
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### TMA Sections

#### Young Physician Section

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<thead>
<tr>
<th>Delegate</th>
<th>Alternate Delegate</th>
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#### Medical Student Section

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<tr>
<th>Delegate</th>
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<tbody>
<tr>
<td>Daniel Pereira</td>
<td>Gentry Decker</td>
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#### Resident and Fellow Section

<table>
<thead>
<tr>
<th>Delegate</th>
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<tbody>
<tr>
<td>Rachel Hicks Mitchell, MD</td>
<td>Kendra B. Ferguson, MD</td>
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#### Medical Specialty Society Delegates

<table>
<thead>
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<th>Specialty</th>
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<th>Delegate</th>
<th>Alternate Delegate</th>
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<tr>
<td>TN Chapter, American College of Physicians</td>
<td>6</td>
<td>Tracey Doering, MD</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Steve Hegedus, MD</td>
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<td>Richard Lane, MD</td>
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<td>Fred Ralston, Jr., MD</td>
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<td>Bob Vegors, MD</td>
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<tr>
<td>TN Academy of Family Physicians</td>
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<td>Katherine Hall, MD</td>
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<td></td>
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<td>Ty Webb, MD</td>
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<tr>
<td>Tennessee Radiological Society</td>
<td>1</td>
<td>James Wolfe, MD</td>
<td></td>
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<tr>
<td>Tennessee College of Emergency Physicians</td>
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<td>Kenneth Holbert, MD</td>
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</tr>
<tr>
<td>Tennessee Society of Allergy, Asthma &amp; Immunology</td>
<td>1</td>
<td>William Travis Cain, MD</td>
<td></td>
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</table>
Ex-Officio Delegates to the TMA House of Delegates – 2019
(Ex-Officio Delegates Are Voting Delegates in the TMA House of Delegates)

<table>
<thead>
<tr>
<th>Officers</th>
<th>TMA Former Presidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matthew L. Mancini, MD, President</td>
<td>John B. Dorian, MD (1978-79)</td>
</tr>
<tr>
<td>Elise C. Denneny, MD, President-Elect</td>
<td>George W. Holcomb, Jr., MD (1982-83)</td>
</tr>
<tr>
<td>Nita W. Shumaker, MD, Immediate Past President</td>
<td>James T. Galyon, MD (1987-88)</td>
</tr>
<tr>
<td>Edward Capparelli, MD, Speaker House of Delegates</td>
<td>Howard L. Salyer, MD (1991-92)</td>
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<thead>
<tr>
<th>Officers</th>
<th>TMA Former Presidents</th>
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<tbody>
<tr>
<td>Charles W. White, Sr., MD (1993-94)</td>
<td></td>
</tr>
<tr>
<td>Edward Capparelli, MD, Speaker House of Delegates</td>
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<tr>
<th>Board of Trustees</th>
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<tbody>
<tr>
<td>Virgil H. Crowder, Jr., MD (1994-95)</td>
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<tr>
<td>Peter J. Swarr, MD, Chair</td>
<td>Robert E. Bowers, Jr., MD (1995-96)</td>
</tr>
<tr>
<td>William Kirk Stone, MD, Vice Chair</td>
<td>Richard M. Pearson, MD (1996-97)</td>
</tr>
<tr>
<td>John D. McCarley, MD, Secretary/Treasurer</td>
<td>David G. Gerkin, MD (1998-99)</td>
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<tr>
<td>Michael Bright, MD</td>
<td>James Chris Fleming, MD (1999-2000)</td>
</tr>
<tr>
<td>Troy Nold</td>
<td>Barrett F. Rosen, MD (2000-01)</td>
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<tr>
<td>James Ensor, Jr., MD</td>
<td>David K. Garriott, MD (2001-02)</td>
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<tr>
<td>James W. Cates, Jr., MD</td>
<td>Michael A. McAdoo, MD (2002-03)</td>
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<tr>
<td>Timothy S. Wilson, MD</td>
<td>Subhi D. Ali, MD (2003-04)</td>
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<tr>
<td>Rodney P. Lewis, MD</td>
<td>John J. Ingram, III, MD (2004-05)</td>
</tr>
<tr>
<td>Ted Taylor, MD</td>
<td>Phyllis E. Miller, MD (2005-06)</td>
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<tr>
<td>Charles R. Handorf, MD (2006-07)</td>
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<td>J. Mack Worthington, MD (2007-08)</td>
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<tr>
<th>Vice-Speaker House of Delegates</th>
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<tbody>
<tr>
<td>Charles E. Leonard, MD</td>
<td>Richard J. DePersio, MD (2009-10)</td>
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<td>B Ruffner, Jr., MD (2010-11)</td>
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<tr>
<th>Councilors</th>
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<tbody>
<tr>
<td>F. Michael Minch, MD (2011-12)</td>
<td>Wiley T. Robinson, MD (2012-2013)</td>
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<tr>
<td>Region 1 Justin Monroe, MD</td>
<td>Chris E. Young, MD (2013-2014)</td>
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<tr>
<td>Region 3 Omar L. Hamada, MD</td>
<td>John W. Hale, Jr., MD (2015-2016)</td>
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<td>Region 4 Richard G. Soper, MD</td>
<td>Keith G. Anderson, MD (2016-2017)</td>
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<td>Region 5 James C. Gray, MD</td>
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<td>Region 6 Shauna Lorenzo-Rivero, MD</td>
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<tr>
<td>Region 7 John W. Lacey, III, MD</td>
<td>Editor of Tennessee Medicine</td>
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<tr>
<td>Region 8 Charles E. Leonard, MD</td>
<td>David G. Gerkin, MD</td>
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<tr>
<th>AMA Delegation</th>
<th>Commissioner of Health</th>
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<tr>
<td>Donald B. Franklin, Jr., MD, Chair</td>
<td>Lisa Piercey, MD</td>
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<tr>
<td>John J. Ingram, III, MD, Vice Chair</td>
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<tr>
<td>Richard J. DePersio, MD</td>
<td>Commissioner of Mental Health &amp; Substance Abuse Services, CMO</td>
</tr>
<tr>
<td>James D. King, MD</td>
<td>Terry Holmes, MD</td>
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<tr>
<td>Wiley T. Robinson, MD</td>
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TMA AWARDS

**Distinguished Service Award**
Matthew L. Mancini, MD, nominated by the Knoxville Academy of Medicine

**Community Service Award**
The Bridge Ministry nominated by the Nashville Academy of Medicine
St. Mary’s Legacy nominated by the Knoxville Academy of Medicine
Levi’s Legacy nominated by the Sullivan County Medical Society

**Outstanding Physician Award**
Joseph Armstrong, MD (East Tennessee)
Bob Vegors, MD, (West Tennessee)
COMMITTEES OF THE HOUSE

Credentials Committee
Wm. Kirk Stone, MD, Union City, Chair
Landon S. Combs, MD, Gray
Fred Ralston, Jr., MD, MACP, Fayetteville

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

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

Special Committee on Resolutions
David Gerkin, MD, Knoxville, Chair
Richard Lane, MD, Franklin
Andrew Watson, MD, Germantown

With the demise of reference committees it became necessary to establish a group at each House of Delegates meeting to be on standby to discuss any resolutions that cannot be resolved by the House. Unresolved resolutions are referred by the speaker to the Special Committee on Resolutions. If needed, the committee will convene during a recess of the House to discuss all resolutions in controversy. It does not file a report but drafts an amended resolution for submission to the House with a recommendation that the resolution be adopted, adopted as amended, or that the resolution not be adopted.
Order of Business

First Session of the House of Delegates
Saturday, May 18, 2019
Franklin Marriott Cool Springs

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

<table>
<thead>
<tr>
<th>Time</th>
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<tr>
<td>7:00 AM – 8:30 AM</td>
<td>DELEGATE CREDENTIALING</td>
<td>Salon 5</td>
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<tr>
<td>9:00 AM – 11:30 AM</td>
<td>TMA HOUSE OF DELEGATES</td>
<td>Salon 5</td>
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1. Call to Order ................................................................. Speaker
2. Invocation/National Anthem/Pledge of Allegiance.........................Bob Vegors, MD/Speaker
3. Introduction of Distinguished Guests ...........................................Speaker
4. Memorials Report ............................................................................Jerome Thompson, MD
5. Housekeeping Announcements ...........................................................Speaker
6. Declaration of a Quorum ….........................................................Wm. Kirk Stone, MD
7. Approval of Actions of Last Session ..................................................Speaker
   (As reported to members via email and on tnmed.org)
8. Ratification of Outstanding Physician Awards.................................Matthew L. Mancini, MD
9. Reports of Officers
   (A) President.................................................................Matthew L. Mancini, MD
   (B) Chair, Board of Trustees..................................................Peter Swarr, MD
   (C) Secretary-Treasurer .......................................................John McCarley, MD
   (D) Chairman, Judicial Council ................................................Charles E. Leonard, MD
   (E) Chief Executive Officer....................................................Russell E. Miller, Jr., CAE
10. Reports of Committees
   No. 1 Committee on Constitution & Bylaws ........................................Robin Williams, MD
   No. 2 Insurance Issues Committee ............................................. Charles E. Leonard, MD
   No. 3 Committee on Public Health ............................................. Adele M. Lewis, MD
   No. 4 Committee on Legislation ............................................... Joseph Huffstutter, MD
   No. 5 IMPACT ................................................................. Newt Allen, MD
   No. 6 Professional Relations Committee ................................. Bob Vegors, MD
   No. 7 Membership & Recruitment Committee ..................... Jerome W. Thompson, MD
   No. 8 Education Committee .................................................. Pete Powell, Jr., MD
   No. 9 Tennessee Delegation to the AMA ......................... Donald B. Franklin, Jr., MD

11. 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 ................................ Subhi D. Ali, MD
   No. 4 Report of the Editor .................................................... David G. Gerkin, MD
   No. 5 John Ingram Institute ................................................. John J. Ingram, III, MD

12. Consent Calendar
   • Resolutions to Sunset and Become Permanent Policy .................................. Speaker
   • Resolutions to Sunset ................................................................. Speaker

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

14. Introduction of Resolutions ................................................................. Speaker

15. Introduction of Additional Amendments and Resolutions, if any .......................... Speaker
   (In emergency only and requiring 51% approval of the House)

16. Report of the Nominating Committee ........................................ Matthew L. Mancini, MD

17. TMA Awards
   Community Service Awards
   Distinguished Service Awards
   Outstanding Physician Awards

18. Announcements

19. Recess until 3:00 PM Saturday, May 18, 2019
Order of Business

Second Session of the House of Delegates
Saturday, May 18, 2019
Franklin Marriott Cool Springs

