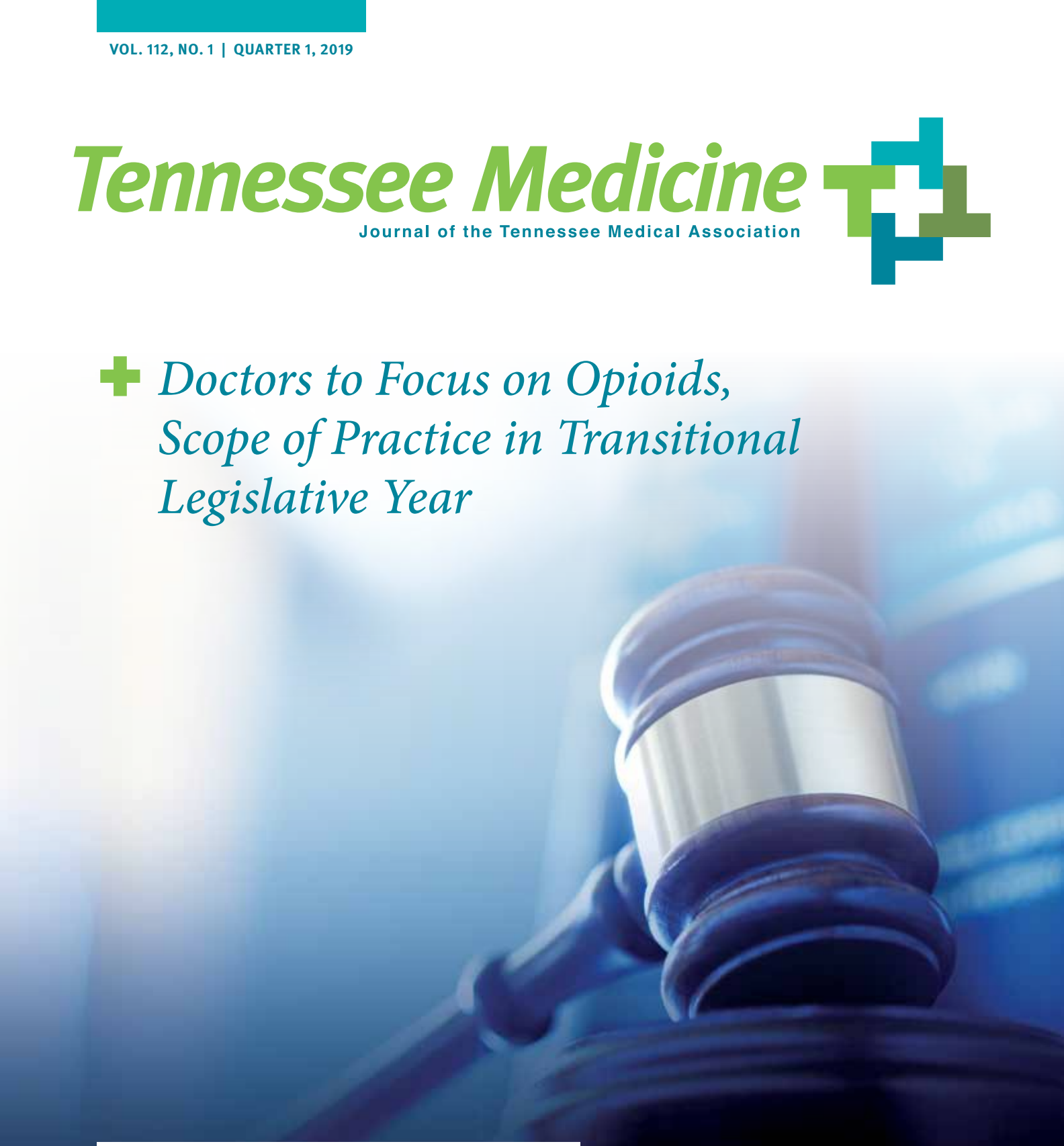
VOL. 112, NO. 1 | QUARTER 1, 2019

Tennessee Medicine

Journal of the Tennessee Medical Association

Doctors to Focus on Opioids, Scope of Practice in Transitional Legislative Year



2019 Leadership Elections

Meet Rep. Mark Green, MD

Lessons Learned from Multi-State License Holder

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Tennessee Medicine: Journal of the Tennessee Medical Association (ISSN 10886222) is published Quarterly, plus an extra issue in June, by Tennessee Medical Association, 701 Bradford Ave, Nashville TN 37204. Periodicals Postage Paid at Nashville TN and at additional mailing offices. **POSTMASTER:** Send address changes to *Tennessee Medicine: Journal of the Tennessee Medical Association*, 701 Bradford Ave, Nashville TN 37204-2209. In Canada: Station A, PO Box 54, Windsor, Ontario, N94 6J5.

2019 Legislative Priorities

Doctors to Focus on Opioids, Scope of Practice in Transitional Legislative Year

TMA released its 2019 legislative agenda as the 111th Tennessee General Assembly convened January 8. TMA, widely regarded as one of the most influential healthcare advocacy groups on Capitol Hill, has an intentionally limited list of topics it plans to push in the new-look state legislature.

"With a third of the men and women in the General Assembly being brand new this session—along with a new governor—we expect to devote a lot of time building relationships and serving as a resource on important healthcare issues. The General Assembly first created TMA for this purpose. More than 180 years later, we are still the most effective voice representing physicians' interests, promoting public policies and stopping or improving laws, rules and regulations that may threaten patient safety or quality of care. That core mission has not changed and will not change, regardless of the specific issues," said TMA President, Matthew Mancini, MD.

TMA's 2019 legislative priorities are improving opioid prescribing laws, defending scope of practice and pursuing a reasonable compromise on payment issues.

Balance Billing:

As lawmakers continue to look for ways to address the issue of patients receiving "surprise medical bills," TMA wants to protect physicians' rights to get fairly compensated for services they provide out of a health plan network while remaining fair to patients who are caught between their health plan and their physician. TMA has led previous efforts to find a reasonable solution and will continue to defend physicians' rights if legislation is filed by other stakeholders this session.

Opioid Epidemic:

While TMA was able to make significant improvements to Gov. Haslam's "TN Together" legislation in 2018, some of the unintended consequences doctors initially feared the new law would create are manifesting across the state. New restrictions on prescribing and dispensing are no doubt reducing overall initial supply, but are also unreasonably obstructing some patients from accessing legitimate, effective pain management. TMA will work with the legislature to amend the law to address specific issues raised by doctors and patients. TMA has developed a number of proprietary resources to help educate doctors and other prescribers on Tennessee's opioid prescribing laws at ***tnmed.org/opioids***.

Scope of Practice:

TMA is on alert to continue defending against any proposals that would threaten patient safety and quality of care by removing physician oversight for nurses, physician assistants or any other midlevel providers. TMA for years has led doctors' opposition to nurse independent practice in Tennessee and in 2016 reached an agreement with the Tennessee Nurses Association that included a three-year moratorium on all independent practice bills. The moratorium expires at the end of the 2019 session, but doctors expect the debate to resurface in 2019, particularly around expanding access to care in rural areas. TMA will continue promoting physician-led, team-based care as the safest, most efficient and effective healthcare delivery model in Tennessee.

tnmed.org/teambasedcare

MAT Parity:

TMA will ask the General Assembly to consider a resolution encouraging health insurance companies to include Medication-Assisted Treatment therapies in patients' health plans and reimburse specialists who provide MAT services at rates comparable to other treatments. TMA has long advocated for more accessible and well-funded treatment options for patients struggling with substance abuse. Using medications in combination with counseling and behavioral therapies is a necessary strategy in the ongoing fight against Tennessee's opioid abuse epidemic. ■

Learn more about TMA's legislative advocacy at ***tnmed.org/legislative*** and follow TMA *@tnmed* and *@tnmedonthehill*.

