189th Annual Meeting and House of Delegates

HOD
HOUSE OF DELEGATES

MEMORANDUM

TO: TMA House of Delegates

FROM: John D. McCarley, MD, Speaker, House of Delegates
George "Trey" Lee, III, MD, Vice-Speaker, House of Delegates

DATE: April 6, 2024

Welcome to Nashville
and the 189th 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.

COMMITTEES OF THE HOUSE

Credentials Committee

Wm. Kirk Stone, MD, Union City, Chair
Deborah Christiansen, MD, Knoxville

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 p*resident, medical society secretary or CEO/Executive Director* of the society 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

Richard Lane, MD, Franklin, Chair
Tedford Taylor, Hampton
Pamela Murray, MD, Jackson

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.

2024 Certified Delegates

As of March 22, 2024

Component Society	Number Eligible	Delegate	Alternate Delegate
Benton-Humphreys	1	Maysoon Shocair Ali, MD	Charles Heffington, MD
Blount	4	Kimberly Ballard, MD	
		Marvin Beard, MD	
		Travis Groth, DO	
		James B. Ray, MD	
Bradley	2	Jonathan Geach, MD	
		Lacy Windham, MD	
Carter	1	Ted Taylor, MD	
Chattanooga-Hamilton County Medical Society	26	Vijaya Appareddy, MD	Katrina Gooden, MD
		John Blake, MD	Michael Nichols, MD
		Melanie Blake, MD	Mary Shuster, MD
		Larry Curtis Cary, MD	
		Anuj Chandra, MD	
		Charles Gober, MD	
		Marijka Grey, MD	
		James Haynes, MD	
		Samuel Jones, MD	
		Harish Manyam, MD	
		Terry Melvin, MD	
		Richard Moody, MD	
		Glenn Newman, MD	
		Mukta Panda, MD	
		Phillip Pollock, MD	
		Peter Rawlings, MD	
		Eugene Ryan, MD	
		Sunanda Sadanandan, DO	
		Colleen Schmitt, MD	
		Molly Seal, MD	
		Harry Severance, MD	
		Rishabh Shah, MD	
		Jason Susong, MD	
		Todd Thurston, MD	
		Harsha Vardhana, MD	
		Vincent Viscomi, MD	
Coffee	1		
Consolidated	6	Davidson Clive Curwen, MD	
		James Edward Egan, MD	
		James King, MD	
		Bethany Jane Lawrence, MD	
		Edmund Palmer, MD	
		Grant Kneeland Studebaker, MD	
Franklin	1	Terry Holder, MD	Thomas Smith, MD
Greene	2		

Component Society	Number Eligible	Delegate	Alternate Delegate
Knoxville Academy of Medicine	20	Neil Gordon Barry, IV, DO	Daniel Fowler, MD
		Davis Berry, MD	
		Mary Emily Berry, MD	
		William Burkhart, MD	
		Deborah Christiansen, MD	
		Francis Gregory Curtin, MD	
		Brian J. Daley, MD	
		Daniel R. Duzan, MD	
		Jeffrey Gilbert, MD	
		Kimberly Grande, MD	
		William Reeves Johnson, MD	
		Jordan Lakin, MD	
		Darinka Mileusnic-Polchan, MD	
		Jeffery Ollis, MD	
		Joseph Michael Rothwell, MD	
		Austin Thomas	
Lakeway	2	Conrad Brimhall, MD	Dennis Duck, MD
		Charles Leonard, MD	Frederick Yarid, MD
Lincoln	1	Paul David Sain, MD	
Maury	2	Robert McClure, MD	Charles Bramlett, Jr., MD
The Memphis Medical Society	39	Victoria Alexander, MD	James Beaty, MD
		David Cannon, MD	Christopher Jackson, MD
		Sara-Elizabeth Cardin, MD	Justin Monroe, MD
		Roger Criner, MD	Kyle Smith, MD
		Swathi Ganesh	James Wang, MD
		Danielle Hassel, MD	
		Emily Mylhousen, MD	
		Katherine Purdham, MD	
		John Schorge, MD	
		Allison Stiles, MD	
		Lisa Usdan, MD	
		George Woodbury, MD	

Component Society	Number Eligible	Delegate	Alternate Delegate
The Memphis Medical Society (cont.)			
Monroe	1	Kenya Kozawa, MD	
Montgomery	2	Robert Kasper, MD	Ashley Huff, MD
		Greta Manning, MD	Gale Jackson, MD
Nashville Academy of Medicine	30	Neha Aggarwal	Newton Allen, MD
		Michael Baron, MD	Ralph Atkinson, MD
		Tyler Barrett, MD	Victor Braren, MD
		Michael Beckham, MD	Natalie Dickson, MD
		Teresa Belledent	Catherine Dundon, MD
		Steven Bengelsdorf, MD	Lee Anna Fentriss, MD
		Amy Gordon Bono, MD	Robert Herring, MD
		Glenn Booth, MD	Chris Ott, MD
		P. David Charles, MD	William Penley, MD
		Ashley Dailey, DO	James Ramsey, MD
		Parul Goyal, MD	Jane Siegel, MD
		William Harb, MD	Shannon Tilley, MD
		Rahul Iyengar, MD	Silas Trumbo, MD
		Laura Lawson, MD	Jacob Uskavitch, MD
		Adele Lewis, MD	
		Rodney Lewis, MD	
		Brent Moody, MD	
		Matthew Pollard, MD	
		Dorris Powell-Tyson, MD	
		James Powers, MD	
		Rahul Shah, MD	
Nashville Academy of Medicine (cont.)		Gregg Shepard, MD	
		Richard Soper, MD	
		Steven Sprenger, MD	
		Jule West, MD	
		Carl Willis, MD	
		Michael Zanolli, MD	
NW Tennessee Academy of Medicine	2	Walter Fletcher, MD	

Component Society	Number Eligible	Delegate	Alternate Delegate
		W. Kirk Stone, MD	
Robertson	1		
Sevier	1		
Stones River	4	Mary Jane Brown, MD	
		Jason Wayne Pollock, MD	
Sullivan	8	Stephen Combs, MD	
		Jonathan Hughes, MD	
		Donald Lovelace, MD	
		Kate Molony, MD	
		Joni Glavan Sago, MD	
		Marta Wayt, DO	
		Sean White, MD	
Sumner	1		
Tennessee Valley Medical Society	2	Randall Pearson, MD	
Tipton	1		
TMA Direct	3	Mohammad Alsoub, MD	
		Joseph Hensley, MD	
Upper Cumberland	4	Steven Alexander, MD	Pamela Joy Sanders, MD
		Dawn Barlow, MD	Christopher Sewell, MD
		Samantha McLerran, MD	Ty Townsend Webb, MD
		Brent Staton, MD	
Washington-Unicoi-Johnson County Medical Association	11	Jayson Andrew Marcarelli, MD	
		Clinton A. Musil, MD	
		Steve Peterson, MD	
		John “Eddie” Reynolds, MD	
		Kathleen Seaton, MD	
		Timothy Smyth, MD	
		William Turney Williams, MD	
Williamson County Medical Society	4	Barbara Dentz, MD	John Binhlam, MD
		Eva Parker, MD	Barry Jarnagin, MD
		Heather Rupe, DO	Christopher Montville, MD
		Jeffrey Suppinger, MD	
Wilson County Medical Society	1	Dwayne Lett, MD	
Total Eligible Members	184		

TMA Sections

Medical Student Section

Delegate	Alternate Delegate
Anisha Dash	

Resident and Fellow Section

Delegate	Alternate Delegate
Skylar Smith, DO	Samantha Bookbinder, MD

Young Physician Section

Delegate	Region
Desiree Burroughs-Ray, MD	1
Vacant	2
Vacant	3
Vacant	4
Vacant	5
Vacant	6
Vacant	7
Vacant	8