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>1:30 PM – 3:00 PM</td>
<td>DELEGATE CREDENTIALING</td>
<td>Salon 5</td>
</tr>
<tr>
<td>3:00 PM</td>
<td>TMA HOUSE OF DELEGATES</td>
<td>Salon 5</td>
</tr>
</tbody>
</table>

1. Call to Order .................................................................................................................. Speaker
2. Declaration of a Quorum ............................................................... Wm. Kirk Stone, MD
3. Introduction of Distinguished Guests ................................................................. Speaker
4. Announcement of Tellers.................................................................................. Speaker
5. Housekeeping Announcements........................................................................ Speaker
6. Introduction of Additional Amendments and Resolutions, if any .................. Speaker
   *(In emergency only and requiring 51% approval of the House)*
7. Procedures of the House of Delegates .................................................. Speaker
8. Announcement of Special Committee on Resolutions.................................. Speaker
9. Consideration of Constitutional Amendment (if any) ............................... Full House
10. Consideration of Bylaw Amendments .................................................... Full House
11. Consideration of Resolutions........................................................................ Full House
12. Election of Speaker and Vice-Speaker ................................................... Matthew L. Mancini, MD
13. Announcement of Place and Dates of Annual Meeting 2020 ..................... Speaker
14. Other Business .................................................................................. Speaker
15. Installation of Elise Denneny, MD, 165th President of the Tennessee Medical Association .................................................................................. Matthew L. Mancini, MD
16. Adjourn
It is with sincere gratitude that I thank the membership for the wonderful privilege of serving as your President. The year flew! Within weeks of assuming the position and announcing at the 2018 House of Delegates that TennCare episodes of care would be my primary focus, we received the news that the state was halting further episodes rollouts. What a win! This was only possible by laying the groundwork for years prior, and bringing the practical frustrations of a failed program to the legislature after the Bureau failed to respond to our repeated efforts to help improve the design and implementation. It confirmed immediately the impact TMA has when it works as a unified voice and does what it does best – advocates for its physicians and our patients. We won that battle, and the wind in the sails is slowing, but I will keep working after my term expires until we can dismantle the entire program, hopefully with help from the new administration and new TennCare oversight committees that have been appointed by the General Assembly.

In June, I attended the AMA annual conference for the first time and don’t think I have been that exhausted since I was a resident. I was amazed at how hard our AMA delegation works. Starting with reference committee hearings at 7 am, to all-day resolution testimony, and nightly election functions throughout the course of the week. Please thank our Tennessee AMA delegates for their tireless work. It really does make a difference at the national level.

Another responsibility and privilege of my role as President was visiting contiguous state association meetings throughout the year. With your support, I visited Kentucky, Georgia, Missouri and South Carolina, and Immediate Past President Nita Shumaker represented TMA in North Carolina. Each of these visits were important in forming alliances and sharing valuable information that we can use to work toward improvements in our state and on the national level.

I made a commitment to try to meet with every medical school in Tennessee and hear the medical students’ issues because they are our future. From those interactions, it is clear that the next generation of physicians is concerned about work-life balance and the high potential for burnout. I am working with the Knoxville Academy of Medicine to hopefully find solutions for this troubling trend. Kim Weaver and Margaret Maddox are doing a fantastic job!

In summer and fall 2018, as designed by our strategic plan, we began meeting with state chapters of medical specialty societies and forming of a coalition of physician leaders to address the ongoing push for independent practice of advance practice clinicians. The moratorium with the nurses association expires this year, and we are aligning all stakeholders in a single, unified voice to oppose nurse independent practice and offer state lawmakers and regulators a better solution for physician-led, team-based healthcare delivery in Tennessee. I want to thank Elise Denny for steering this important task and believe it has given us positive momentum on this issue as she begins her term.
You cannot effectively serve as President without support from all the staff and leadership of the TMA. Having the expertise of CEO Russ Miller and the enthusiasm of VP Dave Chaney is so valuable. I also want to thank our legal leadership of Yarnell Beatty and Board member David Steed. Our legislative team of Julie Griffin and Ben Simpson goes without saying. I also appreciate Amy Campoli for all of her hard work and important communication, and thank my wife and family for understanding the commitment.

I appreciate the hard work of the Board and the friendship and leadership of Board Chair Dr. Pete Swarr. I am personally excited about the long-term vision, direction and focus that the Board has given us through its comprehensive strategic planning process this past year and am confident it will put TMA in a better position to successfully address opportunities and challenges in the years ahead.

I still have unfinished business and will continue to press on, but I know I am turning over the reins to a phenomenal leader in Dr. Denneny. We are in good hands!

Thank you again for the opportunity to serve as your TMA President. It has been my honor.

Respectfully Submitted,

Matthew L. Mancini, MD
OFFICER’S REPORT B

REPORT OF THE BOARD OF TRUSTEES

May 18, 2019

TO: HOUSE OF DELEGATES
TENNESSEE MEDICAL ASSOCIATION

SUBMITTED BY: PETER J. SWARR, MD, CHAIR

For the past year, I have been honored to serve as the Chair of the Board of Trustees for the Tennessee Medical Association (TMA) for its 188th year. I am witness to the dedication of a determined Board and TMA staff that approved a concise, comprehensive strategic plan to ensure that the TMA remains relevant to the physicians we represent while moving forward on physician and patient advocacy.

The resulting plan has a four-year focus on growing the organization to continue to represent Tennessee physicians.

The strategic plan appreciates the need to include physicians from all practice environments, both employed and independent, as well as representing diverse ages, ethnicities and specialties among Tennessee physicians in organized medicine. The Board and TMA staff have improved communication with members as well as with specialty and regional societies. Over the past year, the Board worked to determine redundancies in our programs to avoid competition with our component medical societies.

TMA officers are part of a coalition of physician organizations to discuss scope of practice issues. While appreciating the work and importance of non-physician practitioners the TMA Board will continue to champion physician-led, team-based healthcare delivery models in Tennessee. We will continue to work towards improvement in collaborative practice through laws, rules and regulations and enhance access to safe, quality medical care for all Tennesseans.

Your Board met with leadership of the pharmaceutical industry to address the high cost of prescription drugs. The Board will continue to advocate for better price transparency for the good of all Tennesseans.

The Board discussed options for building upon the significant progress in the fight against the ongoing opiate crisis. We have re-examined our approach to educational opportunities for membership. In the future, we will focus on advocacy-related subjects and physician leadership training. However, TMA will continue to offer opioid-related prescribing content in a convenient and cost-effective format for our membership.
The Board understands that modern healthcare is quickly evolving. We need a TMA that changes with the needs of and challenges facing practicing physicians like changing payment models, scope of practice, public health crises and other issues, for the good of the profession and our patients.

Respectfully submitted,

Peter J. Swarr, MD Chair

2018-2019 Board Members
Matthew L. Mancini, MD, President
Elise C. Denneny, MD, President-Elect
Nita W. Shumaker, MD, Immediate Past President
Kirk Stone, MD, Vice-Chair
John McCarley, MD, Secretary/Treasurer
Edward Capparelli, MD, Speaker, House of Delegates
James Ensor, Jr., MD
Rodney P. Lewis, MD
James Cates, MD
Timothy Wilson, MD
Ted Taylor, MD
Michael Bright, MD
Mr. Troy Nold
Resolution No. 1-18  Health Insurance Companies’ Use of Beers Criteria in Physician Rating Systems

**Action:** Dr. Lee Berkenstock of the Tennessee delegation to the AMA worked with Dr. Charles Leonard to create and submit a resolution to the AMA HOD in June 2018. The AMA reference committee determined that the essence of the resolution was addressed in present policy and TMA was encouraged to address issues with particular insurers with the AMA advocacy resource center or ARC.

Resolution No. 2-18  CMS Required Provider Directory Updates

**Action:** A resolution was drafted for submission to the AMA HOD. In review with the AMA Staff, we learned that AMA works with the Lexis-Nexus reporting agency. It was concluded that the process presently deployed by CMS in conjunction with the AMA is a more preferable mode of operation and therefore a final resolution was not submitted.

Resolution No. 3-18  Investigation of Potential Benefits and Harms of 1332 Waivers

**Action:** The Insurance Issues Committee staff liaison has reached out to representatives of the major Tennessee health plans to determine if any of them have recommended that Tennessee pursue a waiver similar to that received by Alaska. Only United Healthcare is aware of Alaska’s waiver but has not requested that Tennessee submit a similar request. The Insurance Issues Committee recommends that TMA review final 2018 Alaska data (not available until mid-2019) before making a final recommendation as to whether Tennessee should pursue a similar waiver.

Resolution No. 5-18  Reduction of Firearm Violence

**Action:** The Legislative Committee drafted a new resolution that was approved by the BOT during the July Board of Trustees’ Meeting. The final language was sent to Dr. Lane.

Resolution No. 6-18  Lessening the Stigma and Potential for Negative Professional Consequences to Physicians Seeking Mental Health Care Services

**Action:** Staff followed up with the Tennessee medical boards. In the last few years the boards have amended the questions asked of applicants about mental health. Previous questions asked, “Have you ever ...” However, the new questions asked are: “Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated by ongoing treatment or monitoring, or the field of practice, the setting or the manner in which you have chosen to practice?” and “Do you currently use any chemical substances which in any way impair or limit your ability to practice medicine with reasonable skill and safety?” (Emphasis added). “Currently’ does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee or within the past two (2) years.” According to the American Psychiatric Association, these questions are in compliance with the Americans with Disabilities Act.

Tennessee medical schools are doing their part to provide confidential support for medical students. For example, ETSU created the professional and Academic Resource Center. LMU has wellness teams that plan one event per month to promote different areas of wellness. In addition, every first-year student is assigned a second-year student mentor who helps with first year integration and serves as a resource for any school-related needs. LMU has a WellConnect resource for third and fourth-year students to set them up with councilors. Mental Health Weeks are sponsored to ensure students have access to mental health services but schools still need to address the negative stigma when submitting personal information on licensure applications.
Resolution No. 7-18  Inclusion of Methadone in Prescription Drug Monitoring Databases  
**Action:** The AMA delegation discussed at length. Dr. Shumaker was to inquire of the AMA as to feasibility of Tennessee submitting a resolution. To date, there has been no additional action. The State indicated that adding all prescriptions from methadone clinics would overwhelm the system. There is also some resistance from a confidentiality standpoint for adding HIPAA sensitive information to the prescription monitoring database.

Resolution No. 8-18  Graduate Physicians  
**Action:** The Legislative Committee recommended that this be addressed as part of the Scope Summit that Dr. Denneny is facilitating.