Meet Rep. Mark Green

TMA sat down recently with Rep. Mark Green to talk about his time in the Tennessee General Assembly, working with TMA's advocacy team and his plans for Congress. Rep. Green was sworn into the U.S. House of Representatives on January 3, 2019.

What do you consider your greatest accomplishments while serving in the Tennessee General Assembly?

During my tenure in the State Senate, I passed more pro-veteran legislation than any other State Senator in the history of Tennessee. I passed bills to protect victims of sexual assault by allowing the DNA of a rapist to be charged as John Doe, to protect our teachers through the passing of the Teacher's Bill of Rights, and to protect patients by passing a law that requires insurance companies to provide a licensed physician for any denials outside accepted clinical guidelines. Perhaps my top accomplishment was leading the successful fight to repeal the Hall Income Tax for all Tennessee families. Only two states in the nation's history have ever repealed any form of an income tax: Alaska and now Tennessee—both Republicans and Democrats supported my bill.

What was your experience as a legislator working with TMA on the hill?

TMA was incredibly helpful in giving every legislator relevant information on issues from licensure to reimbursement to protecting the ability of providers to negotiate contracts. Even as a physician myself, I was better able to serve the people of Tennessee with TMA's help and expertise.

How is physician engagement important to politics?

Those crafting healthcare policy often have had no experience in the industry. Having physicians engaged in the political process is critical to ensure legislators understand policy so we can pass good laws that protect the doctor-patient relationship. More engagement and participation from physicians will benefit both the patient and the physician, safeguard the profession from bad actors, and ensure the highest possible quality of care can be delivered.

What do you hope to accomplish in Congress?

Congress is in desperate need of real leadership. Here in Tennessee, we've been able to do a lot—with both Republicans and Democrats. I believe we can take that same leadership to D.C. My top priorities in Congress are the nation's debt crisis, the overbearing weight of regulations on the economy and the need to restore American leadership globally.

In your opinion, what are the most pressing issues for physicians and healthcare?

The greatest issue affecting the practice of medicine in America is the protection of the doctor-patient relationship. From regulatory issues to state laws, from insurance to the rapid pace of technological changes, we must protect the sanctity of the doctor-patient relationship. Federal regulations are not only a threat to the doctor-patient relationship but also driving up the costs of healthcare. We must remove constraints and create efficiency in the administration of healthcare. And finally, the residency pipeline has to be widened. Constraints on GME funding must be fought at all turns. We need more residency slots to fix the looming doctor shortage. ■

EDITORIAL:

Hard Lessons Learned from a Multi-State Medical License Holder

By Charles K. Grant, JD

Holding a medical license in several states can lead to some unforeseen and unfortunate consequences. Even a conscientious practitioner can inadvertently run afoul of a state's practice act or regulations, which differ from state to state, and the consequences of that single misstep can be exponentially problematic. Any resulting disciplinary action likely must be reported to every other jurisdiction in which the practitioner is licensed, and those jurisdictions in turn may be expected to impose their own disciplinary action. Furthermore, state disciplinary actions are reported to the National Practitioner Data Bank (NPDB), which state licensing authorities are obligated to query on licensure applications and renewals. Containing the ripple effect of these disciplinary actions can take years.

Take for example the case of Dr. Mariana Quinn, who has been licensed for more than 30 years to practice medicine in New York, where she maintains a small practice.* Dr. Quinn also served as the chief medical officer of a healthcare company with clinics in 20 states around the country, in each of which she held medical licenses. She enjoyed an excellent, professional reputation as a practitioner and had never been disciplined or the subject of a medical board complaint or medical malpractice claim.

In September 2014, Dr. Quinn entered into a consent order with the New Jersey Medical Board, which had suspended her license for three months to be followed by a one-year probationary period. She also was required to take continuing medical education courses and a Juris Prudence Examination. The New Jersey Medical Board alleged that Dr. Quinn (i) failed to obtain a Registration Certificate issued by the U.S. Drug Enforcement Administration (DEA) for New Jersey prior to placement of orders of controlled substances for the purpose of prescribing, administering or dispensing of controlled substances; (ii) delegated the authority to dispense controlled substances by virtue of her medical license; (iii) administered, dispensed or prescribed a narcotic drug or other drug having addiction-forming or addiction-sustaining liability other than in the course of legitimate professional practice; and (iv) these actions resulted in unprofessional conduct including dishonorable or unethical conduct likely to deceive, defraud or harm the public.

> Even a conscientious practitioner can inadvertently run afoul of a state's practice act or regulations, which differ from state to state, and the consequences of that single misstep can be exponentially problematic.

The factual bases for the allegations stem from the fact that Dr. Quinn, using her name and New York DEA registration, caused Tramadol to be sent to one of her company's clinics in New Jersey. At the time of the shipment, Tramadol was not a scheduled drug under federal law. The drug was to be available when the clinic opened and a local practitioner was to sign for the responsibility of the drug before it was dispensed. Tramadol was added to New Jersey's list of controlled substances in July 2011, but no Medical Board, Nursing Board, or Pharmacy Board issued notice to providers. Several states had issued notices regarding Tramadol, however. Because company policy did not permit clinics to carry, dispense, or prescribe narcotics, Dr. Quinn decided, upon learning of the notices regarding Tramadol, to remove the drug from every company clinic's formulary and notified them to stop distributing the drug.

However, for a period of time before the company became aware that New Jersey had reclassified Tramadol as a controlled substance, a state-certified, advanced practice registered nurse (APRN) with prescriptive authority dispensed Tramadol on at least one occasion at the New Jersey clinic. No question was raised about the propriety of this practice, as New Jersey Board of Nursing rules expressly grant such prescriptive authority based on a collaborative relationship with a physician — in this case, Dr. Quinn.

When the practice came to the attention of the New Jersey Medical Board, however, the Medical Board notified

physicians that such prescriptive authority was non-delegable. Dr. Quinn was caught in this crossfire.

Given the choice of agreeing to a relatively brief suspension of her license or running the risk of a licensure revocation following a contested case hearing before the New Jersey Medical Board, Dr. Quinn opted to enter into a consent order. The suspension of her license in New Jersey was only the beginning of a host of problems. Nearly every jurisdiction in which Dr. Quinn was licensed required her to report her suspension; a failure to timely do so would be an added count of discipline and subject the doctor to additional fines.

In addition to reporting the disciplinary action against Dr. Quinn's license to the NPDB, the New Jersey Medical Board reported it to each state in which she was licensed, thereby triggering the filing of disciplinary complaints against her in all 20 states. Many state boards customarily seek "reciprocal discipline"; that is, to mirror the discipline issued by the New Jersey Medical Board. Fortunately, most of those state boards, after reviewing Dr. Quinn's response to the New Jersey Medical Board's consent order, declined to pursue reciprocal discipline and either dismissed the complaints outright or simply placed Dr. Quinn's license on probation until such time as the discipline in New Jersey was lifted. However, five medical boards chose to mirror the suspension of her license, to be followed by probation, fines, and prescribing courses. In New York, where her private practice was at risk, Dr. Quinn decided to have her case heard on the merits. The New York Medical Board dismissed all charges against her after hearing her case.