Medical Specialty Society Delegates

Specialty	Eligible Delegates	Delegate	Alternate Delegate
Tennessee Academy of Family Physicians	7	Kenneth Beaty, MD	
		John Clough, MD	
		Jan Han, MD	
		Wm MacMillan Rodney, MD	
Tennessee Society of Plastic and Reconstructive Surgery	1	Galen Perdikis, MD	
Tennessee Society of Anesthesiologists	5	Blas Catalani, MD	
		Ted Yaghmour, MD	
TN Chapter, American College of Surgeons	1		
Tennessee Chapter, American College of Physicians	9	Joan Michelle Allmon, MD	
		Tracey Doering, MD	
		Richard Lane, MD	
		Bob Vegors, MD	
		Catherine Womack, MD	
Tennessee Radiological Society	3	P. Livingston Brien, MD	
Tennessee Chapter, American Academy of Pediatrics	5	Hunter Butler, MD, FAAP	
		Kelsey Gastineau, MD, MPH, FAAP	
		Dorothy Sinard, MD, FAAP	
		Jason Yaun, MD, FAAP	
Tennessee Psychiatric Association	1	Michelle Cochran, MD	
Tennessee Chapter, American College of ObGyns	4	Elise Boos, MD	
		Marta Ann Crispens, MD	
		Lara Harvey, MD	
		Sarah Osmundson, MD	
Tennessee Chapter, American Society of Addiction Medicine	1	Roger Sherman, MD	

Ex-Officio Delegates to the TMA House of Delegates – 2024
(Ex-Officio Delegates Are Voting Delegates in the TMA House of Delegates)

Officers	TMA Former Presidents
Andrew Watson, MD, President	Charles W. White, Sr., MD (1993-1994)
Landon Combs, President-elect	Virgil H. Crowder, Jr., MD (1994-1995)
Edward Capparelli, MD, Immediate Past President	Robert E. Bowers, Jr., MD (1995-1996)
John McCarley, MD, Speaker House of Delegates	Richard M. Pearson, MD (1996-1997)
	David G. Gerkin, MD (1998-1999)
Board of Trustees	James Chris Fleming, MD (1999-2000)
Joseph "Gene" Huffstutter, MD, Chair	Barrett F. Rosen, MD (2000-2001)
Leslie Treece, MD, Vice-Chair	David K. Garriott, MD (2001-2002)
Daniel Bustamante, MD, Secretary/Treasurer	Michael A. McAdoo, MD (2002-2003)
Walter Rayford, MD	Subhi D. Ali, MD (2003-2004)
Pamela Murray, MD	John J. Ingram, III, MD (2004-2005)
Laura Andreson, DO	Phyllis E. Miller, MD (2005-2006)
Adrian Rodriguez, MD	Charles R. Handorf, MD (2006-2007)
Allan Colyar, MD	J. Mack Worthington, MD (2007-2008)
Brett Smith, DO	Richard J. DePersio, MD (2009-2010)
Alexander Cattran	B Ruffner, Jr., MD (2010-2011)
	F. Michael Minch, MD (2011-2012)
Vice-Speaker House of Delegates	Wiley T. Robinson, MD (2012-2013)
George "Trey" Lee, III, MD	Chris E. Young, MD (2013-2014)
	Douglas J. Springer, MD (2014-2015)
Councilors	John W. Hale, Jr., MD (2015-2016)
Region 1 Autry Parker, MD	Keith G. Anderson, MD (2016-2017)
Region 2 Christopher Marshall, MD	Nita W. Shumaker, MD (2017-2018)
Region 3 Gary Keith Lovelady, MD	Matthew L. Mancini, MD (2018-2019)
Region 4 Nicole Schlechter, MD	Elise C. Denneny, MD (2019-2020)
Region 5 James Batson, MD	M. Kevin Smith, MD (2020-2021)
Region 6 Nita Shumaker, MD	Ronald Kirkland, MD (2021-2022)
Region 7 Tim Wilson, MD	
Region 8 John McGraw, MD	
	Commissioner of Health
AMA Delegation	Ralph Alvarado, MD
Richard J. DePersio, MD, Chair	
Wiley T. Robinson, MD, Vice Chair	**Commissioner of Mental Health & Substance Abuse Services, CMO**
O. Lee Berkenstock, MD	Terry Holmes, MD
John Ingram, III, MD	
Christopher E. Young, MD	
Nita Shumaker, MD	

Order of Business

First Session of the House of Delegates
Saturday, April 6, 2024
Embassy Suites by Hilton, Murfreesboro

John D. McCarley, MD, Speaker — George "Trey" Lee, III, MD. Vice-Speaker

7:30 AM – 9:00 AM	DELEGATE CREDENTIALING	Oakleigh A-C
9:00 AM – 11:45 AM	TMA HOUSE OF DELEGATES	Oakleigh A-C

1. Call to Order ..... Speaker
2. Invocation/National Anthem/Pledge of Allegiance..... Keith Anderson, MD/Speaker
3. Introduction of Distinguished Guests .....Speaker
4. Memorials Report .....Matthew Mancini, MD
5. Housekeeping Announcements..... Speaker
6. Declaration of a Quorum ..... Kirk Stone, MD
7. Approval of Actions of Last Session……Speaker
   (As reported to members via email and on tnmed.org)
8. Reports of Officers
   (A) President ..... ……Andrew Watson, MD
   (B) Chair, Board of Trustees... ……. Gene Huffstutter, MD
   (C) Secretary-Treasurer.....Daniel Bustamante, MD
   (D) Chairman, Judicial Council .....Keith Lovelady, MD
   (E) Chief Executive Officer…….. Russell E. Miller, Jr., CAE
9. Reports of Committees
   No. 1 Committee on Constitution & Bylaws ..... M. Kevin Smith, MD
   No. 2 Insurance Issues Committee.....Natalie Dickson, MD
   No. 3 Committee on Public Health..... Valerie Arnold, MD
   No. 4 Committee on Legislation..... William Turney Williams, MD
   No. 5 TMAPAC .....Newt Allen, MD
   No. 6 Professional Relations Committee.....Matthew Mancini, MD
   No. 7 Membership & Recruitment Committee.....George "Trey" Lee, III, MD
   No. 8 Education Committee .....Adrian Rodriguez, MD
   No. 9 Tennessee Delegation to the AMA ..... Richard DePersio, MD
   No. 10 Physician Wellness..... Edward Capparelli, MD

10. Informational Reports
    - No. 1 Tennessee Medical Foundation ..... Michael J. Baron, MD
    - No. 2 Board of Medical Examiners ..... Melanie Blake, MD
    - No. 3 Tennessee Medical Education Fund ..... Subhi D. Ali, MD
    - No. 4 John Ingram Institute ..... John J. Ingram, III, MD
    - No. 5 Report of the Commissioner of Health ..... Ralph Alvarado, MD

11. Consent Calendar

- Resolutions to Sunset and Become Permanent Policy ..... Speaker
- Resolutions to Sunset ..... Speaker

12. Introduction of Amendments ..... Speaker
    (a) to the Bylaws

13. Introduction of Resolutions ..... Speaker

14. Introduction of Additional Amendments and Resolutions, if any ..... Speaker

15. Report of the Nominating Committee ..... Andrew Watson, MD

16. Ratification of Outstanding Physician Awards ..... Andrew Watson, MD

17. TMA Awards

    Outstanding Physician Awards

18. Announcements

19. Recess until 1:45 PM Saturday, April 6, 2024

Order of Business

Second Session of the House of Delegates
Saturday, April 6, 2024
Embassy Suites by Hilton, Murfreesboro

John D. McCarley, MD, Speaker — George "Trey" Lee, III, MD, Vice-Speaker

12:00 PM – 1:30 PM	DELEGATE CREDENTIALING	Oakleigh A-C
1:45 PM	TMA HOUSE OF DELEGATES	Oakleigh A-C

1. Call to Order ..... Speaker
2. Declaration of a Quorum ..... 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
7. Procedures of the House of Delegates ..... Speaker
8. Announcement of Special Committee on Resolutions ..... Speaker
9. Consideration of Bylaw Amendments ..... Full House
10. Consideration of Resolutions ..... Full House
11. Election of Speaker and Vice-Speaker ..... Andrew Watson, MD
12. Announcement of Place and Dates of Annual Meeting 2025 ..... Speaker
13. Other Business ..... Speaker
14. Installation of Landon Combs, MD

    170th President of the Tennessee Medical Association ..... Andrew Watson, MD
15. Adjourn

OFFICERS REPORT A

REPORT OF THE PRESIDENT

April 6, 2024

TO: HOUSE OF DELEGATES
TENNESSEE MEDICAL ASSOCIATION

SUBMITTED BY: ANDREW T. WATSON, MD, PRESIDENT

A wealth of history exists in the Tennessee Medical Association (TMA). Participating actively in TMA holds a value unique in breadth and scope of impact across our multitude of medical responsibilities as physicians. Among our many obligations, shifting responsibilities and adjusting priorities is a daily challenge at times energizing and at times exhausting, yet never exhausted. TMA, its physicians with TMA staff and our component societies, has rallied to meet these challenges across the past 194 years and spanning more than 48,000 square miles in each of those years. We deftly juggle varied interests that impact our patients and to the best of our ability steer this state through its current medical issues while also anticipating its needs on the immediate and far horizons.