Resolution No. 9-18  Tennessee Medical Association Public Education on Opioids Using Media Campaigns  
**Action:** Dr. Shumaker and Max Keeling conducted research and found that Tennessee currently relies primarily on community initiatives to educate teens on the dangers of opioid abuse. Most existing campaigns in other states lacked a significant social media presence or did not adequately attract adolescent traffic, except for a well-funded multimedia campaign in Colorado that has shown positive outcomes regarding teen perception of substance abuse risks. Federal funding for the Truth Initiative is now earmarked for opioid-related public awareness efforts, with TV and online ads through Facebook, YouTube and Google. Dr. Shumaker and Mr. Keeling attempted to meet with officials at the Tennessee Department of Health (TDH) to discuss a potential partnership but were unable to schedule prior to the Trump Administration’s opioid bill being signed into law. They expect TDH to await outcome data from existing investments before expanding resources on new initiatives, but will still pursue a meeting to discuss a low-cost social media campaign using celebrity spokespersons to help change adolescent perceptions about risks associated with prescription drug abuse.

Resolution No. 10-18  Overprescription of Opioids in Patients with Chronic Pain  
**Action:** TMA met with the medical directors of the major health plans in 2018 to discuss opioid regulations, treatment reimbursements, protocols surrounding use of opioids in therapy. Discussed was a need to alter protocols that dissuade the use of alternative therapies versus low-dollar coverage of opioid medications used in pain management. There is a desire of the plans to meet again to continue discussions but this has not occurred. In 2019, TMA introduced legislation to seek payer parity and uniformity in coverages and protocols for treatments for substance abuse and addictions. Also included in the meeting were representatives from the Tennessee Pharmacists Association, the Tennessee Nurses Association and several employees of the Tennessee Medical Association on June 21, 2018.

Meeting Summary: Primary Care providers seem to be the largest prescribers of opioids. Dr. Shumaker stated there has not been effective communication regarding chronic pain and appropriate treatment in this new era of dangerous opioids. Insurance companies often dissuade the use of costly alternative treatment modalities while covering lower cost opioid medications used in pain management. Strategies to decrease the number of opioid prescriptions written by primary care providers were discussed. Suggestions included requiring patients to comply with follow up appointments, counseling and prescribed therapies in order to continue receiving opioid prescriptions.

Surgeons and proceduralists have become engaged in the process and are doing better on pre- and post- procedure pain prescriptions. Emergency rooms seem to be improving on treating acute
pain; however, we need to find out what the hospitals are doing regarding department policy. After the summit on opioids held by the Department of Health, the Tennessee Hospital Association stated they were going to have all emergency rooms only prescribe three days of opioids. The Governor’s legislation would also affect acute pain management by surgeons and emergency rooms.

There was lengthy discussion regarding low adherence and knowledge of CDC guidelines, despite the mandated education for licensure. Provider education needs to change to meet this challenge. All agreed that there is also a need for patient education. Public service announcements and uniform public literature were suggested.

The usefulness of the Controlled Substance Database (CSMD) was discussed. The number of physicians and staff is limited, the practicality of current information, and how often the database is updated were major concerns. Suggested measures to improve the CSMD included integration with EMR systems, the ability to drill down by individual practitioners and by group, and comparisons of prescribing habits. Behavioral, methadone clinics, and overdose data should also be included on the database. It was agreed that there needs to be a meeting with the CSMD staff.

Other management options discussed included the need for Medication Assisted Treatment (MAT); however, there needs to be a center of excellence developed to determine what a quality MAT provider looks like. The use of Telemedicine/Telehealth would benefit persons in rural areas that would otherwise be unable to attend therapy sessions, etc. Could possibly involve pharmacists to discuss safe tapering of opioids and benzodiazepines in a controlled fashion per the CDC guidelines.

The Department of Health is developing a hotline for prescribers to report egregious overprescribing behavior that providers are often aware of but have no way to report. Pharmacies and physicians should post a notice in a conspicuous place on how to report irresponsible prescribing.

After much discussion, we realized that the top 10% volume prescribers are actually getting notified by multiple entities including insurance companies, the CSMD, the Department of Health and possibly others. Therefore, our focus should be on the other 90%. We are particularly concerned about the concurrent use of opioids, sleep medications, and benzodiazepines as this usually increases the risk of accidental overdose.

All agreed that the next meeting needs to include a representative from the dentists, the Tennessee Hospital Association, the Tennessee Chapter of the American College of Physicians (Internal Medicine), the Tennessee Academy of Family Physicians and the Rural Health Coalition; however, there has not been a follow-up meeting scheduled to date.
The annual audit for the fiscal (and calendar) year ending December 31, 2018, 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 2018 as well as the assets, liabilities, and fund balance at the end of the year.

A budget surplus of $2,744 had been projected for 2018 with revenue projected at $3,532,000 and expenditures projected at $3,529,000. The actual revenue was $3,018,000 against actual expenses of $3,492,000 resulting in $474,000 deficit.

There were two factors leading to deficit. A steep market downturn which resulted in investment income coming under budget by $425,309. The other factor was earned revenue was under budget by $72,600, mostly due to a loss of one significant membership group and poor attendance at educational seminars.

Reserve Accounts

After the sale of the 21st Avenue property in 2017 and purchase and renovation on Bradford Avenue, TMA’s combined reserve accounts were $3.35 million.

In 2018, we saw our reserves take a steep downturn with the market in late 2018, finishing at $3.1 million. In 2019, the market has rebounded and our reserve accounts now stand at $3.4 million as of 3-31-19.

All investments and withdrawals were made within the parameters of the TMA’s Investment Policy. 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 Tedford Taylor, 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
Tedford Taylor, MD, Hampton
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.
REPORT OF THE JUDICIAL COUNCIL

May 18, 2019

TO: HOUSE OF DELEGATES
TENNESSEE MEDICAL ASSOCIATION

SUBMITTED BY: CHARLES LEONARD, MD, CHAIR

The Judicial Council met once since last year’s House of Delegates, on May 6, 2018, the day after the House adjourned as required by the TMA Bylaws. I, Charles Leonard, MD, served as Chairman and Pamela Murray, MD, served as Vice Chair.

No business was assigned to the Judicial Council by the 2018 TMA House of Delegates. The TMA Board of Trustees did not assign any business to the Council.

The Judicial Council submitted the following recommendations to the TMA Membership Committee on May 15, 2018.

1. Hospitals and other employers of physicians need to be encouraged to pay for physician employees to join TMA. TMA should meet with THA to encourage its members to pay for physician membership in TMA.
2. TMA needs a message targeting younger physicians and how TMA membership helps individual young physicians, especially those employed. The Council suggested the use of focus groups.
3. A selling point could be that TMA members have a lower rate of burnout.
4. TMA needs to state the business case to employers for investing in TMA membership for their physicians.

Polling was conducted to gauge interest in a possible merger of Lakeway, Hawkins, and Cocke County Medical Societies. It did not reveal significant interest in pursuing a merger.

In the TMA elections held in February 2019, regions 2, 4, 6 and 8 elected Councilors for the 2019-2020 terms. The following Councilors were elected and will assume their new terms on May 19, 2019: Patrick Andre, MD (2); Susan Briley, MD (4); Mack Worthington, MD (6); and Howard Herrell, MD (8). They join current members Justin Monroe, MD (1); Omar Hamada, MD (3); James Gray, MD (5); and John Lacey, III, MD (7). Regions 1, 3, 5, and 7 will be up for election in 2020. I would like to thank Drs. Pamela Murray, Richard Soper, and Shauna Lorenzo-Rivero whose term limits expire for their service to TMA through their work on the Council these last four years.

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 Yarnell Beatty who is our staff liaison.

Respectfully submitted,

Charles Leonard, MD, Chairman

2018-2019 Councilors:

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

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 2018 through April 2019. The highlights of the past 12 months have been the successful culmination of a number of association priorities and an exciting state election year resulting in a number of surprises and opportunities. TMA was successful in its efforts to slow efforts to roll out more waves of episode in the TennCare program; made modifications to the new opioid law to aid physicians and patients, all while the Board of Trustees and staff developed the next chapter of the strategic plan. Efforts are fully underway to work on possible improvements to collaboration regulations with advance practice nurses in light of the lifting of a legislative moratorium we have lived under for the last three legislative sessions.

Finances and membership
Investments – TMA’s investment portfolio has been performing well since the sale of 21st Avenue building in 2017. The market dip in December significantly impacted our valuation at the end of 2018, causing a loss for 2018 on paper. The market has since rebounded and TMA was positioned correctly to recover all the losses from December. Our reserved stand at approximately $3.4 million, roughly one year of operations expenses, a goal set by the finance committee in 2016. Without the market dip, TMA was on budget in 2018 and projects a balanced budget in 2019.

Membership retention continues to be strong with only one significant potential group loss. We were alerted by management at Erlanger Hospital in Chattanooga that it would not be paying memberships for its physicians in 2019. This is approximately 240 members. We have been working intensely to retain every member individually, while continuing efforts to salvage the group agreement.

We welcomed a new all-in group in Pathgroup, a 50+ physician pathology practice headquartered in Brentwood, with physicians practicing mostly in mid-state locations.

For 2019, we have added 284 new regular members and 389 student and resident members. We continue to work with leadership at Ballad Health in the Tricities, as its formation has had significant impact on the physicians and membership in those markets over the last several years.

Programs and Events
Day on the Hill – We witnessed the largest attendance ever for our annual Day on the Hill. More than 350 members, managers and staff made the trip to Capitol Hill in March to visit with lawmakers.

Opioid education has been a headlining event for TMA since 2010. With the changes in opioid laws and effort by the State to centralize all opioid education, the Board reconsidered options for future education efforts on opioid prescribing. TMA has re-examined its approach to and investment in
continuing medical education as part of the strategic plan. With new laws, rules and regulations affecting patient care with opioids, TMA will continue offering its opioid-related prescribing content in a convenient and cost-effective format for members. We continue to work with Dr. Michael Baron with the TMF, Dr. Mitch Mutter and Dr. David Reagan with the Department of Health, to collaborate on outreach to physicians state wide. Between our educational efforts and changes to opioid prescribing laws, Tennessee has experienced a 21.3% reduction in opioid prescriptions by the end of 2017 (from 2013). Unfortunately, we continue to see overdose deaths rise as at the hands of illicit drug use and the rapid growth in use of heroin and fentanyl.

Through the Tennessee Foundation for Quality Patient Healthcare, a 501(c)(3) subsidiary of TMA, we completed a physician engagement pilot project with a hospital in Middle Tennessee. The project goal was to align ICU clinical staff and achieve significant results on specific quality metrics. The project was funded by a grant from The Physicians Foundation. The project helped significantly improve the facility quality metrics. The future goal is for TMA to use the systematic approach of engaging physicians in facility quality goals to achieve outcomes and reimbursement improvement for other Tennessee health systems and create value in membership to aid in recruitment.