Dr. Quinn's challenges were not limited to state licensure, however. She had to respond to inquiries from government payors, such as Medicaid, Medicare and TRICARE, as well as private health insurance companies. In addition, Dr. Quinn faced inquiries from the DEA, the hospitals where she held privileges; and credentialing boards, such as the American Board of Family Medicine, where she held a certification. Fortunately, no adverse action was taken against her by any of those bodies.

This conscientious and dedicated doctor spent a substantial amount of time over the course of three years responding to the disciplinary proceedings and the resulting inquiries, and traveling to states where in-person attendance was required for medical board meetings or hearings, taking time away from her office and part-time practice.

One can see how easily even a conscientious practitioner can run afoul of a state's practice act or regulations, considering the differences from one state to another. Physicians who are similarly licensed in multiple states would do well to take heed of Dr. Quinn's experience and maintain a heightened awareness of the myriad of rules and regulations that apply to their practice in those states. ■

Charles K. Grant, is a shareholder in Baker Donelson's Nashville office where he represents doctors and other professionals before state licensing boards. For assistance with licensing matters, please contact Mr. Grant or any member of the Baker Ober Health Law practice.

Grant advises physicians to consult with a lawyer prior to meeting with an investigator from the State's health department. Doctors and other practitioners often readily meet with investigators without fully understanding the pertinent regulations and full ramifications of "admissions."

** This article is based on a true account of discipline against a physician's license. The name of the practitioner and the actual medical boards involved have been changed. We are grateful to "Dr. Quinn" for graciously agreeing to share her story in the hope that other physicians can avoid the problems she faced.*

PHYSICIAN'S HEALTH PROGRAM MESSAGE

Medical Marijuana: Therapy or an Oxymoron?

By Michael J. Baron, MD, FASAM
Medical Director

With the current marijuana legalization tide sweeping the nation, the question among medical professionals has to be, *"Is medical marijuana actually therapeutic, or is it an oxymoron, given there is nothing currently 'medical' about the way this plant is being handled by our pharmaceutical and medical systems?"*

This treatise is not meant in any way to alter the legal regime applicable to Schedule I substances. This is purely for educational purposes and not meant to be a push for or against how marijuana is treated by the federal government. So let me explain…

Unfortunately, there is more emotion and entrepreneurship surrounding medical marijuana than research or science. Currently in the United States, the use and possession of marijuana is illegal under federal law for any purpose because of the Controlled Substance Act (CSA) of 1970. Under the CSA, marijuana is classified as a dangerous, addictive Schedule I substance by the Drug Enforcement Agency (DEA), thereby prohibiting even medical use of the drug. Individual states have passed bills, referendums, propositions and amendments to make medical marijuana legal and available with a doctor's recommendation for certain ailments. State laws regarding marijuana now conflict significantly with federal law. With the results of the November 2018 election, medical marijuana is now available in 33 states and recreational marijuana is available in 10 states and Canada. Marijuana is generally first approved by the state as medical marijuana, followed by approval of marijuana for recreational use, usually within a few years.

States where medical marijuana is legal have circumvented the complex, lengthy and expensive process required of pharmaceutical firms by the Food and Drug Administration (FDA) to bring a medication to market. Although the FDA process is arduous, it ensures that our prescription pipeline is effective and safe. There is no federal process in place to test, guarantee or regulate medical marijuana. Individual state testing requirements vary greatly from state to state when they are present.

What We Know

The following is known about medical marijuana or cannabis. Cannabis comes from a flowering plant, native to central Asia and the Indian sub-continent. The genus includes three species: *cannabis sativa, cannabis indica,* and *cannabis ruderalis.* Each species has different quantities of the cannabinoids, the active medicinal compounds that are unique to the cannabis plant. The cannabinoids do not contain nitrogen, so they are not classified as alkaloids, differing them from most other psychoactive plant compounds.

The leaves and buds of the *cannabis* plant are cultivated to sell as medical marijuana. The cannabinoids can also be extracted from the *cannabis* plant and infused into edible products such as brownies. The extracted cannabinoids can also be concentrated to very high levels and sold as "concentrates" with product names such as "shatter." Marijuana growers are now producing strains of *cannabis* with varying quantities of the cannabinoids, depending on the desired content.

The cannabinoids are divided into 10 subclasses. The cannabinoids in each subclass are closely related structures differing by only a single chemical moiety or so, which indicates they are likely intermediate compounds along biochemical pathways. The compound that shares the name with the subclass is generally the most pharmacologically active.

Eight of the 10 cannabinoid subclasses begin with the prefix "Cann," making these groups of compounds easy to confuse with each other. The two classes that do not begin with "Cann" are the tetrahydrocannabinols. The following is a breakdown of the 10 Cannabinoid subclasses and their medicinal properties:

- **Delta 9-tetrahydrocannabinol** *(Δ9-THC)* is the Cannabinoid with the most psycho-pharmacologic activity. Δ9-THC was first isolated and synthesized in the lab in 1964. Δ9-THC has euphoric, analgesic, antiemetic, antioxidant, and anti-inflammatory properties. In higher concentrations it has psychotogenic (causing psychosis) properties. Delta 8-tetrahydrocannabinol is the other non-Cann named Cannabinoid subclass and is similar to Δ9-THC, only less potent.
- **Cannabidiol** *(CBD)* is the other main and medically important Cannabinoid. CBD has anxiolytic, antipsychotic, analgesic, anti-inflammatory, antioxidant, and antispasmodic properties. CBD oil has been used to treat many ailments including infantile spasms. Cannabidiol is sold by numerous online retailers who claim their products are derived from industrial hemp and therefore legal. Cannabidiolic acid *(CBDA)* is another compound in the CBD subclass and has antibiotic properties.

Continued on page 22

EDITORIAL:

The Art of Making Sausage

How I learned to love the AMA

By Wiley T. Robinson, M.D., F.H.M.

Sausage is that delicious combination of highly seasoned and ground meat from various parts of an animal that are stuffed into a casing or formed into patties for one's gastronomic pleasure. For those of you who have read Upton Sinclair's *The Jungle* or for those of you who have had the opportunity to visit the Feinberg meat packing plant here in Memphis, you might think twice before you smelled, tasted, chewed, swallowed and digested this ancient use of varied animal parts made so as not to waste other than the prime parts of an animal. The really interesting parts of this process are the varied pieces of the animal and the variety of spices that go into making sausage.

The American Medical Association comprises state medical associations along with medical specialty societies, medical student and resident physician sections and a host of other obscure medical super sub-specialties. These groups meet twice yearly to discuss, debate and form consensus on issues facing physicians individually and as a group. The AMA then advocates on behalf of physicians to federal, state and local government agencies, insurance companies, hospitals, other professional organizations or any entity that wishes to influence how medicine is practiced.

In the interest of full disclosure, I have not always been a member of the AMA. I joined the AMA the year I first started practice in 1987. This was in the era when most physicians joined their professional association as a means of lending credibility to their practice. In fact, there was a time when membership in your medical society was a prerequisite to membership onto a hospital's medical staff. I chose to give up my membership after the AMA publicly supported the Affordable Care Act. The AMA has admitted that they did this as part of an agreement with the President and certain members of Congress in return for their ensuring SGR would be fixed. (SGR is the flawed sustainable growth rate formula that calculates future Medicare payments to physicians.) Unfortunately, those on the other side of this agreement did not keep their end of the bargain. I re-joined the AMA when I discovered the truth. I realized that not being a member gave me less say over the SGR and other, similar issues.