TMA history tells us that we gather today for a critically important purpose to our state, defined numerous ways. Our history details that what we as a group accomplish has measurable merit as it supports the lives of Tennesseans in every location of the state across generations. Our work today continues adding to this recognizable value. Thank you for attending the House of Delegates and for your diligent work in preparing for this meeting. Let us continue the TMA tradition of meeting and exceeding the 1830 legislation that created the precursor to TMA and under which mandate we continue our work:

> *the advancement of medical science, the elevation of the standards of medical education, the enactment of just medical laws and the enlightenment and direction of public opinion in regard to the great problem of state medicine, so that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease and in prolonging and adding comfort to life*

Before beginning the business of the 2024 House of Delegates, reviewing resolutions and installing Dr. Landon Combs as our next TMA president, please allow me a moment to share a few items from the last year and to extend my thanks.

TMA is now well over 10,000 physicians strong. As TMA grows, so grows its collective influence with Tennessee state legislators regarding issues of priority in our medical community. As TMA grows, so grows the membership in and the strength of our component societies, increasing our presence in local communities. From Main Street to Capitol Hill,

TMA is stronger now than ever before in our history.

With strength in numbers comes greater leadership responsibilities and resources. Some opine that leadership is not based solely on follower numbers, rather it is better based on the number of leaders who step up, step in and continue on. I earnestly hope that this past year's focus on resident physician and medical student engagement continues at state and local levels. Unless you too have attended a similar number of committee and related meetings this year, you cannot be as aware as I am of the dedication, creativity, curiosity and contributions our younger physicians and students offer. We must continue to encourage and nurture that engagement in order for TMA to thrive in the evolving medical landscape.

I did not travel outside the state for TMA this year, prioritizing in-state issues instead and redirecting those travel funds back into TMA programming. Through various contacts, I learned that other states' medical societies are just beginning to recognize the implications to the health of their organization and their state's medical community due to a lack of younger physician focus. The transition of older to younger is an irrefutable constant in life. Preparing our future leaders and keeping them in Tennessee is not merely something TMA can excel at; it is a reality we must excel at. Among several targeted efforts, TMA is in the preliminary stages of developing a job matching program which will be available to Tennessee resident physicians and TMA members. Please continue to mentor younger physicians in your spheres of work/community and liaise with our TMA and your local component society's staff for additional resources.

The 2023 board agreed it was fiscally responsible and needful to review TMA's investment and financial policies. Following careful consideration, it was determined prudent to change the organization's investment advisor and a Request for Proposal (RFP) was sent to multiple advisors. After reviewing submissions, two potential firms, one in state and the other outside Tennessee, most closely aligned with our organization's fiscal principles and goals. The advisor located in Tennessee was selected as the most advantageous partner to maximize TMA's investment resources. A working relationship is now established and we look forward to well-managed and increasing returns.

In addition to not incurring unnecessary out-of-state travel expense this year, Jennifer and I will be donating in full the president's stipend back to TMA for use with TMA Political Action Committee (TMA PAC). It is our hope this action emphasizes the importance of TMA PAC to Tennessee physicians and by consequence our patients. I encourage every physician not already giving to TMA PAC to please donate at any level and I sincerely thank those of you who consistently make a donation. Please visit TMA's website or speak with a staff member for more information.

My immeasurable thanks to the past TMA presidents and leadership who I called upon in the past year. You reliably answered my calls and your sound, well-reasoned advice always resonated with me. Your assistance in making this past year productive was significant and

your continued contributions to TMA are notable. My appreciation to the physicians across the state who reached out to me for support on various matters during my term. I was humbled by your trust and confidence; I hope to the very best of my ability I helped you surmount the obstacle faced. My thanks still further to all the individuals who work daily to support our medical community under every TMA president and board: the staff of the TMA and its component societies. Across the 19 years that I personally have been active in TMA, your incalculable worth has always been impressive. This past year though has elevated your value to beyond astounding! Please keep up your extraordinary efforts.

In TMA, we recognize the future is as close as our next breath and as vast as generations multiplied. Ensuring that future has been TMA's valuable work for nearly two centuries and our work continues now. Thank you for joining your colleagues and me in this our common effort. The closer we work together, the brighter the future will be for those who follow us. Best wishes to each of you for a healthy, productive, and prosperous 2024.

Respectfully submitted,

Andrew T. Watson, MD
President

REPORT OF THE BOARD OF TRUSTEES

April 6, 2024

TO: HOUSE OF DELEGATES
TENNESSEE MEDICAL ASSOCIATION

SUBMITTED BY: JOSEPH E. HUFFSTUTTER, MD, FACP, MACR CHAIR

Addressing the changes of health care delivery in the state of Tennessee continues to present its own unique opportunities and challenges. I view the role of the Tennessee Medical Association (TMA) Board of Trustees as working continually to ensure that the best trained personnel deliver the most effective care to our citizens. This role incorporates three elements: **Legislative efforts, Organizational effectiveness and Professional endeavors.**

The outstanding work of the Legislative Committee is highlighted in a separate report. Most of our members view this focus as the cornerstone and primary purpose of our organization. I cannot overstate the importance of our legislative work to the everyday practice of medicine. This past year's legislative term, coupled with a special session, was the most contentious I have ever witnessed. It is a credit to our staff that we had significant accomplishments, despite the challenges. Despite our successes, numerous issues continue to require our input and effort, including women's health, gun violence and health care access. We need to redouble our efforts to protect our patients from misguided citizens who do not understand the complexity of medical science and the diversity of our population.

The very fabric of the TMA is the collegiality and mutual respect of our diverse membership represented at this House of Delegates. This can clearly be seen when different groups of members oppose changes in the way care is offered and delivered. The Board has worked over the past year to find common ground so that all physicians can give the best care without interference from entities who see only profit potential without regard for patient health and welfare. The Board has acted as a liaison to various groups to find solutions to "turf wars," credentialing and standards for the delivery of services.

Professionalism is at the core of being a physician. When patients need care, we are their advocates. Whether it is decreasing bureaucratic burdens or ensuring adequate networks, the TMA strives to be "the adult in the room" to ensure that needed care is delivered in a timely fashion to obtain the best possible outcomes. Only by mutual respect and understanding every stakeholder's opinion, can we attain this goal. During the year, the TMA, through its Board of Trustees, has sought to bring the disparate groups together for the common good – the best health of the citizens of Tennessee.

As you review the various committee reports presented at this meeting, please recognize

these efforts are made under the oversight of this board. You may not personally agree with all the decisions regarding legislative priorities or positions. However, I can promise that as your board chair, I tried to have all parties present their views to arrive at the best, most comprehensive decisions possible.

As we look forward to the coming year, we need to redouble our efforts to keep the best trained, most knowledgeable individual at the head of the health care team – the physician. Without this broad knowledge of health care, we could become entrenched in ways that do not serve the best interests of our patients and the health of our state.

The TMA was established at the request of the state legislature to prevent quackery. Our forefathers in the legislature recognized that well-trained physicians are the bedrock of good health care. We should continue this mandate by being the best physicians we can be and educating the legislators and public regarding the best, most effective ways to deliver this care.

I have been honored to serve as the chair of the board. I would encourage you to stay active in the TMA and mentor new physicians regarding the need to be active in our organization.