TMA leaders have engaged representatives of the Pharmaceutical Research and Manufacturers of America (PhRMA) to explore ways to address the high cost of prescription drugs. We will continue advocating for more transparency and consistency in the market. The Board approved a proposal to create an advisory council to allow TMA to engage pharmaceutical companies more directly about issues such as price transparency and supply chain issues and work on ways to address high prescription drug costs.

After 39 years, TMA is overhauling its annual Insurance Workshops each fall. The new format will be a collaboration between TMA and the insurance companies to offer members opportunities to work directly with plan representatives on claims issues during a day-long symposium that will also offer additional education classes and exhibit hall with other various vendors offering patient focused services. The Tennessee Healthcare Symposium will be October 8-11, 2019 in Memphis, Nashville, Knoxville and Chattanooga.

Operations and Staffing
New education direction – In October 2018, the Board of Trustees made a decision to redirect TMA’s educational focus. For a number of years, the TMA has worked to re-establish its accreditation as a provider of continuing medical education with the American Council for Continuing Medical Education (ACCME). Plans to expand CME offerings and provide CME to other medical organizations and medical specialty societies had not reached a desirable level. The revenues generated were falling as costs continued to rise. The new direction is to maintain TMA’s CME accreditation and focus on providing accredited material to members on information that TMA is uniquely qualified to provide content - mostly education on laws and regulations impacting the practice of medicine in Tennessee. With this change, TMA has discontinued its Trimed conference in the fall and will seek to deliver content to members through online and select live events.

TMA Insurance Agency - In the fall of 2017, TMA Physician Services board of directors voted to terminate a long-standing partnership with an insurance agency in Chattanooga. This became final in April 2019. TMA Physician Service was 50% owners of the TMA Association Insurance Agency Inc and as such, had diminishing abilities to seek opportunities to partner with other entities to deliver varied and advantageous products to members. TMA Physicians Services received an equitable buyout of its
position in the Agency. This distribution will be used to pay off standing debt to TMA for administrative costs and serve as seed money to launch new offerings for members.

*Tennessee Medicine* – 2018 saw the wind down of the Journal of the Tennessee Medical Association, our scientific journal. The Journal was the primary portion of the print publication distributed to members for many years. In recent years, the Journal was moved to an online platform, allowing TMA to received, edit and publish submissions in a timelier manner. The number of submissions received has diminished greatly over the last few years and those from TMA members were the vast minority. The Board elected in October 2018 to cease operation of the Journal and continue *Tennessee Medicine* as the primary print news piece of the association, with a design change in 2019. Dr. David Gerkin has served a medical editor of the Journal since 2002. His dedication and service to the profession of medicine in Tennessee is truly remarkable and much appreciated by the Board of Trustees and the membership who have supported his work over those years through readership.

Staffing – With the changes in education came a change in staffing and a reduction of one full-time staff member with the primary duties of growing education content and promoting CME services. We also had a departure of our events coordinator. Both of these positions were not filled. One of our two specialty society managers, Angela Allen, moved out of state at the end of 2018. We conducted a job search for a suitable replacement in coordination with the societies under management and hired Christine Lenihan in January 2019. Christine is from the Washington, DC area and has worked in the association industry for a number of years.

**Initiatives and Issues Management**

**Independent Practice for advanced practice nurses**
- TMA is participating in a coalition of physician organizations advocating for physician-led, team-based healthcare delivery models in Tennessee. The coalition is looking for ways to improve collaborative practice through laws, rules and regulations and enhance access to safe, quality medical care for all Tennesseans. The coalition consists of physician leaders from the state’s largest medical specialty societies. Dr. Elise Denneny, TMA President-Elect, has shepherded the group for the last two meetings. The steering committee members are Drs. Chris Young for Anesthesia, Hunter Butler for Pediatrics, Tracy Doering and Kevin Smith for Internal Medicine, and Ty Webb for Family Practice.

**Opioids**
- The Board has kept efforts to combat misuse and abuse of opioids as a top priority for the last two years. TMA’s efforts and ongoing role the continuation of programs to educate members on new state laws that took effect July 1 limiting how much doctors can prescribe.
- TMA’s website hosts a vast collection of resources for members at tnmed.org/opioids.
  - TMA helped develop regulations for penalties for improper opioid prescribing.
  - TMA has led the way on prescriber education, important public policies and other initiatives to combat Tennessee’s opioid abuse epidemic.
  - We negotiated improvements to Governor Haslam’s Tennessee Together bills in 2018 and developed proprietary resources to educate members on strict new state laws limiting how much doctors can prescribe.
  - Tennessee has passed more than 18 statutes since 2012 regulating how providers prescribe opioids. This market over-correction has pushed the epidemic into law enforcement and treatment and left some patients unable to get needed medication.
We have made progress in reducing initial supply of prescription drugs – a 23% decline since 2013 – but illicit narcotics like heroin and fentanyl have risen to fill the void.

TMA successfully advocated for legislation in 2019 to adequately fund mental health and substance abuse treatment to reduce the recidivism rate in the private and corrections populations.

Episodes of Care and Value-based reimbursement
TMA was successful in its efforts to pause the episodes of care rollout and concentrate on improving episodes already in place. The win came after four years of TMA advocacy on episodes of care, but our work is not finished. We will continue to engage state officials and the new administration on payment reform alternatives. tnmed.org/episodes

Balance Billing
TMA has worked to deflect numerous proposals that would have eliminated the ability of many physicians to bill for out-of-network services when performed at ‘in network’ facilities. TMA continues to work for reasonable solutions to “surprise medical bills” that is fair to physicians, facilities and patients. Legislation filed in 2019 has been postponed until next year.

Graduate Medical Education (GME)
While this issue was not on our legislative priority list at the end of 2018, it has been on TMA’s radar for many years. The amount of investment made by the State in graduate medical education has not been increased in over 20 years. The appeal has been made to the last two administrations to no avail. In 2019, it appears our pitch has landed on sympathetic ears and the Governor’s budget for 2020 includes a $3 million increase to be used for GME. This will result in 100 more Tennessee residency slots in time to be used for primary care.

Tort reform - there was an Appellate court ruling in 2018 that may impact our present tort laws. The ruling challenges the constitutionality of punitive damages in tort cases. Another case challenges the constitutionality of limits on non-economic damage awards.

TMA filed a friend of the court, or amicus brief, in the Sparks case. The case involved a physician’s assistant who was disciplined for writing prescriptions when the supervising physician did not have a DEA number. There are no standing rules for such instances. The reason that TMA engaged in this case was to protect our members that may face similar actions or accountability for breaking rules that do not exist.

Tennessee Elections - With one-third of the seats in the General Assembly turning over this past election cycle, TMA was actively engaged in many state-wide campaigns. Early in the general election, TMA had engaged the Bill Lee team to discuss his views on healthcare, challenges for Tennessee as he sees them, and offer TMA to help counsel if he was elected. Dr. Lisa Piercey, a TMA member in West Tennessee, was selected as Commissioner of Health.

- IMPACT assisted winners in 28 of 29 primary races.
- Saw very favorable committee assignments in both the House and Senate.
- Nominated new members to the board of medical examiners to replace Drs. Subhi Ali and Michael Zanolli.
- Visited new members of the Tennessee congressional delegation in February.

TMA Strategic Plan
The Board of Trustees has spent the past several months developing its strategic direction for the next four years. 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.

- TMA’s clear strength and competitive edge is **advocacy**. We will reinforce that identity through every facet of operations.
- We will continue working to improve our **communications**, differentiating TMA with a compelling value proposition in an increasingly competitive and fragmented market.
- 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.
- We will **reexamine and renovate our structure** to eliminate redundancies and avoid internal competition.
- We will **strengthen relationships with state-level specialty organizations**.

**Looking ahead**

*Scope battles, rethinking health care in Tennessee, Telehealth*

For the last 25 years, physicians have been in constant defensive mode to confront non-physicians seeking to expand their scope of practice and encroach on the practice of medicine. Next year marks the end of a moratorium with the nursing organizations surrounding their efforts to practice independent of physician supervision. While TMA is working in the coalition to try and find common ground with the nurses to avoid a legislative battle, we anticipate that there will be legislation filed. There are also a number of other health professionals that will follow suit, mainly the physician assistants, optometrists and physical therapists.

The main issue being used in arguments to increase the ability of other health professionals to treat patients is the fact that fewer physicians are remaining in primary care. It will be critical that TMA rethink rules and regulations between physicians and other medical providers to increase everyone’s capacities to treat patients everywhere in our state, yet maintain a safe, effective, and efficient patient environment. We need to invest a considerable amount of resources to ensure that the expanded use of telemedicine and remote health services actually serve patients and extend the capabilities of physicians in an established doctor-patient relationship.

*Value Based Reimbursements Episodes*

While we were successful in stopping the onslaught of new episodes of care, we need to remain vigilant and proactive regarding value-based reimbursements. Our current lawmakers seem reluctant to continue down the pathway with the TennCare episodes project. We anticipate that TMA will be asked the tough question “if not Episodes, then what?” Reimbursement for services based on the efficacy and outcomes is becoming deeply engrained in the healthcare delivery system. The challenge ahead is defining quality and efficiency unilaterally so patients know what to expect and physicians know what to expect to get paid.

*Funding of TMA activities*

For a number of years, I have reported the need for TMA to develop alternative, recurring revenue streams and the need to reduce its heavy reliance on voluntary membership dues from individuals. Currently membership dues make up more than 60% of TMA’s operating budget. The challenge we face is that the association’s desire to help all physicians seeking our assistance costs more than the revenues generated from dues. TMA needs to sign up more new members, receive reimbursement
from other organizations or better prioritize the work done for the dollars paid. TMA has some 4,400 physicians that pay annual membership dues. When we can double this number, we may be able to change this conversation. Left to their own decision, most physicians will neither elect to join or reject membership. We need leaders in medical practices in all areas of the state to promote that organized medicine in Tennessee is important, has tangible value, needs to be supported, and sign the entire group up as members. If TMA is as effective as it is with 4,400 physicians, just think what 8,800 physicians could accomplish!

Engaging younger physicians
In 2012, I reported to leadership that TMA would soon suffer from boomer-itis. At that time, I believed that the baby boom generation would reach retirement age and decided to leave the workforce en masse, just as those in other industries. While I had the threat correct, how that is playing out is very different. The boomer physician are selling their practices or transitioning in their roles out of patient care. They are becoming employees, but remaining in the workplace. The impact on TMA is that these practice leaders are no longer in a position to recruit new, young partners and espouse the virtues of organized medicine (read ‘pay for membership’). Now we are faced with losing the boomers AND the new-to-practice physicians and we must act now.