When issues such as payment reform, liability reform, graduate medical education, proper prescribing laws, physician-led medical teams, medical education reform, insurance company issues, hospital bylaw changes or coding changes occur, who do you think deals directly with these? Your practice administrator, your hospital, your specialty society or your brother-in-law are not who is asked to weigh in on the issues. The American Medical Association is who is asked to comment or to advise on how, when and if a decision is to be made. They do not always get it right, but they are at the table on your behalf for the discussions.

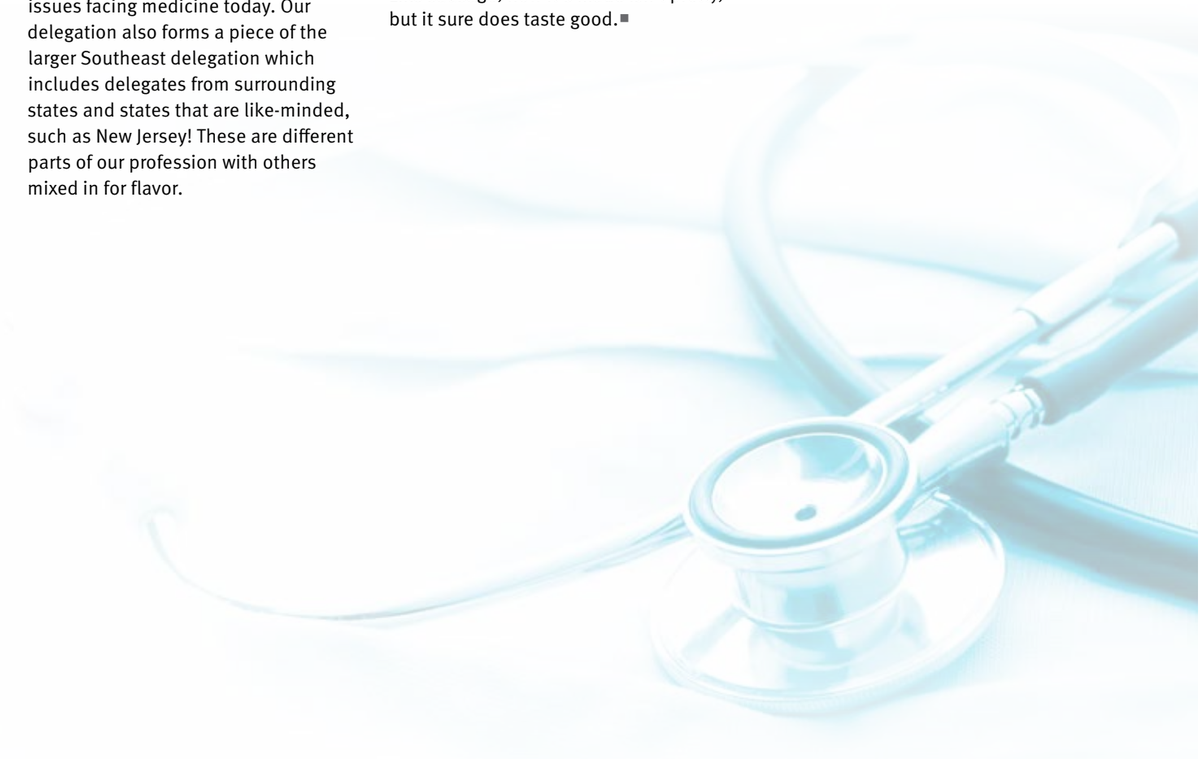
I currently serve as one of the Tennessee Medical Association delegates to the AMA. I was originally elected by the TMA House of Delegates to serve a five-year term and I have subsequently

been reappointed by the TMA Board of Trustees to serve another term. Our delegation has been aptly led by Dr. Don Franklin of Chattanooga who serves as chairman and by Dr. John Ingram of Maryville who serves as vice chairman. Longtime member Dr. Richard Depersio of Knoxville has had considerable influence on the direction of decisions inside and out of our delegation. Other members of our delegation include Dr. Chris Young of Chattanooga, Dr. James King of Selmer, Dr. Lee Berkenstock of Memphis, Dr. Richard Soper of Nashville and Dr. Nita Shumaker of Hixson. Dr. Jesse Ehrenfeld of Nashville serves on the AMA Board of Trustees, Dr. Vijaya Appareddy of Chattanooga serves on the Council on Legislation, Dr. Mack Worthington of Chattanooga represents the American Academy of Family Physicians and Dr. Michel McDonald of Nashville represents the American Academy of Dermatologists. Each of these Tennessee physicians provides significant input into issues affecting the practice of medicine. Our delegation meets twice a year to discuss, debate and attempt to form consensus on issues facing medicine today. Our delegation also forms a piece of the larger Southeast delegation which includes delegates from surrounding states and states that are like-minded, such as New Jersey! These are different parts of our profession with others mixed in for flavor.

This year we convened to debate issues such as physician credentialing, site of service payment differential, drug pricing transparency and telemedicine. Your AMA delegates from Tennessee even introduced a resolution to halt the improper application of Beers Criteria to physicians in an attempt to prevent fiscal and reputational harm to physicians.

The AMA is like sausage. It takes parts from all of medicine, adds input from a variety of sources, mixes it up and stuffs it into resolutions to create policy that benefit physicians and patients alike. It is democracy at its best and that is why I have come to love it and you should, too. American physicians from all over our great nation representing your interests come together to attempt to agree on how best to serve you. I urge each and every one of you to join, re-join or continue your membership. No one will represent you better than your fellow physicians and this is your opportunity to have a say in how you practice medicine.

Like sausage, how it's made isn't pretty, but it sure does taste good.■



Ask TMA

Q: A patient wrote a negative online review about his recent experience with my medical practice. The statements in the review are inaccurate. What is the most appropriate way to handle my response to the online review?

A: First, stop and think carefully before responding no matter how inflammatory or untruthful the comments are about the care you provided. Resist the urge to respond immediately to make sure you are calm and thinking clearly.

If you do choose to respond, remember that HIPAA limits what you can say in response. Any comment or statement you make needs to be general and not patient-specific. A physician should not acknowledge, for instance, that he/she treated Jane Smith for a strained muscle and felt that an opioid prescription was not necessary or that Jane's comments regarding her appointment do not represent what actually happened. A more general statement is required unless you have a signed authorization from the patient allowing you to discuss his/her care in your response. If you do not have an authorization, it would be acceptable to say something like, "I provide individualized and quality care to all my patients. Many of my patients have positively reviewed their experience in my office on this website."

Not following HIPAA guidelines can be costly.

- On November 26, 2018, the Office of Civil Rights (OCR) fined an allergy practice $125,000 for a physician's disclosure of patient information to a reporter. The OCR found that the physician's discussion with a reporter *"demonstrated a reckless disregard for the patient's privacy rights."* Be sure that your practice has appropriate policies and procedures in place and that everyone follows them.
- In 2017, a hospital was fined $2.4 million because it mentioned a patient's name in a press release after the patient was arrested at the hospital by law enforcement. The hospital mistakenly thought that since the patient's name was in the news and the arrest report, its response to the incident could identify the patient by name.
- In California, senior leaders of a hospital met with media to discuss medical services provided to a patient after it was alleged that the hospital had committed billing fraud. The OCR fined the hospital $275,000.