<u>2024 TMA Board of Trustees</u>
Joseph Huffstutter, MD, Chair, Chattanooga
Leslie Treece, MD, Vice-Chair, Cookeville
Andrew Watson, MD, President, Memphis
Landon Combs, MD, President-Elect, Gray
Edward Capparelli, MD, President, Oneida
Daniel Bustamante, MD, Secretary/Treasurer, Knoxville
John McCarley, MD, Speaker of the House of Delegates, Chattanooga
Walter Rayford, MD, Memphis
Pamela Murray, MD, Jackson
Laura Andreson, DO, Franklin
Adrian Rodriguez, MD, Nashville
Allan Colyar, MD, Johnson City
Alex Cattran, Medical Student Section, LMU
Lauren Favors, MD, Resident and Fellows Section, Chattanooga
Brett Smith, DO, Young Physicians Section, Knoxville

Respectfully submitted,
Gene Huffstutter, M.D., FACP, MACR

Actions of the 2023 House of Delegates

Bylaws
Bylaw Amendment No. 01-23 **<u>Adopted as Amended</u>** "Elections of Speaker and Vice Speaker of the House of Delegates" C&BL have been updated and 2023-2024 version approved by the C&B Committee.
Resolutions
Resolution No. 01-23 **<u>Adopted as Amended</u>** "Folate Supplementation of Non-Cereal Staple Flour" Introduced Dr. Feldman with Sen. Joey Hensley, MD. Dr. Hensley has agreed to file a bill for Dr. Feldman. It was recommended that Dr. Feldman put together what he wants in his law and ask Dr. Hensley to have legal services draft the bill. – Legislative Committee will consider when the bill if filed during the upcoming session.
Resolution No. 02-23 **<u>Adopted</u>** "TMA Resolution on Establishing a Physician Wellness Committee" Provided Dr. Capparelli with outline of questions for him to answer for the board in July to establish the purpose and resources for a committee. An organizational call was initiated in May 2023. The board voted in July to allow Dr. Capparelli to assemble a workgroup to look at what is being done statewide and how TMA can help make resources known and available to more rural markets and physicians statewide. Erika Thomas has been assigned as liaison.
Resolution No. 03-23 **<u>Adopted as Amended</u>** "2023 Resolution to Increase State Tobacco Tax" Legislative Committee considered issue for our 2024 Legislative session but did not choose to pursue.
Resolution No. 04-23 **<u>Adopted</u>** "Resolution to Support Adult and Pediatric Vaccination Recommendations by the Advisory Committee on Immunization Practices" Posted in policy manual.
Resolution No. 05-23 **<u>Adopted as Amended</u>** "Resolution to Improve Women's Healthcare and Foster Care System"

Legislative Committee considered issue for our 2024 Legislative session but did not choose to pursue.
Resolution No. 06-23 **Not Adopted** "Requirement of Air Conditioning as an Essential Utility for All Leases in the State of Tennessee"
Resolution No. 07-23 **Adopted as Amended** "Resolution Opposing Criminalization of Physicians Providing Care within Their Scope of Training and the Accepted Standard of Medical Care for Their Specialty" This was discussed by the Legislative Committee and will be watching for bills that criminalize physicians. TMA will oppose those bills.
Resolution No. 08-23 **Referred to the Board of Trustees** "Proposal to Move TMA House of Delegates to a Fall Date" Dates were secured from hotel for Fall. Board discussed and voted in April '23 that Fall was not preferable time slot for the Annual Meeting. Asked staff to seek May dates for 2024. Board was polled on available May dates and the contracted April date. Poll results indicated that the April 5-7, 2024 date was preferred by most over all other dates. 2025 meeting will be held May 16-18.
Resolution No. 09-23 **Not Adopted** "Surcharge on Ammunition Sales to Provide Financial Support for Mental Health Services"
Resolution No. 10-23 **Adopted as Amended** "State Ban on the Sale of High-Capacity Firearm Magazines" Legislative Committee considered issue for our 2024 Legislative session but did not choose to pursue.
Resolution No. 11-23 **Adopted** "Promoting Use of 988 Suicide and Crisis Lifeline Number" This is a focus of the Wellness committee per Dr. Capparelli. Staff will take direction from Committee as to promotional activities. This has been promoted in newsletters, Enews and Website.
Resolution No. 12-23 **Adopted** "Collaborative Practice Agreements for Physician Assistants" Legislative Committee and BOT recommended to follow the lead of the CCC.

Resolution No. 13-23 **<u>Referred to the Board of Trustees</u>** "Climate Change and Health" PH Committee voted 7-1 in September to allow Dr. Frederick-Dyer to make her climate consortium pitch to the TMA Board.
Resolution No. 14-23 **<u>Adopted as Amended</u>** "Reducing Firearm Related Deaths and Improving Public Policy Regarding Firearm Safety in Tennessee" Legislative Committee considered issue for our 2024 Legislative session but did not choose to pursue. Agenda does include an increase number of psychiatry residency spots and allow for loan repayment if you stay in TN for up to 5 years after residency. Special Session was called and TMA will support issues that fall within the scope of this HOD policy.
Resolution No. 15-23 **<u>Adopted as Amended</u>** "Protection of Access to Contraception and Expanding Access to Emergency Contraception" Legislative Committee considered issue for our 2024 Legislative session but did not choose to pursue.
Resolution No. 16-23 **<u>Adopted</u>** "Organ Donation" The TMA legal department determined that in order to carry out the purpose of this resolution, a statute change must first occur. The needed statutory amendment was considered by the TMA Legislative Committee for inclusion in TMA's 2024 legislative packet. However, the Committee determined that the issue did not rise to the level of priority for inclusion in the 2024 legislative package.
Resolution No. 17-23 **<u>Referred to the Board</u>** "Prescribing Buprenorphine Products Off-Label for Chronic Pain Management" MSS Board member volunteered to discuss with author for additional clarification of expected action. The MSS has submitted an altered yet similar resolution in 2024.
Resolution No. 18-23 **<u>Adopted</u>** "Resident & Fellow Retention"

Leadership series for Residents titled 'Bridging the Gap' to provide online opportunities scheduled for Mondays in October 2023. Also exploring match opportunities between TMA & member practices. Business plan for program in development to be presented to Board in January 2024.
Resolution No. 19-23 **Adopted as Amended** "Improving Telehealth Education in Medical Training" Posted in policy manual
Resolution No. 20-23 **Withdrawn by Author**
Resolution No. 21-23 **Adopted** "Reducing Contact Sexual Violence in Tennessee" Mostly resolved. The state legislature in 2023 appropriated millions of dollars for staffing at the Jackson Crime Lab. Additionally, TMA in September also contacted TBI for an update on the sexual assault backlog. They said they are training new staff and making strides to reduce the backlog. TMA will also set up a conference call or in person meeting with the TBI liaison and Dr. Robinson in 2024.
Resolution No. 22-23 **Withdrawn by Author**
Resolution No. 23-23 **Referred to the Board** "Resolution to Ensure Adherence to Federal EMTALA Standards Among Tennessee EMS Providers" The committee was tasked to reach out to EMS, THA and ER physicians. Dr. Mancini will contact Dr. Rothwell as sponsor of the resolution to learn more about what has been done to educate elected officials to date, Dr. Randall Dabbs with TeamHealth in Knoxville, and TMA CEO Russ Miller to discuss further and broker a discussion with stakeholders to secure additional relevant data and information.
Resolution No. 24-23 **Adopted as Amended** "Health Care Needs of Transgender Tennesseans" This was discussed by the Legislative Committee and will be watching for bills that affect the doctor-patient relationship. TMA will oppose those bills
Resolution No. 25-23 **Not Adopted** "Physician Autonomy from Corporate Medical Practice"

Resolution No. 26-23
Referred to the Board
"Age-Restricted Access to Smartphones"

Will be on the PH Committee's agenda in 2024

Resolution No. 27-23
Adopted as Amended
"Abortion as an Essential Component of Health Care"

Resolution called for TMA to affirm policy. Resolution was shared with Public Health Committee. No additional action required.

Resolution No. 28-23
Referred to the Board
"Transparency in Use of Specialty Titles in Healthcare Advertising"

This resolution was considered by the TMA Legislative Committee for inclusion in TMA's 2024 legislative packet. The Committee deferred all scope strategy to the Coalition for Collaborative Care (CCC). The CCC has communicated to the TN Academy of Physician Assistants that the use of medical specialty designation by mid-levels is a "line in the sand" to which the CCC cannot allow to occur. TMA will advocate that any PA or APRN scope legislation must include a prohibition on the use of medical specialty designation.

Resolution No. 29-23
Adopted
"Mifepristone is an Essential Medication for Management of Miscarriage"

Posted in policy manual

Resolution No. 30-23
Adopted
"Expanding Access to Physician-Led Care in Shortage Areas by Exploring and Supporting Financial Incentives"

TMA has worked with lawmakers on loan repayment both during the 2023 Leg. Session as well as during the Public Safety Special Session

OFFICER'S REPORT C

REPORT OF THE SECRETARY/TREASURER

April 6, 2024

TO: HOUSE OF DELEGATES
TENNESSEE MEDICAL ASSOCIATION

SUBMITTED BY: DANIEL BUSTAMANTE, MD, SECRETARY/TREASURER

The annual review for the fiscal (and calendar) year ending December 31, 2023, has been completed and is now available for review. The customary examination of the Association's records and accounts was conducted by Bellenfant CPAs, our certified public accountants, appointed by the Tennessee Medical Association (TMA) Board of Trustees.