TMA has completed some research work with employed physicians, employers of physicians, and young(er) physicians. Most data returns the same feedback—what are you doing for ME?

The virtue of what organized medicine has done and continues to do for the profession is not the question. Most recognize and appreciate all the good done for them. But that does not translate into the payment of dues year after year. TMA needs to engage in activities and issues today that matter to younger physicians, younger physicians need to engage in the community of medicine and invest in the profession, TMA needs to accept new members on the physicians’ terms (they join voluntarily and more often are not the ones paying for membership.)

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 their diligence and dedication and the road ahead will be much smoother with their help and professionalism.

Yarnell Beatty            Sr. Vice President, General Counsel
Dave Chaney               Vice President
Karen Baird               Director of Insurance Affairs
Julie Griffin             Director, Government Affairs
Michael Hurst             Director, Business Development
Beth Lentchner            Director, Leadership Programs and CME
Ben Simpson               Assistant Director, Government Affairs
Doug Word                 Director of Regional Development
Ann Anderson              Accounting Services
Meg Book-Smith            Advocacy Assistant
Amy Campoli               Executive Assistant to the CEO
Julia Couch               Communications Specialist
Debbie Emory- Utzig       Accounting
Nikki Hamlet              Membership and Office Administrator
David Kieu  Staff Accountant  
Christine Lenihan  Manager, Medical Society Services  
Becky Morrissey  Paralegal  
Christy Reeves  Membership Manager  
Pam Slemp  Manager, Region 8  
Rebecca Woods  Grassroots Manager

Respectfully submitted,

Russell E. Miller, Jr., CAE  
Chief Executive Officer
2012 Resolutions to Sunset

Resolution No. 1-12
[Reaffirmation of Resolution No. 3-98, 19-91 and 3-05]

TMA FUNDING OF MEDICAL STUDENTS TO AMA CONVENTIONS

RESOLVED, That the Tennessee Medical Association annually budget a stipend of not more than $2,000 for each of its component medical societies with active medical student sections to provide an opportunity for the leaders of those schools’ medical student sections to attend the American Medical Association (AMA) Medical Student Section annual and interim meetings and the AMA annual leadership conference;
and be it further
RESOLVED, The delegates eligible for stipends would be from medical student sections in which at least 50 percent of the student body are members of the Tennessee Medical Association; and be it further
RESOLVED, That students interested in obtaining stipends to American Medical Association (AMA) meetings must be members of the Tennessee Medical Association (TMA) and must apply to their component medical society at least two months before the AMA Medical Student Section (MSS) national meetings by writing a letter of intent to their component medical society indicating their position within the TMA MSS and their activities in the TMA MSS in the past.

Resolution No. 3-12
[Reaffirmation of Resolution No. 17-05]

ACCESS TO CARE FOR MEDICARE PATIENTS

RESOLVED, That the Tennessee Medical Association through its grassroots campaign, encourage all members to inform patients of this crisis; and be it further
RESOLVED, That the Tennessee Medical Association develop a position pamphlet to distribute to patients to educate them about this access to care issue; and be it further
RESOLVED, That physicians be encouraged to place in their office, appropriate signage outlining this serious problem; and be it further
RESOLVED, That every physician in Tennessee, utilizing its office staff and its “medical family”, write elected officials, both federal and local, outlining for them this potential crisis in access to care.

Resolution No. 4-12
[Reaffirmation of Resolution No. 20-05]

ADVERTISING FOR HERBAL SUPPLEMENTS

RESOLVED, That our Tennessee Medical Association strongly encourage the naming of herbal supplements in a manner so that they cannot be confused with prescription drugs by including “herbal” in the name; and be it further
RESOLVED, That our Tennessee Medical Association strongly discourage the packaging of herbal supplements in a way that makes them resemble prescription drugs; and be it further
RESOLVED, That our Tennessee Medical Association strongly discourage the advertising of herbal supplements in a way that resembles prescription drug advertisements; and be it further
RESOLVED, That our Tennessee Medical Association work with the appropriate agencies to strengthen regulations regarding the advertising and distribution of herbal supplements; and be it further
RESOLVED, That our Tennessee Medical Association encourage the Food and Drug Administration to require that all herbal supplements carry an ingredient list similar to that required for foodstuffs and pharmaceuticals.
Resolution No. 8-12
EDUCATION & TREATMENT ADVOCACY FOR ADDICTION DISORDERS
RESOLVED, That the Tennessee Medical Association (TMA) adopt policy to:

1) Encourage all physicians in Tennessee, especially TMA member physicians, to participate in continuing medical education regarding recognition of signs & symptoms of Addiction Disorders and how to refer individuals to effective treatment; and

2) advocate for increased funding for treatment in the public and private sectors, and be it further

RESOLVED, That the Tennessee Medical Association delegation to the American Medical Association (AMA) call upon the AMA House of Delegates and the AMA Board of Trustees to solicit and support AMA policies that:

1) promote public education regarding recognition of signs and symptoms of Addiction Disorders and how to refer affected individuals to effective treatment;

2) promote continuing medical education regarding recognition of signs and symptoms of addiction disorders and how to refer affected individuals to effective treatment.
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Bylaw Amendment No. 01-19

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

SUBJECT: MAKING THE TENNESSEE MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION (OMSS) A COMMITTEE OF THE BOARD OF TRUSTEES INSTEAD OF A SECTION

1 Whereas, TMA Bylaw Chapter III, Section 13 currently establishes an Organized Medical Staff Section (OMSS); and
2
3 Whereas, TMA Bylaw Chapter III, Section 13 requires that the TMA OMSS have its own structure, including its own bylaws, and to elect its own delegate to the TMA House of Delegates; and
4
5 Whereas, The proscribed structure of the TMA OMSS is not essential to its organization and mission; in fact, the section died out in the early 2000s and has not been active since; and
6
7 Whereas, The TMA House of Delegates adopted Resolution No. 28-17 which called for the reestablishment of a mechanism for TMA to address organized medical staff issues such as potential conflicts of physician employment and the professional responsibility of patient advocacy in hospitals by physicians; and
8
9 Whereas, Effective representation of medical staffs can be accomplished, and better information can be transmitted to TMA leadership, if the OMSS was a committee of the TMA Board of Trustees instead of a section of the association; and
10
11 Whereas, At its July 2018 meeting, the TMA Board of Trustees approved a preliminary plan to fulfill the requirements of Resolution No. 28-17 and establish an Organized Medical Staff Committee under the Board which is not a stand-alone section; and
12
13 Whereas, Better coordination with other committees such as the TMA Membership Committee can take place if all committees report to the Board of Trustees and be assigned a Board liaison; Now, therefore be it
RESOLVED, That TMA Bylaw Chapter III, Section 13 be repealed and subsequent sections of that chapter be renumbered as appropriate.

Sec. 13. There shall be an Organized Medical Staff Section to provide representation within the structure of the Association for the interests of medical staffs in hospitals and integrated health delivery systems. The medical staff of each hospital and other health care facilities and emerging delivery systems in the state shall be entitled to representation in the section. All representatives must be members of the Association. The Organized Medical Staff Section shall be organized under a governing body with appropriate bylaws approved by the Tennessee Medical Association Board of Trustees and shall elect one delegate to represent it in the House of Delegates of the Association.

CODE: changes in wording signified by underline _______________
deletion of wording signified by strikethrough ---------------
Resolved, That beginning with fiscal year 2006 the President of the Tennessee Medical Association receive be offered a stipend of $15,000 as recognition of their service and to partially offset their loss of practice salary, to be determined by the Tennessee Medical Association's Finance Committee; and be it further

Resolved, That a stipend of $15,000 to be determined by the Tennessee Medical Association’s Finance Committee be presented paid to the President of the Tennessee Medical Association in equally monthly payments beginning the first month of the term of the President of the Tennessee Medical Association (month beginning after the Annual meeting and running through the following Annual meeting).

Sunset: 2026

Fiscal Note: $20,000 per year
INTRODUCED BY:  ROBERT VEGORS, MD, CHAIR
TMA PROFESSIONAL RELATIONS COMMITTEE

SUBJECT:  YOUTH DIVERSITY ON STANDING TMA COMMITTEES

Whereas, TMA understands that it must become a more diverse organization to best represent Tennessee’s increasingly diverse medical community, remain relevant to all Tennessee physicians, and fulfill the 10-year vision set forth by the TMA Board of Trustees; and

Whereas, Injecting more age, gender, ethnic, specialty and practice environment diversity within TMA overall membership and leadership is one of five core areas of focus in the TMA strategic plan adopted in 2018; and

Whereas, TMA standing committees provide an excellent opportunity for medical students and resident physicians to get engaged and provide input; and

Whereas, The TMA Professional Relations Committee has directly benefited from the energy and perspective of Max Keeling, medical student at Lincoln Memorial University, since he began serving in 2018; and

Whereas, Medical students and resident physicians are the future of the Tennessee Medical Association; Now, therefore be it

RESOLVED, That beginning in 2020, every TMA standing committee shall have at least one medical student or resident physician as a member, to be recruited by the committee chair and/or staff liaison through the respective sections, approved by the Appointment Committee, and ratified by the Board of Trustees for each term.

Sunset:  2026
Fiscal Note:  None
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

May 18, 2019

Resolution No. 03-19

INTRODUCED BY: DAWN MICHELLE BARLOW, MD, DELEGATE
UPPER CUMBERLAND MEDICAL SOCIETY

SUBJECT: EXPANSION OF RESOURCES AND PATIENT ACCESS TO TREATMENT OPTIONS FOR SUBSTANCE AND MENTAL HEALTH DISORDERS

Whereas, Substance abuse disorder (SUD) or mental health conditions contributed to fifty-one percent (51%) or at least 39 of the 78 pregnancy associated deaths reported in 2017; and

Whereas, Sixty-nine percent (69%) or at least 53 of the 78 maternal patients that died participated in the perinatal episode of care managed by TennCare MCOs from conception until two months after delivery; and

Whereas, Fifty-six percent (56%) or 43 of the 78 pregnancy associated deaths reported in 2017 occurred between two months and one year after delivery; and

Whereas, In 2016, eighty-six percent (86%) of mothers giving birth to Neonatal Abstinence Syndrome (NAS) babies who were exposed only to prescription medications received their prescriptions from a medically assisted treatment (MAT) program for SUD; and

Whereas, Ninety-six percent (96%) of deaths in which SUD was a contributing factor were determined by the 2017-2018 Maternal Mortality Committee to be preventable; and

Whereas, Only five percent (5%) of Tennessee’s population resides in Upper Cumberland, yet this rural health region is responsible for one out of ten (10%) NAS births in the state and a significant number of opioid overdose deaths in reproductive-aged men and women unrelated to pregnancy; and

Whereas, There are no existing patient access to treatment options available to TennCare-managed perinatal episode of care patients residing in Upper Cumberland for substance and mental health disorders both during pregnancy and for the year following pregnancy; and

Whereas, The 2017-2018 Maternal Mortality Committee recommended that the State expand resources and patient access to treatment options for substance and
RESOLUTION. That the Tennessee Medical Association work with the State toward expanding resources and patient access to treatment options for substance and mental health disorders in Upper Cumberland as well as in other health regions in the state. Resources should include a regional detoxification facility offering patients with opioid use disorder the option to elect supervised tapering and continued follow-up in a regional outpatient recovery program.