The website Yelp has a guide regarding the appropriate way to respond to an online review by a patient in order to avoid a HIPAA violation. There is also an article from Minc Law that is instructive for physicians and should be reviewed before responding.

The Office of the National Coordinator for Health Information Technology recently released a Security Risk Assessment Tool to assist providers in conducting the assessment required by HIPAA and the EHR Incentive program.

*If you have any questions, please contact TMA's Legal Department at **legal@tnmed.org** or 800.659.1862, ext. 1645.*

TMA members can "Ask TMA" by emailing **becky.morrissey@tnmed.org** or calling **800.659.1862**. Questions and comments will be answered personally and may appear anonymously in reprint for the benefit of members.

TMA LEADERSHIP ELECTIONS 2019

2019 TMA NOMINEES

President-Elect

Ron Kirkland, MD, MBA
Jackson

Kevin Smith, MD, PhD, MMHC, FACP
Nashville

Board of Trustees

Region 1

Lee Berkenstock, MD, FAAFP, *Cordova*

Region 3

Keith Lovelady, MD, MPH, *Manchester*

Amy Suppinger, MD, *Franklin*

Region 6

John McCarley, MD, *Hixson*

Region 8

Landon Combs, MD, *Gray*

Charles Leonard, MD, *Talbott*

John McGraw, MD, *Jefferson City*

Judicial Council

Region 2

Patrick Andre, MD, *Milan*

Region 4

Susan Briley, MD, *Nashville*

Region 6

Mack Worthington, MD, *Chattanooga*

Region 8

Howard Herrell, MD, *Greeneville*

IT'S TMA ELECTION SEASON!

Use this voter guide to review nominees before casting your ballot online. All election materials are available at **tnmed.org/elections**.

- Voting will be open Feb. 1 – Feb. 28, 2019.
- All active dues-paying members and veteran members as of Dec. 31, 2018, will be eligible to vote in the election.
- All votes must be cast online.
- Every member with an email address in the TMA system will receive an electronic notice with his or her TMA member number, verification of voting region and a link to the ballot.
- Members without active email addresses on file with TMA can access the ballot at **tnmed.org/elections**.
- No login is required to vote, but a valid TMA member number and region number will be required.
- All ballots will include space for write-in votes.
- All ballots must be cast by **5 p.m. CST** on **Thursday, Feb. 28, 2019**, in order to be counted.
- A runoff election will take place March 21-28, if necessary.

ALL BALLOTS MUST BE CAST ONLINE BY **5 P.M. CST** ON **THURSDAY, FEB. 28**, OR THEY WILL NOT BE COUNTED.

For more information: contact Amy Campoli at amy.campoli@tnmed.org or 615.460.1650.

Meet the Candidates

PRESIDENT-ELECT

Serves as head of the Tennessee Medical Association for the year following the election. Responsibilities include serving as official spokesperson with media, government officials, and other entities. The president-elect will serve one year as president-elect, one year as president and one year as immediate past president.

President-Elect Nominee:

Ron Kirkland, MD, MBA

I have served TMA for the past four years as chair of legislative committee and previous four years as chair of professional relations committee. This gave me understanding of our state medical issues and through these experiences I have developed relationships with many members of our state legislature.

I also served as AMA delegate from another organization for 10 years, caucused with Tennessee delegation, gained insight into many national medical issues and developed relationships with most of our Tennessee federal delegation.

Other experience includes Board Chair of American Medical Group Association and its foundation, board chair of Jackson Clinic for five years, president of UT National Alumni Association and president of Jackson Rotary Club. I have been married 50 years to Carol, with four children and eight grandchildren.

City: Jackson
CMS: Consolidated Medical Assembly of West Tennessee
Specialty: Otolaryngology
Medical School: University of Tennessee
Email: rhkirk2001@gmail.com

President-Elect Nominee:

Kevin Smith, MD, PhD, MMHC, FACP

I am running for TMA president-elect because I believe one of the main issues facing the medical profession in Tennessee will be opposing independent practice by non-physician providers. As the state medical association, we should not compromise on the issue of physician-led, team-based care.

I am a primary care physician, currently practicing and teaching general internal medicine at Vanderbilt. Previously, I was in private practice at Saint Thomas West Hospital, including six years in solo practice. I also earned a Masters in Health Care Management degree from the Vanderbilt Owen School of Management in 2011. I served as the 2018 president of the Nashville Academy of Medicine and treasurer of the Tennessee American College of Physicians. I have been active at Day on the Hill and at the TMA House of Delegates for several years. I would appreciate your vote for TMA president-elect.

City: Nashville
CMS: Nashville Academy of Medicine
Specialty: Internal Medicine
Medical School: Vanderbilt University School of Medicine
Email: KevinSmith@nashvillemedicine.org

TMA BOARD OF TRUSTEES

The TMA Board of Trustees determines the policy and details of management of the association between meetings of the TMA House of Delegates. Trustees carry out the directives given by the House. They serve two-year terms.

Region 1

Lee Berkenstock, MD, FAAFP

Dr. Lee Berkenstock is a family physician practicing 24 years in Memphis. Lee has had a long history with the Memphis Medical Society, TMA and AMA, serving in various positions and committees. Such positions include inaugural graduate of TMA's John Ingram Institute for Physician Leadership, past TMA board member as young physicians representative, past-president of Memphis Medical Society, past YPA Tennessee delegate to the AMA, past chairman and member of TMA's Judicial Committee; and currently membership chairman Memphis Medical Society, member of the TMA public health committee and alternate delegate Tennessee to the AMA. Dr. Berkenstock enjoys contributing to all levels of organized medicine that have helped him so significantly throughout his career.

City: Cordova
CMS: Memphis Medical Society
Specialty: Family Medicine
Medical School: University of Tennessee
Email: olb@olbhealth.com

Region 3

Keith Lovelady, MD, MPH

I am from Coffee County originally, and I live there now. I have practiced in Tennessee since 1994, was in private practice in Coffee County for 19 years, and now at the VA for six years. My goal is to ensure that the Tennesseans receive the best possible opportunity for healthcare, and that physicians and surgeons have the best opportunity to deliver that care. I previously represented Region 3 on the TMA Board of Trustees from 2008–2010, with one year as treasurer. I served on the Board of Medical Examiners for Tennessee for 10 years, and am currently on the Board of Respiratory Care. I would appreciate your vote for Region 3 representative on the TMA Board of Trustees.

City: Manchester
CMS: Coffee County Medical Society
Specialty: Pulmonary (Internal Medicine, Critical Care, Sleep Medicine)
Medical School: University of Tennessee
Email: keithlovelady@bellsouth.net

Amy Suppinger, MD

As a primary care physician in Williamson County for the past 15 years, I have been directly challenged by many of the issues facing medicine today. I started out as the co-owner of an independent practice in 2003, later becoming part of a multispecialty group, Williamson Medical Group. As an active member of the Williamson County Medical Society, I had the opportunity to participate in the TMA House of Delegates last year. I believe the TMA plays a critical role in preserving the integrity and autonomy of our profession. I would be honored to represent the interests of all Tennessee physicians by serving on the Board of Trustees.