The attached financial information has been extracted report materials.

A budget deficit of $155,900 was projected for 2023 with revenue projected at $3,563,750 and expenditures projected at $3,719,650. The actual revenue received was $3,055,653 against actual expenses of $3,342,776 resulting in $287,123 deficit.

2023 was another challenging fiscal year for TMA. Expenses continue to outpace revenues. While our dues received outpaced previous years, we have seen a serious decline in non-dues revenue since the pandemic. We were fortunate again to receive a financial boost from the Employee Retention Credit program, but we realize that this cannot be a means of operations into the future. There was a freeze on staff hiring and a reduction in the number total staff. Budgets were cut in a number of areas to reduce our deficit budget for 2024. We did not get to this position overnight and know it may take some time to balance our operating budget.

The 2024 budget was approved with a $74,000 deficit projecting expenses running 2.3% more than revenue. The Finance Committee and Board of Trustees have committed to a balanced budget for 2025.

Our membership dues revenue has remained at a fairly constant level for many years. Overall cost of doing business goes ever higher and our ability to raise non-dues revenue is inconsistent in the last several years. Your finance committee and full board have made it a priority to fix our budget trajectory and put TMA on a growth course moving forward.

The association has no outstanding debt service at this time.

OFFICER'S REPORT C

Reserve Accounts

Our reserve account began 2023 with a balance of $3,512,761, ending the year at $3,987,658. Our financial investments currently held are 74% equity funds and 26% bonds or cash equivalent.

All investments and withdrawals were made within the parameters of the TMA's Investment Policy. The Board voted to change financial advisers in 2023 and after a prolonged search and interview process, selected Woodmont Financial Advisers in Nashville.

I wish to thank the other members of the Finance Committee, Drs. Pam Murray, Adrian Rodriquez and Allan Colyar 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,

Daniel Bustamante, MD, Knoxville, TN
Secretary/Treasurer and Chair

TMA Board of Trustees Finance Committee
Adrian Rodriguez, MD, Nashville
Pamela Murray, MD, Jackson
Allan Colyar, MD, Johnson City

Jennifer Moore, TMA Staff Accountant
Russell E. Miller, Jr., CAE, TMA Assistant Secretary/Treasurer

Copies of the Independent Auditor's Report can be provided by request made to CEO.

OFFICER'S REPORT D

REPORT OF THE JUDICIAL COUNCIL

April 6, 2024

TO: HOUSE OF DELEGATES
TENNESSEE MEDICAL ASSOCIATION

SUBMITTED BY: G. KEITH LOVELADY, MD, CHAIR

Action Required:
The Judicial Council recommends the following:

1. Dissolve the component society charter of the Robertson County Medical Society.

The Judicial Council met once during the past year, on April 16, 2023. G. Keith Lovelady, MD, served as Chair and Nicole Schlechter, MD, served as Vice Chair.

The 2023 Tennessee Medical Association (TMA) House of Delegates assigned no new business to the Judicial Council. The TMA Board of Trustees did not assign any business to the Council during the year.

The Judicial Council submitted changes to the *Tennessee Medical Association Peer Review Procedures Booklet* Fifth Edition to the TMA Constitution and Bylaws Committee for review and approval consistent with the changes to the Bylaws adopted in 2023. The Committee and the Board of Trustees adopted the changes and the *Tennessee Medical Association Peer Review Procedures Booklet* Sixth Edition in July 2023.

Robertson County Medical Society. The Judicial Council received a petition from Jonathan M. Kroser, MD, FACS, the last officer on record for the Robertson County Medical Society. The Society requests that the 2024 House of Delegates revoke the Society's component medical society charter. Dr. Kroser related that NorthCrest Hospital is now HCA Tri-Star Hospital and many of the physicians work out of several hospitals outside of Robertson County and live outside of the county. It only meets as a staff once a year, making it difficult to hold society meetings. There are less than 10 TMA members in the county; there have been no meetings in several years; it set $0 dues in 2022, has not seated a delegate in over five years; and there is no overall desire to remain a medical society. The Judicial Council addressed the petition on April 16, 2023. Based on the facts in the petition, the Judicial Council recommends that the 2024 TMA House of Delegates approve Robertson County Medical Society's request to revoke its medical society charter effective April 6, 2024.

In the TMA elections held in February 2024, regions 1, 3, 5, and 7 elected Councilors for 2024-2026 terms. I would like to thank Councilors Autry Parker, MD, MPH; G. Keith Lovelady, MD; and James H. Batson, MD, whose terms expire today, for their service to TMA through their

work on the Council. Welcome to Allison Stiles, MD; Mark Dentz, MD; and Brent D. Staton, MD, who will roll onto the Council at the conclusion of the 2024 House of Delegates.

It has been enjoyable to serve as Chair 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.

Respectfully submitted,

G. Keith Lovelady, MD, Chair

2023-2024 Councilors:

Autry J. Parker, MD (Region 1)
G. Keith Lovelady, MD (Region 3)
James H. Batson, MD (Region 5)
Timothy S. Wilson, MD (Region 7)
A. Yarnell Beatty, JD, Staff Liaison

Chris Marshall, MD (Region 2)
Nicole Schlechter, MD (Region 4)
Nita Shumaker, MD (Region 6)
John J. McGraw, MD (Region 8)

OFFICER'S REPORT E

REPORT OF THE CHIEF EXECUTIVE OFFICER

April 6, 2024

TO: HOUSE OF DELEGATES
TENNESSEE MEDICAL ASSOCIATION

SUBMITTED BY: RUSSELL E. MILLER, JR., CAE
CHIEF EXECUTIVE OFFICER

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 2023 through March 2024.

Reflecting on 2023, it was certainly a winding road, filled with potholes, sharp turns, speed bumps, but also some good scenery. It was a journey that put us further down the road to where we hope to be as an organization.

We continued to see our growth in membership, eclipsing the 10,000-member mark for the first time ever! We witnessed an engagement in the membership as we had a myriad of issues that activated our members. Those issues are also quite divisive to the citizens of our state as well as our members.

There does not appear to be a shortage of issues that face our membership both personally and professionally. From gun violence to abortion, from private equity investors to prior authorization, all continue to take a toll on the psyche of our members. TMA provides services and programs to allow members to address their needs, both personally and professionally.

Being active to address the stressors in your life is a therapeutic and effective way to gain control and regain balance. The Ingram Institute for Physician Leadership continues to grow and remain popular. Participation in Day on the Hill allows our members to deliver their opinions in person to lawmakers. Workgroups and committees address systemic issues plaguing members and practices like prior authorization, reimbursements and, regrettably, the growing concerns of the criminalization penalties for physicians in certain patient care situations.

A priority for TMA is the development of plans to help us facilitate the matching of members completing residency in Tennessee with member practices with open positions for new physicians. Tennessee is an exporter of physicians in that we train many more physicians than we are able to retain in state. We hope to address that by keeping our member residents and finding them positions with our own members' practices while keeping members for the TMA.

Keeping and growing the number of physicians in Tennessee is paramount. Our state enjoys a population growth but simultaneously, we see a plateau line on physician supply. This leads our adversaries to try and fill the gap by growing their scope further into direct patient care. TMA's work to gain and retain parity for telemedicine has gone a long way to help practices and patients gain access and convenience.

The continued challenge is to cut the wasteful administrative mandates that rob physicians of critical hours that could be better used seeing more patients. Helping members receive fair and timely

reimbursement for the care they do provide is also paramount. Issues such as insurance regulations, prior authorizations, claw-backs, decreasing fee schedules, lack of increases to cover the cost of doing business and simply keep pace with inflation are in our sightline and continue to be addressed for our members.

Governance and Leadership

The Board of Trustees continues to focus on and push priorities of the Strategic plan for 2023 through 2026. Key elements are to

- Further strengthen our successful advocacy programs – we have implemented changes to PAC activities and staff to sharpen program efforts and grow contributions
- Maintain and grow the physician workforce in Tennessee -- Work is underway to create and launch a resident physician retention program to match resident members with TMA practices after training.
- Address access to care in rural areas of the state -- by collaborating with current programs and seeking new opportunities to provide services in more rural markets using physician-led team models with more extensive use of telemedicine.
- Develop a sustainable organizational financial growth plan - we have drafted the basis for a new foundation model to house many programs of the TMA and allow alternative ways to secure funding from sponsors, grants and donors.
- Improve policy operations to remain focused on priorities of the membership – the Board has created a tool to effectively evaluate all the programs, services and proposals that come before the board to ensure service to the mission and focused use of resources. Also under review is a web-based platform to allow more members to have input on issues of the association going forward.
- Continue to develop more physician leaders and provide more pathways for inclusion – We continue to grow the Ingram Institute Programming and have added a third element called the Judgment Index program which is a personal evaluation tool to enlighten and then train physicians in areas of personal strengths in decision-making and leadership situations.
- Physician Wellbeing - The Board fulfilled a resolution for the formation of a Physician Wellness Committee for a three-year term with a charge to expand current activities and programs to members outside of the metropolitan areas, while the Government Affairs team continues to seek passage of a new law to protect physicians who seek mental health services.