Sunset: 2026

Fiscal Note: To be determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

May 18, 2019

Resolution No. 04-19

INTRODUCED BY: DANIEL PEREIRA, DELEGATE
MEDICAL STUDENT SECTION

SUBJECT: ACCREDITATION CONSIDERATIONS FOR FUTURE U.S. MEDICAL SCHOOLS

Whereas, 75% of medical school graduates in 2018 have student loans¹; and,

Whereas, The mean medical student debt for both private and public institution graduates with loans is $196,520¹ in 2018, and the median is $200,000¹; and,

Whereas, Physicians with $185,000 salary, on Pay As You Earn (PAYE), will take 20 years after graduation to pay off a $192,694 mean debt and $244,000 in associated interest costs¹; and,

Whereas, Medical students who are unable to secure a residency are also unable to obtain a salary to afford their student loan repayments; and,

Whereas, In 2018, the total number of Postgraduate Year 1 (PGY-1) positions offered was 30,232 and the total number of active applicants was 37,103², leaving close to 7,000 unmatched applicants seeking a residency spot; and,

Whereas, The total number of PGY-1 applicants from U.S. Allopathic and Osteopathic Medical schools in 2018 was 18,818 and the number of unmatched applicants was 4,617, a 9% increase in unmatched vs. matched U.S. Allopathic and Osteopathic medical graduates from 2014²; and,

Whereas, Between 2006-2007 and 2016-2017 there has been a 21.2% increase in allopathic medical school enrollment and 90.7% increase in osteopathic medical school enrollment³; and,

¹ https://members.aamc.org/iweb/upload/2017 Debt Fact Card.pdf
Whereas, There is no mention, in the Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA) guidelines, of PGY-1 capacity consideration prior to granting accreditation; and,

Whereas, An increase in medical schools without concurrent resident spots offered will result in more unmatched applicants; Now, therefore be it,

RESOLVED, Tennessee Medical Association delegation to the American Medical Association (AMA) submit a resolution that would request the AMA to seek partnerships with Liaison Committee on Medical Education (LCME) and Commission on Osteopathic College Accreditation (COCA) for the development and implementation of criteria that compares number of available U.S. Postgraduate Year 1 (PGY-1) to proposed new class size prior to consideration for a new accreditation in order to prevent growth of the existing PGY-1 position deficit.

Sunset: 2026
Fiscal Note: To be determined

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TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

May 18, 2019

Resolution No. 05-19

INTRODUCED BY: ANUJ CHANDRA, MD, DELEGATE
CHATTANOOGA HAMILTON COUNTY MEDICAL SOCIETY

SUBJECT: POLYSOMNOGRAPHIC TECHNOLOGIST LICENSE REQUIREMENTS

Whereas, Tennessee Code Annotated § 63-31-106(b) requires that a person seeking licensure as a polysomnographic technologist must meet several requirements, including educational requirements, passing the national certifying examination given by the Board of Registered Polysomnographic Technologists (BRPT), and being credentialed by the BRPT; and

Whereas, In order to be eligible for Tennessee licensure as a polysomnographic technologist, one of the following educational requirements must be met:

(A) Graduation from a polysomnographic educational program that is accredited by the commission on accreditation of allied health education programs;

(B) Graduation from a respiratory care educational program that is accredited by the commission on accreditation of allied health education programs and completion of the curriculum for a polysomnography certificate established and accredited by the committee on accreditation for respiratory care of the commission on accreditation of the allied health education programs;

(C) Graduation from an electroneurodiagnostic technologist educational program with a polysomnographic technology track that is accredited by the commission on accreditation of allied health education programs; and

Whereas, After July 1, 2012, the option to meet the educational requirements with successful completion of an accredited sleep technologist education program (ASTEP) that is accredited by the American Academy of Sleep Medicine (AASM) was no longer available; and

Whereas, Tennessee is one of the minority of states that does not recognize successful completion of an AASM accredited A-STEP program to meet educational
requirements for a person seeking licensure as a polysomnographic technologist; and

Whereas, This has created a deficit in polysomnographic technologists eligible for Tennessee licensure and has resulted in longer waits for patients to be assessed with facility-based sleep studies; and

Whereas, This impacts the ability of sleep medicine providers to render services to patients with sleep disorders in a timely manner. The estimated prevalence of sleep-disordered breathing is 24 percent for men and nine percent for women. Delays in diagnosis and treatment of sleep-disordered breathing puts the population at risk, as sleep-disordered breathing has been associated with many debilitating chronic diseases; and

Whereas, Rising healthcare professionals – a previously ample source for talent recruitment – are deterred from filling Polysomnographic Technologist positions because of the educational requirement; Persons who have completed an undergraduate Pre-Health degree and are seeking admission to a graduate program in a health profession (Medicine, Physician Assistant, Nurse Practitioner, Physical Therapy, Dental, etc.) are not eligible to learn and practice polysomnography under the supervision of a qualified physician without completing one of the programs outlined in § 63-31-106; and

Whereas, Otherwise-experienced Registered Polysomnographic Technologists, duly licensed in their state of employment, are not eligible to be licensed by endorsement in Tennessee without meeting the aforementioned educational requirements. This has impacted recruitment of Registered Polysomnographic Technologists to Tennessee; Now, therefore be it

RESOLVED, That TMA seek legislative or regulatory changes as need which result in:

(a) The successful completion of an accredited sleep technologist education program (A-STEP) that is accredited by the American Academy of Sleep Medicine (AASM) should meet the educational requirement for Tennessee Licensure as a Polysomnographic Technologist, and

(b) A person should be eligible to practice sleep-related services with a provisional license as a "Polysomnographic Trainee" while under the direct supervision of a Tennessee-licensed registered polysomnographic technologist credentialed by the Board of Registered Polysomnographic Technologists, and
(c) A person should be eligible to practice sleep-related services with a provisional license as a "Polysomnographic Trainee" while under the direct supervision of a Tennessee-licensed physician who is certified in sleep medicine by a national certifying body recognized by the American Academy of Sleep Medicine.

Sunset: 2026

Fiscal Note: To be determined

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Resolution No. 06-19

INTRODUCED BY: ANUJ CHANDRA, MD, DELEGATE
CHATTANOOGA HAMILTON COUNTY MEDICAL SOCIETY

SUBJECT: GRADUATE PHYSICIANS

Whereas, Resolution No. 08-18 Graduate Physicians brought to the attention of the Tennessee Medical Association the shortage of primary care physicians throughout Tennessee and in the United States, as well as the shortage of residency positions; and

Whereas, There were 37,100 applicants in the 2018 residency match for first year residency program positions with only 33,000 positions offered, with approximately 1,800 of those unmatched having graduated from a medical school in the United States \(^1\); and

Whereas, The numbers of medical school graduates are increasing without a proportionate increase in federal funding for additional residency positions; and

Whereas, Most U.S. medical school graduates have incurred hundreds of thousands of dollars in student loan debt; and

Whereas, Graduates of U.S. medical schools are otherwise unable to be employed in their trained role due to current licensing laws; and

Whereas, Graduates of U.S. medical schools are not afforded the opportunity to serve as a midlevel provider despite completing 4 years of graduate school education, while Physician Assistant and Nurse Practitioner programs are only 2 years-long; and

Whereas, Residency Program Directors seek candidates with recent clinical experience, yet medical graduates who are yet to obtain a residency spot are not allowed to practice medicine in any capacity; and

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Whereas, Other states have enacted laws to enable graduates from U.S. medical schools to obtain a limited medical license to practice under direct supervision of a licensed physician (e.g., Missouri’s Assistant Physician Law, Florida’s House Physician license); and

Whereas, These highly educated U.S. medical school graduates have completed a demanding educational program and have acquired a valuable knowledge base and set of skills that can benefit the medically underserved patient population; Now, therefore be it

RESOLVED, That the Tennessee Medical Association support the enactment of state legislation that establishes a role for medical school graduates in Tennessee to practice in geographical areas with a primary care physician shortage, and be it further

RESOLVED, That the Tennessee Medical Association delegation to the American Medical Association House of Delegates introduce a resolution directing AMA to urge Congress to develop a primary care role at the federal level for medical school graduates who are unmatched in residency programs, and be it further

RESOLVED, That the Tennessee Medical Association support the enactment of state legislation that authorizes medical school graduates to be eligible for a limited license to perform administrative medicine.

Sunset: 2026

_Fiscal Note: To be determined_
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

May 18, 2019

Resolution No. 07-19

INTRODUCED BY: NITA SHUMAKER, MD, EX-OFFICIO DELEGATE

SUBJECT: MEDICAL RECORDS FOR CHILDREN IN FOSTER CARE

1 Whereas, Providers of pediatric care frequently provide non-emergent medical care to children placed in foster care; and

2 Whereas, Often, the children’s previous medical records do not accompany them on these medical visits; and

3 Whereas, The provider must attempt to treat the children without access to important medical history, allergies, medications, or other information that can reduce repetitive testing, prescribing medications previously failed, among other risks; Now, therefore be it

11 RESOLVED, That the Tennessee Medical Association advocate that the State of Tennessee require that previous medical records be obtained for children in state custody and presented to treating providers prior to non-emergent visits to providers, and that records be transferred back to the original physician to document any medical services rendered in foster care.

Sunset: 2026

Fiscal Note: To be determined
Whereas, Continuity of care is important for effective patient care; and
Whereas, Hospital emergency departments and hospitals routinely fail to notify primary care physicians when their patients have been treated in the emergency department, are admitted to a hospital, are transferred to another facility, or are discharged; and
Whereas, Transitions of care are a key component to help control the costs of medical care, reduce unnecessary or repetitive emergency room visits or hospital readmissions; and
Whereas, TennCare has a Care Coordination Tool with hospitals and primary care medical homes whereby the TennCare participating patient-centered medical homes are notified in real time of admissions of enrollees attributed to each medical home; and
Now, therefore be it
RESOLVED, That the Tennessee Medical Association Legislative Committee explore possible legislation requiring hospitals to notify primary care physicians about admissions, discharges, transfers, and emergency room visits, if the patient has provided the hospital with information about their primary care physician.