City: Franklin
CMS: Williamson County Medical Society
Specialty: Internal Medicine
Medical School: Emory University School of Medicine
Email: asuppinger@wmed.org

Region 6

John McCarley, MD

Medicine is going through rapid and unprecedented change, and physicians must be dynamically and actively engaged in health policy to protect the best interests of patients and preserve our profession. I would like very much to continue this work and to continue advocating for physicians in Region 6. I am a past-president of the Chattanooga-Hamilton County Medical Society and I serve on the board of the Medical Foundation of Chattanooga. I am a 2014 graduate of the Ingram Institute for Physician Leadership. This year I was elected secretary/treasurer of the Board of Trustees after serving on the Finance Committee for more than two years. The Finance Committee is working hard to sustain the financial strength of the TMA.

City: Hixson
CMS: Chattanooga-Hamilton County Medical Society
Specialty: Nephrology
Medical School: University of Wisconsin
Email: Dr.McCarley@nephassociates.com

TMA BOARD OF TRUSTEES (CONTINUED)

Region 8

Landon Combs, MD

I have been a TMA member for several years and have had the pleasure of serving my local society as secretary/treasurer, vice president and president in the past, and again am serving as secretary treasurer. I have had the honor of sitting on the Board of Trustees as the young physician representative and currently sit on the Physician Services Board and the Professional Relations Committee. I previously served on the AMA delegation to the AMA and truly enjoyed the opportunity to work with others on matters of not only local, but national importance. I feel I would bring knowledge and experience to the Board and would truly appreciate the opportunity to serve in that capacity.

City: Gray
CMS: Sullivan County Medical Society
Specialty: Pediatrics
Medical School: ETSU, Quillen College of Medicine
Email: Landon.Combs@balladhealth.org

Charles Leonard, MD

Let me extend my thanks to the TMA nominating committee for my nomination to serve on the Board of Trustees. I previously served on the board from 2009–2012, and was honored to serve as secretary/treasurer during the last two years of my term. Currently, I preside as Vice Speaker of the House of Delegates and Chairman of the Insurance Issues Committee.

Coming from a small rural community where I have practiced Family Medicine for the last 37 years, being involved with the board will give me a chance to keep up with the current issues facing physicians in Tennessee. I would appreciate your vote to allow me to assist in fixing problems when they arise and to perform the duties assigned to me as a board member. Thank you.

City: Talbott
CMS: Lakeway Medical Society
Specialty: Family Medicine
Medical School: University of Tennessee
Email: beamup@charter.net

John McGraw, Sr., MD, FAAOS

I moved from Mississippi 15 years ago to join the Knoxville Orthopedic Clinic anchoring the Jefferson City office and serving as team physician for Carson-Newman, TN Smokies and Jefferson County High School. After retiring US Army Reserves Colonel, I also retired from active practice in 2015 into my current position as medical director of OrthoTennessee. I served on the American Academy of Orthopaedic Surgeons' Board of Directors 2012–2015 and chair, Board of Councilors. Currently, I serve on the AAOS Council on Advocacy and Communications Cabinet. I was recently named the 2019 AAOS Distinguished Congressional Ambassador for my work with the TN Congressional delegation. I am currently a member of the HHS Pain Management Best Practices Task Force. From 2014-2018, I was a Jefferson County Commissioner. I have been a TMA member for the past 15 years, delegate to the TMA House of Delegates and president of the Lakeway Medical Society.

City: Jefferson City
CMS: Lakeway Medical Society
Specialty: Orthopaedic Surgery
Medical School: University of Mississippi
Email: jjmcgrawmd@gmail.com

TMA JUDICIAL COUNCIL

The Judicial Council meets annually, or more often if necessary, to investigate alleged improper conduct and oversee formal disciplinary action against members or component medical societies. Councilors also assist component medical societies in maintaining viability in the region. Each region has one councilor serving on the Judicial Council. Councilors serve two-year terms.

Region 2

Patrick Andre, MD

I've been a family practice physician in Milan for the past 15 years. I've served as a delegate to the Congress of the Tennessee Academy Family Physicians and the TMA's House of Delegates. I am a member of the Consolidated Medical Assembly of West Tennessee and currently serve on the board of the West Tennessee Physicians' Alliance in Jackson. This year, I graduated from the TMA's Physician Leadership Immersion Program and received training on leading teams, negotiating, developing interpersonal skills, managing group dynamics, understanding the legislative process and learning approaches to medical advocacy. I am excited about serving our TMA members on the judicial council.

City: Milan
CMS: Consolidated Medical Assembly of West Tennessee
Specialty: Family Medicine
Medical School: University of Tennessee College of Medicine
Email: patrickandre@mac.com

Region 4

Susan Briley, MD

As a native Tennessean, I take pride in the efforts of the Tennessee Medical Association to promote excellent care and availability to the people of our state. I have practiced Colon and Rectal Surgery in Nashville since 1994. Participation in association committees helps maintain the high standards of our profession. I have served on the Board of Directors for the Nashville Academy of Medicine, and it would be a privilege to represent fellow TMA members on the Judicial Council. I would appreciate your vote.

City: Nashville
CMS: Nashville Academy of Medicine
Specialty: Colon and Rectal Surgery
Medical School: West Virginia University School of Medicine
Email: susanbrileymd@gmail.com

Region 6

Mack Worthington, MD

I have been an active member of TMA for many years and have served as president. I have served locally in a similar capacity on the Judicial Council and have worked with the ethics committee at Erlanger Hospital for more than 20 years. It is my desire to continue to serve the TMA.

City: Chattanooga
CMS: Chattanooga-Hamilton County Medical Society
Specialty: Family Medicine
Medical School: University of Texas Medical Branch Galveston
Email: Mack.Worthington@erlanger.org

Region 8

Howard Herrell, MD

I'm honored to be a candidate to represent Region 8 on TMA's Judicial Council. I've lived in East Tennessee my entire life and have been in Northeast Tennessee for 18 years. Before entering my current practice, I had a successful career in academic medicine at ETSU. I am dedicated to the principles of the Quadruple Aim and believe that the TMA is essential to improving the health and lives of our patients, reducing the cost of healthcare and improving the physician experience. I have served as TMA delegate and currently serve on the TMA Membership and Recruitment Committee. I also am the treasurer of the Tennessee Section of the American College of Obstetricians and Gynecologists. I am committed to preserving the supervised practice model for midlevel providers in Tennessee.

City: Greeneville
CMS: Greene County Medical Society
Specialty: Obstetrics and Gynecology
Medical School: ETSU, Quillen College of Medicine
Email: Howard.Herrell@balladhealth.org

2019 TMA VOTER GUIDE

Delivering hope to millions of patients in need.

Every day, new medicines are developed to help patients live longer, healthier lives, but these medicines are not enough if patients are unable to access them.

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PhRMA RESEARCH • PROGRESS • HOPE

Continued from page 9

- **Cannabigerol** *(CBG)* and **Cannabichromene** *(CBC)* compounds have antibiotic, antifungal, anti-inflammatory, and analgesic properties.
- **Cannabinol** *(CBN)* has sedative, antibiotic, anticonvulsant, and anti-inflammatory properties. CBN is a degradation product of tetrahydrocannabinol acid *(THCA)*.
- **Cannabielsoin** *(CBE)*, **Cannabinidiol** *(CBND)* and **Cannabitriol** *(CBT)* are the remaining subclasses of Cannabinoids and have properties that have not been fully isolated or determined.

What We Don't Know

As one can see, many of the known cannabinoids have medicinal properties beneficial to patients suffering with a host of inflammatory, infectious, neurologic and painful conditions. So, what's the downside?