Finances

TMA again faced a year where our normal operations expenses exceeded our regular income by approximately $300,000. The receipt of funds from the Employee Retention Credit Program and a tremendous uptick in the stock market allowed TMA to finish the year in a positive financial position at year's end -- +$742,000. The Board is focused on a balanced budget in future years as we seek to retain and grow membership and expand services that generate operational revenue and benefit the membership. Additional information about our finances may be found in the Treasurer's Report.

Membership

The Membership Campaign which began in 2021 included a tiered discount on first year new members and that had some impact on dues total revenues have been regained in 2023. This past year, TMA added several sizeable groups we've sought for a while including ETSU Health, Murfreesboro Medical Clinic and West Tennessee Medical Group. Erlanger Health System also returned to the membership fold. We ended the year with 619 new physician members, 399 of which were first year members.

TMA ended 2023 with 4,864 active members, 1,359 veteran/retired members, 2,249 resident and fellow members and 1,557 medical student members for a total membership roster of 10,099 members representing a 6.24% gain over 2022. Dues revenue for 2023 was $1,833,958 compared to $1,816,346.58 in 2022.

TMA and medical society staff participated in a joint sales boot camp in July 2023 to refine and improve collaboration process and reporting.

Legal and Regulatory

Member education was a priority for the legal department in 2023. TMA's general counsel led virtual learning sessions on topics such as the new mature minor vaccine law, the MATE Act, preparedness for assaults on health care providers, and even produced the updated TMA's Tennessee-specific prescribing practices course content.

Additionally, the department developed new online Law Guide topics on Insurance-Prior Authorization and Insurance-Network Adequacy to highlight how members can take advantage of these new laws advocated for by TMA.

TMA's legal department partnered with the Tennessee Chapter of the American Academy of Pediatrics to submit recommended draft rules to the Department of Health to clarify the vague and complex new law, ironically named the "Mature Minor Clarification Act".

Other highlights of our legal and regulatory department:

- Helped a medical center analyze and provide commentary on a draft set of medical staff bylaws proposed by the hospital system
- alerted members to policy changes at the federal level that could impact medical practice non-compete agreements
- fought for system reform for pain management specialists caught in "gotcha" situations due to a flawed and unclear regulatory and inspection climate for pain management clinics
- submitted proposed rule comments on a variety of issues affecting members including the vaccine law and nurse midwife oversight issues
- filed an amicus brief to support an ongoing lawsuit brought by physicians and patients to clarify emergency exceptions to the criminal abortion law
- filed an amicus brief to argue that a state law is unconstitutional that requires physicians who are convicted of a prescribing offense automatically lose their medical license without a hearing or medical board discretion as to the appropriate licensure sanction
- opposed federal legislation on independent scope of practice for mid-levels
- supported exceptions to the Stark self-referral laws
- encouraged Congress to act to avoid Medicare payment cuts for physicians

Issues and Programs

Scope – Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs) continue efforts to end formal professional relationships with physicians. TMA remains a leader in the Collaborative Care Coalition (CCC) to monitor and negotiate on all scope issues in Tennessee. The CCC changed tactics in 2023 to prepare a proactive piece of legislation for the General Assembly in 2024, versus playing defense against bills brought by nurses and PAs. There are a number of bills filled this year to expand the scope of pharmacists and psychologist as well.

Pregnancy care - The reversal of Roe v. Wade in June 2022, triggered a change in the medical landscape few thought possible, putting patients and physicians at risks not known in 50 years. Since last June, the TMA has continued efforts to advocate in the best health interests of pregnant women and their physicians. The "affirmative" defense was eliminated in 2023 and certain legally acceptable pregnancy terminating conditions established. Efforts now focus on advocating for patients and physicians to add more acceptable conditions for ending non-viable pregnancies.

Balance Billing - The federal "No Surprises Act" is still not preventing surprises to patients and physicians alike. The act, by letter and intent as passed by Congress, has been obstructed. As written, the law is unambiguous; however, the cost of the biased interpretation by certain federal departments has so far been paid by both patients and physicians. TMA joins with other state and national organizations to keep pressure on Congress and agencies to uphold the "No Surprises Act" as enacted and its original intent.

Gun Safety and Mental Health - All Tennesseans hoped August's Special Session of the Tennessee Legislature would yield substantive progress toward enhancing firearm safety. TMA will continue to advance policies related to mental health and firearm safety prompting our state leadership to take more effective strides, especially following the tragic shooting at Nashville's Covenant School and the shocking loss of Dr. Benjamin Mauck from gun violence in Collierville.

Insurers' Hassles - Insurance prior authorization requirements and clawbacks persist, weighing heavily on physicians and their practice administration for a myriad of practical and tangible reasons. Audit and overpayment protocol reforms are urgently needed as well as correct and timely claims adjudication.

Legislative dinners - In concert with our regional component medical societies, TMA participated in legislative dinners throughout several key markets this fall. These meetings allow for Tennessee physicians to connect with their elected representatives aiding TMA's efforts to positively impact the future of medical policy. The following 2023 legislative dinner meetings were held on:

- Nov. 2 – Knoxville Academy of Medicine
- Nov. 6 – TMA Region 2
- Nov. 13 – The Memphis Medical Society
- Nov. 14 – Nashville Academy of Medicine
- Nov. 14 – Chattanooga-Hamilton County Medical Society
- Nov. 15 – Montgomery County Medical Society
- Nov. 15 – Bradley County Medical Society
- Nov. 16 – Williamson County Medical Society
- Nov. 28 - Region 8

MATE Act Education - With the opioid crisis continuing to rage, Congress passed the Medication Access and Training Expansion (MATE) Act in December of 2022 to provide structure and training for the treatment of patients with an opioid use disorder. In response, the Drug Enforcement Administration (DEA) began requiring prescribers renewing their DEA license to attest that they have completed eight hours of education on treating and managing patients with substance use disorders. Launched in June 2023, TMA's MATE Act Education course is the only course we are aware of that meets the DEA's renewal, the Tennessee Board of Osteopathic Examination's requirement, and the Tennessee Board of Medical Examiner's (BME) continuing medical education (CME) requirements. Content developers consulted with the DEA to ensure prescribers who take this course mitigate any

risk of non-compliance. The course will be available for the next two years to cover all Tennessee prescribers' licensure renewal cycle.

TMA has continued to produce education to help members fulfil the state licensure requirement for opioids prescribing. We are awaiting final word on funding for a new grant for TMA to help alter the way the State deploys its required Opioid education to all prescribers. The grant would be from the Opioid Abatement Council.

Leadership Training - Our popular Ingram Institute Leadership Immersion Classes and Leadership Lab programs continue to have a waiting list for participation. The total number of graduates is now more than 300. There is a sizeable number of class graduates who now serve in key leadership roles within the TMA House of Delegates, committees (90% of chairs) and the Board of Trustees (75% of current).

CME provider - TMA continues to be certified as a joint sponsor of continuing medical education (CME) from the American Council on Continuing Medical Education, the national oversight body for CME certifications. Our certification allows us to accredit TMA programs and avail our accreditation services to component medical societies, specialty societies and other entities such as state departments seeking certification for their education offerings. In 2023, we provided service to 24 entities, certifying over 138 hours of CME to the benefit of more than 2020 physicians/participants.

Association Management Services
TMA continues to provide management services to medical specialty organizations and a number of our component medical societies and regions.

- American College of Physicians/TN Chapter
- TN Radiological Society
- TN Dermatology Society
- US Cutaneous Lymphoma Consortium (through June 2024)
- TMA Region 2 medical societies
- TMA Region 3 - Williamson County, Montgomery County (Clarksville), Maury County (Columbia)
- TMA Region 5 – Stones River Academy of Medicine; Upper Cumberland Medical Society
- A proposal has been made to the TN Chapter of the American College of Surgeons

<u>Conclusion</u>
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. Special congratulations and big thank you to Ms. Nikki Hamlet on her 20 years with TMA!