Sunset: 2026
Fiscal Note: To be determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

May 18, 2019

Resolution No. 09-19

INTRODUCED BY: JAMES HAYNES, MD, DELEGATE
CHATTANOOGA HAMILTON COUNTY MEDICAL SOCIETY

SUBJECT: TRUTH IN ADVERTISING FOR CBD OIL

1 Whereas, Hemp-derived cannabidiol (CBD) oil is legal to sell in Tennessee; and
2
3 Whereas, Hemp-derived CBD and other forms of cannabidiol oil may still contain small
4 amounts of Tetrahydrocannabinol (THC); and
5
6 Whereas, Federal law still classifies marijuana as a Schedule 1 drug; and
7
8 Whereas, Cannabidiol products are not regulated by the Food and Drug Administration
9 for content and may be contaminated by a host of cannabinoid chemicals, including THC and CBD, or have variable levels of THC or CBD; and
10
11 Whereas, Standard drug tests cannot distinguish hemp products and marijuana; and
12
13 Whereas, CBD is chemically indistinguishable from THC; and
14
15 Whereas, Individuals using CBD may have positive drug testing panel that could impact
16 their employment; Now, therefore be it
17
18 RESOLVED. The Tennessee Medical Association Legislative Committee should consider
19 legislation requiring all entities that sell CBD products in Tennessee to provide
20 customers with a fact sheet alerting them to the possibility of positive drug
21 testing while using CBD oil and related products.
22
Sunset: 2026

Fiscal Note: To be determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

May 18, 2019

Resolution No. 10-19

INTRODUCED BY: ELISE DENNENY, MD, EX-OFFICIO DELEGATE

SUBJECT: REGULATION AND ENFORCEMENT OF CBD PRODUCTS DISTRIBUTED IN THE STATE OF TENNESSEE

Whereas, The proliferation of cannabidiol (CBD) products has increased availability to the public; and

Whereas, The public needs scientific information on CBD products unbiased by economics; and

Whereas, Some CBD products have higher concentrations of Tetrahydrocannabinol (THC), which often is not included in product labeling; Now, therefore be it

RESOLVED, That the Tennessee Medical Association support measures for the safe distribution of products containing cannabidiol (CBD) by initiating discussion among state health agencies which could prompt regulation for enforcing already established amounts of permissible Tetrahydrocannabinol (THC) for CBD products sold and distributed in the State of Tennessee; and be it further

RESOLVED, That the Tennessee Medical Association develop educational materials regarding usage of products containing cannabidiol (CBD) in which said materials may be made available for member reproduction for distribution to patients and the general public.

Sunset: 2026

Fiscal Note: To be determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

May 18, 2019

Resolution No. 11-19

INTRODUCED BY: M. KEVIN SMITH, MD, DELEGATE
NASHVILLE ACADEMY OF MEDICINE

SUBJECT: REGULATION OF PHYSICIAN-LED, TEAM-BASED, COLLABORATIVE PRACTICE BETWEEN PHYSICIANS AND ADVANCED PRACTICE REGISTERED NURSES

Whereas, Physician-led, team-based care is critical to the safe and efficient practice of medicine by advanced practice registered nurses (APRNs); and

Whereas, The current system of physician chart review and clinic visitation in collaboration with APRNs may not ensure physician-led care; and

Whereas, The practice of medicine is defined by Tennessee statute, TCA 63-06-204, as treating or professing to diagnose, treat or operate on another person for any physical ailment or physical injury or deformity; and

Whereas, APRNs are currently diagnosing, treating, and prescribing to patients only in collaboration with physicians; and

Whereas, APRNs are currently regulated by the Board of Nursing and not the Board of Medical Examiners. Now, therefore, be it

RESOLVED, That the Tennessee Medical Association will actively oppose any efforts by advanced practice registered nurses (APRNs) to practice medicine independently of physicians; and be it further

RESOLVED, That the Tennessee Medical Association advocate for continued rules that require each advanced practice registered nurse (APRN) to be formally associated in a collaborative practice agreement with a primary physician partner along with possible secondary physician partners; and be it further

RESOLVED, That the Tennessee Medical Association consider a Joint Collaborative Practice Board comprised of an equal number of physicians and advanced practice registered nurses (APRNs) to regulate the collaborative practice of medicine between physicians and APRNs.

Sunset: 2026
Fiscal Note: To Be Determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

May 18, 2019

Resolution No. 12-19

INTRODUCED BY:  M. KEVIN SMITH, MD, DELEGATE
NASHVILLE ACADEMY OF MEDICINE

SUBJECT:  SCOPE OF PRACTICE EXPANSION BY NON-PHYSICIAN PROVIDERS

Whereas,  The practice of medicine is defined by Tennessee statute, TCA 63-6-204, as treating or professing to diagnose, treat or operate on another person for any physical ailment or physical injury or deformity; and

Whereas,  Advanced practice registered nurses and physician assistants are permitted to prescribe and practice medicine only in collaboration with a licensed physician; and

Whereas,  Other providers including chiropractors, opticians, optometrists, physical therapists, occupational therapists, pharmacists, and psychologists are not allowed to prescribe medication or perform surgeries (or have limited authority to prescribe in their scope as in optometrists); and

Whereas,  Physicians are required to graduate from an accredited medical school, pass licensing examinations, and finish at least one year of residency prior to being licensed to practice medicine in Tennessee; and

Whereas,  Most physicians have multiple years of residency training and many attain board certification in a specialty of medicine or surgery; and

Whereas,  Non-physician providers are not adequately trained or licensed by either the Board of Medical Examiners or the Board of Osteopathic Medicine to practice medicine independently without physician collaboration; and

Whereas,  Citizens in Tennessee deserve access to the highest possible medical care delivered by physicians or advanced practice providers (advanced practice registered nurses and physician assistants) in collaboration with physicians to prevent delays in diagnoses, misdiagnoses, errors in treatment, or other harms; and

Whereas,  The Tennessee Medical Association, as a representative of physicians in Tennessee, should advocate for access to physician directed medical care for all people in this state; Now, therefore be it
RESOLVED, That the Tennessee Medical Association will actively oppose any effort by any health care providers currently required to collaborate with physicians to expand their scope of practice to include practices that constitute the practice of medicine including diagnosing, prescribing, or operating beyond that which physicians would consider safe; and be it further

RESOLVED, That the Tennessee Medical Association will engage with other medical specialty societies in this state to work together to educate the public and the Tennessee General Assembly concerning the harms of non-physicians engaging in the practice of medicine independently without education and training equivalent to a physician; and be it further

RESOLVED, That the Tennessee Medical Association will continue to advocate in support of training more physicians in Tennessee medical school and residency programs to reduce issues related to physician shortages in this state; and be it further

RESOLVED, That the Tennessee Medical Association will advocate for keeping the Board of Medical Examiners and the Board of Osteopathic Examination as the only two boards overseeing the independent practice of medicine in this state.

Sunset: 2026
Fiscal Note: To Be Determined
Whereas, Approximately 6 in 10 American adults live with at least one chronic condition and Forty-Two percent have more than one; and

Whereas, Ninety-three percent of Tennessee is considered rural; and

Whereas, Fifty-nine percent of all primary care Health Professional Shortage Areas (HPSAs) are located in rural areas and those living in an HPSA are more likely to be ill with a chronic condition; and

Whereas, Those living in an HPSA with certain chronic conditions such as hypertension are more likely to have suboptimal control of that condition; and

Whereas, According to the Centers for Disease Control and Prevention, chronic conditions now account for the most deaths in the nation and take up more than 85 percent of annual healthcare expenditures; and

1 Buttorff C. Multiple Chronic Conditions in the United States. 2017; https://www.rand.org/pubs/tools/TL221.html
3 Health Resources and Services Administration (HRSA). First Quarter of Fiscal Year 2019 Designated Health Professional Shortage Area Quarterly Summary.
4 https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8161.pdf
Whereas, Remote Patient Monitoring (RPM) is a form of telemedicine that can be used by physicians to virtually monitor and manage patients’ chronic conditions by using digital technology that securely stores and transmits patient physiologic data; and

Whereas, RPM has been shown to improve health outcomes including lowered HbA1c levels, reduced mortality for patients with cardiac electronic implantable devices (CEIDs), reduced readmissions for congestive heart failure patients, and reduced hospitalizations, emergency room visits, and average number of bed days for military veterans with diabetes; and

Whereas, Hospital readmissions are one of the largest sources of preventable health care costs with $41.8 billion in hospital costs in 2011; and

Whereas, Chronic conditions of Medicare beneficiaries contributed the most to high hospital spending on readmissions for about $26 billion annually and about $17 billion spent on preventable hospital trips after discharge; and

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Whereas, RPM has been shown to decrease lifetime management costs of various chronic conditions and complications; and

Whereas, Under Tennessee law, telehealth is defined as “the use of real-time, interactive audio, video telecommunications or electronic technology, or store-and-forward telemedicine services by a healthcare services provider to deliver healthcare services to a patient within the scope of practice of the healthcare services provider”; and

Whereas, Including RPM in this definition would support the ability of Tennessee physicians to best utilize technology in the management of chronic conditions. Now, therefore, be it

RESOLVED, That the Tennessee Medical Association educate its members on the benefits and uses of remote patient monitoring as a part of telehealth; and be it further

RESOLVED, That the Tennessee Medical Association advocate for defining remote patient monitoring in the Tennessee Code and advocate that remote patient monitoring by physicians be reimbursed by health insurance entities for the management of chronic conditions.