The downside is that marijuana — even "medical marijuana" — is a plant that, not counting the cannabinoids, has more than 480 different compounds. We've known for 20 years that marijuana smoke has many of the same carcinogenic compounds contained in tobacco smoke, including polycyclic aromatic hydrocarbons. Physicians learned years ago that smoking tobacco is hazardous. Inhalation of marijuana smoke, just like tobacco smoke, is not a safe delivery system. We have little knowledge as to what these 480 compounds do. Are they safe for human consumption? The answers are not known because the research has not been done, in part because Marijuana remains a DEA Schedule I, which can curtail research, grant funding and study.

The two main strains, *cannabis sativa* and *cannabis indica,* are sold at medical marijuana dispensaries. The following are descriptive compilations found at medical marijuana dispensaries:

Cannabis Sativa is typically less potent but tends to have higher levels of the psychoactive compound Δ9-THC. Most people who use *cannabis sativa* find that it increases energy, focus, and creativity, and elevates mood. *Cannabis sativa* is more cerebral and gives a headier, mind-based high. *Cannabis indica* strains are more relaxing and sleep-inducing. They tend to relieve nausea, stress, and anxiety and give patients a sense of calm.

As a rule, the *cannabis sativa*-dominant strains found in dispensaries have delta-9-tetrahydrocannabinol (Δ9-THC) content in the 18-to-30 percent range, whereas the *cannabis indica*-dominant strains have much lower Δ9-THC and higher cannabidiol *(CBD)* content relative to *C. sativa*.

FDA-approved medications have a strength listed on the container. For example, flouxetine comes in 10mg, 20mg, and 40mg tablets. Medical Marijuana is made from harvested plant varieties of cannabis, some of which have high concentrations of Δ9-THC and some of which have higher amounts of CBD. Most, if not all, medications have an optimal therapeutic amount called the therapeutic index. Too much of a medication and toxicity occurs; too little and the desired clinical effect is missed. We don't know the ideal therapeutic index for the cannabinoids. That research is still in its infancy.

The individual states where medical marijuana is now legal have their own labeling requirements, all different from each other. **The following are examples of the Colorado warning label requirements for medical marijuana:**

> *"There may be health risks associated with the consumption of this product."*
>
> *"There may be additional health risks associated with the consumption of this product for women who are pregnant, breastfeeding, or planning on becoming pregnant."*
>
> *"Contains Marijuana. For Medical Use Only. Keep out of the reach of children."*

This is also mandated to be listed on the label in Colorado:

> *"A complete list of all nonorganic pesticides, fungicides, and herbicides used during the cultivation of the Medical Marijuana.*
>
> *For each Harvest Batch of medical marijuana packaged within a container, the medical marijuana center shall ensure the potency of at least the medical marijuana's THC and CBD is included on a label that is affixed to the Container. The potency shall be expressed as a range of percentages that extends from the lowest percentage to the highest percentage of concentration, from every test conducted on that strain of Medical Marijuana within the last six months."*

Labeling for medical marijuana infused products in Colorado includes:

> *"This product contains marijuana and its potency was tested with an allowable plus or minus 15% variance."*
>
> *"This product was produced without regulatory oversight for health, safety, or efficacy."*

Allopathic physicians moved away from plant therapy decades ago. Physicians don't prescribe willow bark or foxglove extract or opium latex. Physicians prescribe FDA-regulated, inspected, and verified medications with known strengths listed on the container such as aspirin, digitalis and opioids.

Another reason we moved away from whole plant therapy is that plants can contain contaminants and compounds that are harmful when ingested. Our pharmaceutical industry learned to extract the beneficial compound and leave the rest. *Cannabis* is an accumulator and is often contaminated with heavy metals, pesticides, bacteria and fungus.

Phytoextraction can be defined as the use of living plants to absorb and accumulate metals from the soil into the parts of the plant that are above ground. Phytoextraction is used to clean up soil that has become contaminated. *Cannabis* is an exceptional phytoextractor. *Cannabis* hyper-accumulates heavy metals such as lead, cadmium, mercury, chromium, and cobalt present in the soil as a result of fertilizer use, pollution, emissions, runoff, and mining. *Cannabis* also accumulates herbicides and pesticides. Some states, but not all, require testing for bacteria, fungus and heavy metals. When medical marijuana is ingested, a host of toxic compounds are potentially being ingested as well. In the few states that require testing for heavy metals, up to 20 percent of products fail and are destroyed.

Colorado requires a list of pesticides, fungicides, and herbicides used during the cultivation, but that does not include the soil contaminants that have been extracted by the *Cannabis* plant.

Concentrating Δ9-THC or CBD can increase the amounts of heavy metals, pesticides, or other substances that turn up in the end-product. These heavy metals and organic contaminants get extracted with the Cannabinoids when processing for "concentrates and edibles." These products like "Shatter," a popular concentrate which contains more than 90 percent Δ9-THC, are marketed as "healthier" because they don't involve smoking. Yet they may contain much higher concentrations of heavy metals or other soil extracted compounds. Also, there is no current standard to extract Cannabinoids. Manufacturers employ potentially harmful compounds like butane, rubbing alcohol, and industrial heptane to produce concentrates.

To date, Marijuana is a Schedule 1 drug, defined as having no currently accepted medical use and a high potential for abuse. This scheduling also makes human research more difficult. Because Cannabidiol, a compound with promising clinical efficacy, is found in the marijuana plant, it is also considered a Schedule 1 drug and therefore illegal.

To confuse matters, the FDA recently approved Epidiolex,® a Cannabidiol oral solution for Dravet Syndrome and Lennox-Gastaut Syndrome, rare forms of epilepsy that emerge during childhood and can be difficult to treat. In contrast to Schedule 1, this new medication is classified as a DEA Schedule 5 controlled substance, the lowest level, defined as having a proven medical use and low potential for abuse. This is the first FDA-approved drug that contains a purified drug substance derived from marijuana. Dronabinol (Marinol®) is a synthetic form of Δ9-THC, not an extracted compound and is a DEA Schedule 3. Epidiolex is 100mg/ml and is dosed starting at 2.5mg/kg oral, twice per day.

"Medicalizing" marijuana sends a signal that this is a "safe" drug. People will assume if it is recommended or prescribed by doctors then it must be safe to use. Marijuana is currently the second leading cause for entry into a drug treatment center. By legitimizing marijuana as "medical" we are enticing people to use a product of which they might otherwise steer clear.

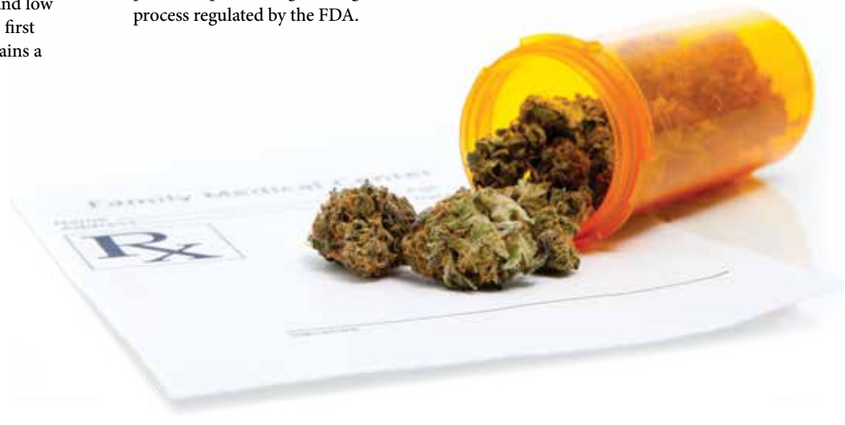
Let's Do the Research

It is becoming clear that cannabinoid compounds are effective in treating certain disease processes. However, administering the whole plant to get one cannabinoid compound is not an effective, safe, or even practical delivery method.