Yarnell Beatty	Sr. Vice President, General Counsel
Julie Griffin	Vice President, Government Affairs
Anjanette Eash	Director, Member Relations
Amy Campoli	Director, Executive Services and Governance
Ann Anderson	Accounting Services
Becky Morrissey	Paralegal
Beth Lentchner	Sr. Director, Leadership Programs and CME
Erika Thomas	Associate Director, Member Engagement

Jennifer Moore	Staff Accountant
Joey Alongi	Grassroots Manager and Legislative Aide
John Carr	Assistant Director, Government Affairs
Jonathan Kirkland	Communications Manager
Kathleen Caillouette	Events and CME Manager
Kathleen Caldwell	Advocacy and Government Affairs Administrative Assistant
Myiah Johnson	Events and Education Administrative Assistant
Morgan Ripley	Associate Director, Marketing
Nikki Hamlet	Membership and Office Administrator
Sara Balsom	Manager, Project Development

Respectfully submitted,

Russell E. Miller, Jr., CAE
Chief Executive Officer

2017 Resolutions to Sunset and Make Permanent Policy

Resolution No. 04-17 (First resolve)
[Reaffirmation of Resolution No. 12-10] **BOARD OF MEDICAL EXAMNERS' INDEPENDENCE**
RESOLVED, That the Tennessee Medical Association (TMA) House of Delegates strongly believes that the regulation of medicine in Tennessee could be strengthened and improved by establishing the Board of Medical Examiners as an independent entity with limited oversight by state government.

Resolution No. 25-17
INDEPENDENT PRACTICE OF PHYSICIAN ASSISTANTS
RESOLVED, That the Tennessee Medical Association oppose efforts authorizing the independent practice of physician assistants in Tennessee.

2017 Resolutions to Sunset

Resolution No. 01-17

[Reaffirmation of Resolution No. 21-03 and 7-10] **POLICY ON RISING COST OF MEDICAL EDUCATION**
RESOLVED, That the Tennessee Medical Association urge its members to contact the governor, state legislature, and the universities to urge improvement in the funding of medical education.

Substitute Resolution No. 02-17

UNIFORM PHYSICIAN CREDENTIALS VERIFICATION
RESOLVED, That the Tennessee Medical Association make it an association priority to avail members of a process to make the completion of credentialing applications to Tennessee health care facilities and health insurance carriers measurably easier and report back to the 2018 House of Delegates as to its progress.

Resolution No. 04-17 (Resolves 2 & 3)

[Reaffirmation of Resolution No. 12-10] **BOARD OF MEDICAL EXAMINERS' INDEPENDENCE**
RESOLVED, That the Tennessee Medical Association (TMA) pursue a legislative remedy that would establish the Board of Medical Examiners as an independent entity with limited oversight by state government, and be it further
RESOLVED, That the monies to support the independent Board of Medical Examiners activities come from the current license fee of individual physicians.

Resolution 05-17

TENNESSEE STATE PARKS "HEALTH PARKS, HEALTHY PEOPLE"
RESOLVED, That the Tennessee Medical Association recognize and support Healthy Parks, Healthy People program of the National Park Service and the Tennessee Department of Environment and Conservation as a valuable healing tool and a vital component of healthy living; and be it further
RESOLVED, That Tennessee Medical Association seek the support of the Tennessee Hospital Association to recognize and support the Healthy Parks, Healthy People program.

Resolution 06-17

MEDIA CAMPAIGN FOR PHYSICIAN-LED TEAM MODEL
RESOLVED**,** That the Tennessee Medical Association Board of Trustees is urged to fund and implement a statewide media campaign to educate the public about the differences in health care providers and how to choose a health care setting that utilizes a physician-led health care team.

Resolution 07-17

DISCONTINUATION OF ASSOCIATION GRIEVANCE PROCESS
RESOLVED, That Tennessee Medical Association component societies and its Judicial Council cease conducting peer review; and be it further
RESOLVED, That all Tennessee Medical Association and component society bylaw provisions referencing a grievance process hereby be repealed; and be it further
RESOLVED, That Tennessee Medical Association and component society staff be instructed to direct all future grievances to the Department of Health Investigations Division.

Resolution 9-17

DEFINITION OF A DOCTOR
RESOLVED, That the Tennessee Medical Association develop a campaign for public and legislative awareness to clarify the evolving problem of use of the term "doctor" by non-physician health care professionals.

Resolution 12-17

THE IMPACT OF VIRTUAL VIOLENCE ON CHILDREN IN TENNESSEE

RESOLVED, That the Tennessee Medical Association delegation call on state legislators to acknowledge the scientifically proven, harmful effects of media violence, particularly those of violent video games, by requiring retailers to place a warning label on violent video games whose predominant theme is killing (e.g. first person shooters). Labels would be structured to be scientifically accurate and accessible to individuals with an elementary reading proficiency. (see example.), and be it further

RESOLVED, That the "Take the Challenge" curriculum (based on Stanford's S.M.A.R.T. Curriculum) or similar evidence-based program be embraced by the Tennessee Medical Association and promoted to the state legislature for implementation as mandatory curriculum for K – 12 students within Tennessee's public schools, with participation availability for students in alternative educational settings (e.g. private school, homeschool).

Example Warning Label:

Video game violence is known by the State of Tennessee to be harmful for children. Children who play games like this tend to be more aggressive and less sensitive to the suffering of others. Addiction is common.

Need help with your child's aggression or addiction?"

Resolution 13-17

WEANING PROGRAMS AND ADDICTION PROGRAMS AS A PART OF OPIOID PRESCRIBING COURSE

RESOLVED, That the Tennessee Medical Association support inclusion of information on withdrawal and tapering of medications in the state-mandated Continuing Medical Education for controlled substances.

Resolution 14-17

TEXTING AS APPROVED HIPAA FORM OF COMMUNICATION

RESOLVED, That the Tennessee Medical Association delegation to the American Medical Association (AMA) propose a resolution to the June meeting of the AMA House of Delegates, working through federal agencies, to establish texting as a HIPAA-approved mode of communication embedded within electronic communication devices amongst health care providers and patient-consumers.

Resolution 18-17

HOSPITAL OVERCROWDING

RESOLVED, That our Tennessee Medical Association identifies hospital over-crowding as a public health issue, and will seek to form a task force with the Tennessee Hospital Association, Tennessee Department of Health, and other pertinent stakeholders to study the issue and develop mitigation strategies.

Resolution 19-17

OPIOID PRESCRIBER RESPONSIBILITY

RESOLVED, That our Tennessee Medical Association will work to educate prescribers about proper prescribing and the dangers of excess opiate prescribing in the acute care setting; and be it further

RESOLVED, That our Tennessee Medical Association will encourage prescribers to develop an acute pain care plan with their patients to tailor the quantity of opiates prescribed to what is expected to be consumed and the necessity to properly dispose of any unused medication; and be it further

RESOLVED, That our Tennessee Medical Association will work with the Tennessee Pharmacy Association, Tennessee Department of Health, Drug Enforcement Agency and other pertinent stakeholders to develop simpler and more convenient resources for proper opiate and other drug disposal.

Resolution 20-17

MODIFYING AMA MISSION STATEMENT

RESOLVED, That our Tennessee Delegation to the American Medical Association House of Delegates will present a resolution at the A-17 meeting of the American Medical Association House of Delegates requiring the American Medical Association Board of Trustees to change the American Medical Association mission statement to read "The American Medical Association promotes the art and science of medicine, the betterment of public health, and the improvement and accessibility of health care to our patients". And be it further

RESOLVED, That this change will be accomplished and reported back to the American Medical Association House of Delegates at I-17.

Resolution 23-17

GME SUPPORT OF LEADERSHIP TRAINING

RESOLVED, That the Tennessee Medical Association propose that Graduate Medical Education (GME) incorporate training pathways for leadership and/or advocacy where participation in advocacy efforts and community health activities meet milestones for physician leadership; and be it further

RESOLVED, That the proposal should emphasize participation in organized medicine and/or other physician advocacy and leadership training experiences during residency training, protecting time during residency training to allow those residents that wish to participate to do so; and developing a resident physician advocacy and leadership tract that may be completed during residency training, in any and all specialties, in order to increase awareness of such opportunities and encourage overall participation in organized medicine during residency and after its completion.