Sunset: 2026
Fiscal Note: To Be Determined


20 Tenn. Code Ann. § 56-7-1002. https://advance.lexis.com/documentpage/?pdm fid=1000516&crid=276a0b3a-a771-49ea-b5bd-4824f4c40c5f4&config=025054JABIOTJjNmlyNi0wYjl0LTRjZGEtYWE5ZC0zNGFhOWNhMjFlNdgKAF-BvZENhdGFlb2cDFQI4bX2GfyBTal9WcPX5&pd docfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A5CFR-RBC0-R03K-G556-00008-00&pd docid=urn%3AcontentItem%3A5CFR-RBC0-R03K-G556-00008-00&pdcontentcomponentid=234179&pdteaserkey=sr0&pditab=allpods&ecomp=Jx7kkk&earg=sr0&prid=670cd867-2d63-4062-a0cf-96233a4a6167
INTRODUCED BY: ANUJ CHANDRA, MD, DELEGATE
CHATTANOOGA HAMILTON COUNTY MEDICAL SOCIETY

SUBJECT: MANDATE HEALTH INSURANCE COMPANIES TO DETERMINE “MEDICAL NECESSITY” OF COVERAGE ACCORDING TO EVIDENCE-BASED GUIDELINES

While, The estimated prevalence of sleep-disordered breathing is twenty-four percent for men and nine percent for women. Delays in diagnosis and treatment of sleep-disordered breathing puts the population at risk, as sleep-disordered breathing has been associated with many debilitating chronic diseases; and

Whereas, The American Academy of Sleep Medicine (AASM) Task Force consists of experts in sleep research and sleep medicine. The Task Force writes evidence-based clinical practice guidelines after completing a thorough systematic review of the medical literature, evaluating the quality of evidence, balance of benefits and harms, patient values and preferences, and resource use; and

Whereas, Insurance companies devise policies of coverage based on internal research and development. This may result in policies which determine the medical necessity of a claim without adhering to evidence-based practice parameters and guidelines, perhaps in direct opposition to said guidelines and the treatment plan prescribed by a qualified medical provider; and

Whereas, Insurance companies routinely deny coverage of assessments and treatments considered to be experimental, investigational, or unproven. However, these companies may in turn deny coverage of the assessment or treatment considered to be the standard of care—opting for a more affordable option—without concern for efficacy or lack of evidence thereof; and

3 https://aasm.org/clinical-resources/practice-standards/guideline-development-process/
Whereas, This is prevalent in the non-uniform coverage and denial of sleep studies, whereby unattended portable home studies are often approved—even preferred by the insurance companies—for the diagnosis of sleep-disordered breathing in patients who meet exclusionary criteria for this testing modality according to AASM practice parameters; and

Whereas, This is also seen when insurance coverage of facility-based sleep studies are denied for patients who are suspected to have sleep disorders other than sleep-disordered breathing (i.e., obstructive sleep apnea); Now, therefore be it

RESOLVED, That health insurance companies providing services to Tennessee residents be mandated to determine "medical necessity" of coverage based on evidence-based standards of care as written in the guidelines of a nationally-recognized bodies like the American Academy of Sleep Medicine (AASM) and not based on the insurance companies' internally developed policies which are in variance from the guidelines, and be it further

RESOLVED, That health insurance companies operating in Tennessee make readily available to its enrolled consumers an unambiguous coverage policy which outlines, in common parlance, the specific inclusion and exclusion criteria for coverage of a medical service.

Sunset: 2026
Fiscal Note: To be determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 16-19

INTRODUCED: RICHARD G. LANE, MD, DELEGATE
TENNESSEE CHAPTER OF AMERICAN COLLEGE OF PHYSICIANS

SUBJECT: REDUCTION OF FIREARMS VIOLENCE

Whereas, Resolution No. 05-18 (Reduction of Firearm Violence) was referred to the Board as amended for consideration; and

Whereas, Firearm violence manifested as mass killings has continued unabated since last year's House of Delegates meeting;¹ and

Whereas, The American College of Physicians (ACP) and the American Medical Association (AMA) recognize firearm violence as a public health threat despite the federal government action in a 1996 rider on an omnibus spending bill, the Dickey Amendment, prohibiting the use of Centers for Disease Control and Prevention (CDC) funds for advocacy or promotion of gun control;² and

Whereas, At the federal level there has been legislative efforts at closing loopholes on background checks for firearm sales (H.R. 8, the Bipartisan Background Checks Act of 2019); and

Whereas, ACP has encouraged local chapters to engage with their state legislatures and state governors on the need to enact policies on the state level that advocate for sensible firearm violence protections;³ ⁴and

Whereas, The TMA is our physician advocacy support; Now, therefore be it

RESOLVED, That TMA legislative advocacy efforts encourage the Legislature to:

1. Enact Child Access Prevention Laws to ensure safe storage of firearms:

¹“Firearms Policies that Work” JAMA March 12, 2019 (https://jamanetwork.com/journals/jama/fullarticle/2726863?resultClick=1 )
²#ThisIsOurLane NEJM Jan 2019 (https://www.nejm.org/doi/full/10.1056/NEJMp1815462 )
⁴Gifford Law Center Gun Laws Facts (https://lawcenter.giffords.org/resources/factsheets/#DV)
2. Enact *Extreme Risk Protection Orders* (ERPO) to empower families, household members, or law enforcement officers to ask a judge to temporarily remove a person’s access to firearms who is found to be at imminent risk of using them to harm themselves or others.

3. Close loopholes in the background check system that enable many domestic violence offenders to obtain firearms and specifically require all gun sales, including private or gun shows, must have a background check; and, be it further

**RESOLVED.** That TMA actively develop and support evidenced-based policy endorsing a public health approach to fire-arm related violence and the prevention of firearms injury and death.

Sunset: 2026

*Fiscal Note: To be determined*
INTRODUCED BY:  JAMES POWERS, MD, DELEGATE
NASHVILLE ACADEMY OF MEDICINE

SUBJECT:  ACCESS TO CARE

WHEREAS,  Some 250,000 Tennesseans lack health insurance; and

WHEREAS,  Resolution No. 10-15 Health Disparities is current Tennessee Medical Association (TMA) policy stating:
   “RESOLVED, That the Tennessee Medical Association promote to physicians, healthcare providers and the communities they serve, an increased awareness, education, and intervention to reduce healthcare disparities and improve health outcomes in Tennessee”; and

WHEREAS,  Resolution No. 7-13 Expanding Access to Care is current TMA policy stating:
   “RESOLVED: That the Tennessee Medical Association supports access to affordable healthcare for all Tennesseans; and be it further
   RESOLVED, That the Tennessee Medical Association supports a trial for three years to expand access to care by using Medicaid expansion funds either to subsidize uninsured residents to purchase health insurance through the Federal Insurance Exchanges or through direct Medicaid Expansion; and be it further
   RESOLVED, That the Tennessee Medical Association insists that benefits to residents received via health insurance purchased through federal exchanges, be at a minimum at least comparable to Medicaid/TennCare benefits; and be it further
   RESOLVED, That the Tennessee Medical Association will make itself fully available to the Governor and the state legislature to advocate for healthcare coverage in Tennessee”; and

WHEREAS,  Lack of health insurance is the single most important contributor to delayed healthcare and poor health outcomes; Now, therefore, be it

RESOLVED,  That the Tennessee Medical Association supports access to Medicaid and maintenance of high quality standards, regardless of future changes in healthcare financing.

Sunset: 2026
Fiscal Note:  To Be Determined
Whereas, Tennessee Medical Association (TMA) was recently awarded the most influential advocacy organization in the state of Tennessee; and

Whereas, Independent Medicine’s Political Action Committee-TN (IMPACT) is arguably the most important program that determines TMA’s influence on Capitol Hill; and

Whereas, IMPACT has helped elect six physicians to the Tennessee General Assembly by financing more than $150,000 in contributions and independent expenditures; and

Whereas, In 2018, IMPACT invested more than $178,000 in primary and general election races; and

Whereas, Individual membership in IMPACT is the lifeblood of the effectiveness and long-term viability of the political action committee; and

Whereas, IMPACT has seen a decline in Sustaining Membership ($300) of over 83% since 2010; and

Whereas, IMPACT Capitol Hill Club (CHC) ($1,000) has decreased more than 50% since 2010; and

Whereas, While corporate contributions have assisted in keeping IMPACT viable, it cannot be our primary form of funding if we want to keep IMPACT strong and influential; and

Whereas, IMPACT Committee members are already required to be IMPACT CHC members in order to serve; and

Whereas, TMA members are more likely to join IMPACT if they see TMA leadership are members; Now, therefore be it
1 RESOLVED, That all members of the Tennessee Medical Association Board of Trustees be
Independent Medicine’s Political Action Committee-TN (IMPACT) Capitol Hill
Club Members; and be it further

2 RESOLVED, That all TMA physicians who serve in a leadership role including but not
limited to TMA committees, TMA’s Delegation to the American Medical
Association, and TMA Judicial Council be at a minimum an IMPACT Sustaining
Members; and be it further

3 RESOLVED, That the TMA Board of Trustees will work with the IMPACT Committee to
study the viability of IMPACT and submit a plan on how to increase funding
levels and report back to the House of Delegates at this meeting in 2020.

Sunset: 2026
Fiscal Note: To be determined
TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

May 18, 2019

Resolution No. 19-19

INTRODUCED BY: SANJANA SALWI, STUDENT DELEGATE NASHVILLE ACADEMY OF MEDICINE

SUBJECT: ENCOURAGE RECOVERY HOMES TO IMPLEMENT EVIDENCE BASED POLICIES REGARDING ACCESS TO MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER

Whereas, The opioid epidemic is one of America’s most debilitating crises, resulting in loss of life, productivity, and increased healthcare expenditure; and

Whereas, Recovery homes have historically prohibited medications for opioid use disorder; and

Whereas, In 2017, Tennessee suffered 1,300 opioid overdose deaths and 8,000 hospitalizations from opioid misuse, with a rate of 19.4 opioid deaths per 100,000 citizens compared to the national average of 14.6; and

Whereas, Medication Assisted Treatment (MAT) remains the medical gold standard of care to reduce long-term opioid use and prevent relapse; and

Whereas, MAT using buprenorphine/naloxone or methadone has been proven to significantly reduce illicit drug use, increase productivity, and reduce healthcare costs in patients with substance use disorders; and

4 Connery HS Medication assisted treatment of opioid use disorder; review of the evidence and future directions. Harvard Review of Psychiatry. 2015 Mar 1,23(2):63-75
5 Center for Substance Abuse T. SAMHSA/CSAT Treatment Improvement Protocols. Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2005.
Resolution 19-19

Whereas, Only 20.9% of nationally-sampled addiction recovery homes allow buprenorphine maintenance therapy, only 7.8% allow methadone therapy, only 22.0% allow naltrexone therapy, and less than half of eligible patients in all these categories successfully received their medication, and internally collected survey data show that 14 of 16 or 88% of Tennessee’s recovery houses require either complete abstinence or enforced mandatory tapering of the patient's MAT during their stay; and

Whereas, Patients without MAT are more than twice as likely to be readmitted within 30 days, the average length of inpatient stay for opioid addiction treatment is 7 days, and the average cost for each hospital inpatient day is $2,424, making the average cost of each readmission $16,968; and

Whereas, National survey data show common barriers to MAT adoption include cultural adherence toward 12-step ideology, lack of access to prescribers, and lack of decisive clinical guidance on policy; Now, therefore be it

RESOLVED, That Tennessee Medical Association urges policy changes at recovery homes to allow patients to remain on Medication Assisted Treatment as prescribed by a provider, including buprenorphine/naloxone combinations, without restrictions or mandatory tapering of doses.

Sunset: 2026

Fiscal Note: To be determined

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10 Kaiser Family Foundation https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day/