By studying the properties of the cannabinoids, we will have a much better idea as to which ones are helpful or harmful. We need to explore this option to get the best data to help guide and educate us. Cannabinoid compounds need to be researched, developed, and when found efficacious, put into our pharmacopeia through the rigorous process regulated by the FDA.

Like a contaminated factory that produces unsafe medicinal products, *cannabis* the plant, has numerous safety concerns. Let's make the cannabinoids safe for those patients who will benefit from their use. ■

If you or someone you know is actively suicidal, please call Mobile Crisis, a 24/7 response team in Tennessee, at (855) 274-7471. For less emergent referral needs, the Tennessee Medical Foundation Physician's Health Program (TMF-PHP) is a physician resource that provides assessment and referral information. The TMF-PHP can also provide monitoring and advocacy when appropriate for physicians needing that level of care. The program exists for physicians struggling with illnesses that include depression and suicidal thoughts or actions. It is a confidential service provided for physicians to improve the quality of healthcare in Tennessee. Learn more at e-tmf.org or call 615-467-6411.



TMF TENNESSEE MEDICAL FOUNDATION

For assistance or to make a tax deductible contribution to the Physicians Health Program, contact the Tennessee Medical Foundation at 615-467-6411; write to the Tennessee Medical Foundation, 5141 Virginia Way, Ste 110, Brentwood, TN 37027; or visit e-tmf.org to send a confidential email or donate online.

FOR THE RECORD

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Demeka Y. Kilgore, MD
Matthew J. Nunnelly, MD
Kimbel David Shepherd, MD

FOR THE RECORD

In Memoriam

Lonnie R. Boaz, III, MD | age 61
Died December 19, 2018. Graduate of Howard University School of Medicine. Member of Chattanooga-Hamilton County Medical Society.

William "Bill" Franklin Burnett, MD | age 86
Died September 29, 2018. Graduate of University of Virginia School of Medicine. Member of Consolidated Medical Assembly of West Tennessee.

Thomas Charles Cheetham, MD | age 73
Died August 20, 2018. Graduate of McMaster University Medical School. Member of Nashville Academy of Medicine.

Elbert C. Cunningham, MD | age 82
Died September 19, 2017. Graduate of University of Tennessee College of Medicine. Member of Roane-Anderson County Medical Society.

John O. Gayden, MD | age 74
Died October 5, 2018. Graduate of University of Tennessee College of Medicine. Member of The Memphis Medical Society.

William Paul Grigsby, MD | age 85
Died April 10, 2018. Graduate of Medical College of VA Commonwealth University School of Medicine. Member of Sullivan County Medical Society.

Warren G. Hayes, MD | age 96
Died June 29, 2018. Graduate of University of Tennessee College of Medicine. Member of Robertson County Medical Society.

John Kenneth Herd, MD | age 89
Died August 28, 2018. Graduate of Weill Medical College if Cornell University. Member of Washington-Unicoi-Johnson County Medical Society.

William Roe Massey, MD | age 90
Died October 6, 2018. Graduate of University of Tennessee College of Medicine. TMA Direct member.

Varna Love, MD | age 91
Died September 15, 2018. Graduate of University of Tennessee College of Medicine. Member of The Memphis Medical Society.

Travis E. Lunceford, MD | age 88
Died October 3, 2018. Graduate of Tulane University Medical School. Member of The Memphis Medical Society.

Lawrence Moffatt, MD | age 89
Died December 15, 2015. Graduate of University of Tennessee College of Medicine. Member of Washington-Unicoi-Johnson County Medical Society.

Stanley Ross Payne, MD | age 85
Died August, 15, 2018. Graduate of Tulane University School of Medicine. Member of Chattanooga-Hamilton County Medical Society.

William A Pettit, MD | age 83
Died May 11, 2018. Graduate of University of Tennessee College of Medicine. Member of Nashville Academy of Medicine.

E. Harris Pierce, MD | age 93
Died November 29, 2018. Graduate of Emory University School of Medicine. Member of Bradley County Medical Society.

Robert G. Ransom, MD | age 88
Died February 9, 2016. Graduate of University of Louisville School of Medicine. Member of Stones River Academy of Medicine.

Joseph Perry Rowland, MD | age 84
Died November 13, 2018. Graduate of University of Tennessee College of Medicine. Member of Consolidated Medical Assembly of West Tennessee.

Joseph Leeper Willoughby, MD | age 88
Died November 15, 2018. Graduate of University of Tennessee College of Medicine. Member of Williamson County Medical Society.

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Fluoxetine *20mg TAB (Prozac generic)*	30qty	$21.39	$9.69	55%
Lipitor *40mg TAB*	30qty	$400.00	$322.46	19%
Captopril *25mg TAB*	30qty	$29.09	$24.65	15%

*Discounted prices were obtained from Walgreens pharmacy in January 2016. Prices vary by pharmacy and region and are subject to change.

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(Example: Year 2016; Time 9:14: Enter ID 201691 4)
RxGRP: TNRX
RxBIN: 610709

This coupon has no expiration date and is reusable on Brand and Generic Rx's. Savings can be as high as 75%.

PATIENT INSTRUCTIONS: This card/coupon is pre-activated and can be used immediately. Present this card/coupon to any participating pharmacy to receive a discount on prescription medications.

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Electronic manuscripts should be submitted to the Editor, David G. Gerkin, MD, via email at communications@tnmed.org. A cover letter should identify one author as correspondent and should include his/her complete address, phone, and e-mail. Manuscripts, as well as legends, tables, and references, must be typed, double-spaced on 8-1/2 x 11 in. white paper/Word document. Pages should be numbered. The transmittal letter should identify the format used. If there are photos, e-mail them separately in TIF, JPG or PDF format along with the article; photos and illustrations must be high resolution files, at least 300 dpi.

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References
References should be limited to 15 for all papers. All references must be cited in the text in numerically consecutive order, not alphabetically. Personal communications and unpublished data should be included only within the text. The following data should be typed on a separate sheet at the end of the paper: names of first three authors (last name first initial[s] with no commas or periods) followed by et al., complete title of article cited, name of journal abbreviated according to Index Medicus, volume number, first and last pages, and year of publication. Example: Olsen JH, Boice JE, Seersholm N, et al.: Cancer in parents of children with cancer. N Engl J Med 333:1594-1599, 1995.

Illustrated Material
Illustrations should accompany the emailed article in a JPG, TIF, JPG or PDF format; files must be high resolution, at least 300 dpi. Photos must be identified with the author's name, the figure number, and the word "top," and must be accompanied by descriptive legends typed at the end of the paper. Tables should be typed on separate sheets, be numbered, and have adequately descriptive titles. Each illustration and table must be cited in numerically consecutive order in the text. Materials taken from other sources must be accompanied by a written statement from both the author and publisher giving Tennessee Medicine permission to reproduce them. Photos of identifiable patients should be accompanied by a signed release.

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Please be aware that due to the volume of submissions, article consideration by the Editor and/or Editorial Board may take three months or more.

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