Resolution No. 24-17

THE CREATION OF INNOVATIVE OPPORTUNITIES TO IMPROVE HEALTH LITERACY

RESOLVED, That the Tennessee Medical Association increase awareness of its members regarding the impact of low health literacy on children and adults in Tennessee by publishing an online editorial on this matter with links to supporting information on websites of coordinated school health (Department of Education) and the Tennessee Department of Health.

Resolution No. 26-17

EMERGENCY FUNDING FOR VITAL PATIENT CARE SERVICE

RESOLVED, That the Tennessee Medical Association urge the Governor and the Tennessee Legislature to create an emergency funding mechanism to provide an appropriate reimbursement to physicians, hospitals, and other providers for vital patient care services that would no longer be covered by the Federal government.

Resolution No. 27-17 COST OF PRESCRIPTION DRUGS

RESOLVED, That Tennessee Medical Association urge legislation requiring that the patient co-pay or tier level of a particular drug listed in the insurance sign up period by the pharmacy benefits management be fixed at that co-pay or tier level for the remaining 12 months.

Resolution No. 28-17

PROTECTING THE PROFESSIONALISM OF HOSPITAL EMPLOYED PHYSICIANS

RESOLVED, That our Tennessee Medical Association will work with the Tennessee Hospital Association to establish best practices to directly address potential conflicts of physician employment and the professional responsibility of patient advocacy in hospitals by physicians; and be it further

RESOLVED, That our Tennessee Medical Association will work to re-establish an active Organized Medical Staff Section or committee within the Association.

TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Bylaw Amendment No. 01-24

INTRODUCED BY: M. KEVIN SMITH, MD, CHAIR
COMMITTEE ON CONSTITUTION AND BYLAWS

SUBJECT: ELIGIBILITY FOR TMA OFFICERS AND A COMMITTEE CHAIR

Whereas, The practice of medicine continuously and rapidly evolves necessitating the focused awareness of physicians in active practice with up-to-date information on the most recent and anticipated environment challenges; and

Whereas, TMA and many of its member, partner, and peer organizations have established policy which regulates leadership-level qualification criteria including minimum and maximum years of age, experience, and/or active, full-time medical practice work; and

Whereas, Ensuring the health and well-being of all Tennesseans currently and into the future necessitates that TMA leadership positions be optimized and most beneficially filled by physicians who are engaged in active practice; TMA leadership positions defined as all TMA committee chairpersons, Board of Trustees members, Speaker of the House of Delegates, Vice Speaker of the House of Delegates, and President-Elect; Now, therefore, be it

RESOLVED, That TMA Bylaw Chapter IV, Section A.3 be amended by insertion to read as follows:

Sec. 3. The president-elect, the speaker of the House of Delegates, and the vice-speaker of the House of Delegates shall be elected annually for one year. The speaker and the vice-speaker of the House shall hold office for not more than three consecutive years. The president-elect shall assume office as president at the expiration of the term of the president. To be eligible for election for president-elect, one must have been an active dues-paying member of the TMA five previous years prior to election and possess a current license to practice medicine in Tennessee.

RESOLVED, That TMA Bylaw Chapter IV, Section A.6 be amended by insertion and deletion to read as follows:

Sec. 6. Only active dues-paying ~~a~~ members in good standing for the five years immediately preceding the election and who possesses a current license to practice medicine in Tennessee shall be eligible for election as president-elect. Only active dues-paying members in good standing for three ~~two~~ previous years prior to election and who possess a current license to practice medicine in Tennessee shall be eligible for election to the Board of Trustees. To be eligible to be speaker or vice-speaker of the House of Delegates, one must have been an active dues-paying member of TMA and ~~one must~~ have attended meetings of the House of Delegates as a delegate or alternate delegate for a minimum of five years~~.~~, and possess a current license to practice medicine in Tennessee.

RESOLVED, That TMA Bylaw Chapter V, Section 2 be amended by insertion and deletion to read as follows:

Sec. 2**.** With the exception of the medical student and resident and fellow board members, the prerequisites in order for a member to qualify for a Board position are that he/she have at least three consecutive years of active dues-paying membership in TMA immediately preceding nomination; have a current license to practice medicine in Tennessee; and ~~have~~ either served as an officer or committee member in a component medical society or at the TMA level or be a graduate of TMA's leadership development program.

RESOLVED, That TMA Bylaw Chapter V, Section 7 be amended by insertion as follows:

Sec. 7. The Board of Trustees and any committee, subcommittee, task force or work group organized by the Board of Trustees shall hold such meetings, as often and in such manner as it deems necessary, whether by teleconference, electronic means or otherwise, at the call of the chair, and the Board shall also meet on the last day of the annual meeting. To be eligible to be appointed as chair of a Board committee, one must be an active dues-paying member of TMA for three years immediately prior to appointment and possess a current license to practice medicine in Tennessee. The Board of Trustees shall make expenditures of the funds of the Association dependent upon the availability of such funds as determined by the Board of Trustees and as ordered by the House of Delegates. The Board of Trustees, through the secretary-treasurer, shall render at the annual meeting a full and detailed accounting of all receipts and disbursements.

RESOLVED, That it be the policy of TMA in implementing the amendments herein to this Bylaw Amendment 01-24 as follows:

(1) As for any member serving in a leadership position or as committee chair who begins his/her term the day after the adjournment of this 2024 House of Delegates, who otherwise would be in violation of any of these TMA bylaws amendments, such member may serve in their position until their proscribed term expires.

(2) As for the President-Elect and President who begin their terms of office the day after the adjournment of this 2024 House of Delegates, they may advance through full terms as President and Immediate Past President without being in violation of the amendment to Bylaw Chapter IV, Section A.3 even if they would otherwise be in violation of any of these TMA bylaws amendments.

CODE: changes in wording signified by underline _____
Deletion of wording signified by strikethrough ----------

Fiscal Note: *Determined by the TMA Finance Committee*

TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 6, 2024

Resolution No. 01-24

INTRODUCED BY: CHARLES LEONARD, MD
LAKEWAY MEDICAL SOCIETY

SUBJECT: MULTI-DOSE VIALS

Whereas, Multi-dose vials of various medications are commonly used and prescribed by many physicians across the state of Tennessee for patients; and

Whereas, There is conflicting guidance about the use of multi-dose vials from the Centers for Disease Control and Prevention (CDC), United States Food and Drug Administration (FDA), and the American Society of Health-System Pharmacists (ASHP); and

Whereas, Some pharmacists refuse to dispense medications in multi-dose vials claiming that once the gray seal is punctured by a needle, the vial is considered contaminated and should be destroyed; and

Whereas, The CDC allows the use of multi-dose vials for patients if proper guidelines are met[i]; Now, therefore be it

RESOLVED, That the Tennessee Medical Association adopt the United States Centers for Disease Control and Prevention guidelines for the use of multi-dose vials for multiple patients in existence at the time physicians prescribe or administer multi-dose vials for their patients[ii]; and be it further

RESOLVED, That Tennessee Medical Association shall distribute this multi-dose vial policy to the Tennessee Pharmacists Association and the Tennessee Board of Pharmacy.

Sunset: 2031
Fiscal Note: To be determined by Finance Committee

[i] Questions about multi-dose vials, From the website of the CDC: https://www.cdc.gov/injectionsafety/providers/provider_faqs_multivials.html

[ii] When should multi-dose vials be discarded?

Medication vials should always be discarded whenever sterility is compromised or cannot be confirmed. In addition, the United States Pharmacopeia (USP) General Chapter 797 [16] recommends the following for multi-dose vials of sterile pharmaceuticals:

If a multi-dose has been opened or accessed (e.g., needle-punctured) the vial should be dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial.

If a multi-dose vial has not been opened or accessed (e.g., needle-punctured), it should be discarded according to the manufacturer's expiration date.

The manufacturer's expiration date refers to the date after which an unopened multi-dose vial should not be used. The beyond-use-date refers to the date after which an opened multi-dose vial should not be used. The beyond-use-date should never exceed the manufacturer's original expiration date.

2. Can multi-dose vials be used for more than one patient? How?

Multi-dose vials should be dedicated to a single patient whenever possible. If multi-dose vials must be used for more than one patient, they should only be kept and accessed in a dedicated clean medication preparation area (e.g., nurses station), away from immediate patient treatment areas. This is to prevent inadvertent contamination of the vial through direct or indirect contact with potentially contaminated surfaces or equipment that could then lead to infections in subsequent patients. If a multi-dose vial enters an immediate patient treatment area, it should be dedicated for single-patient use only.

An infographic from the CDC compares the single-dose and multi-dose vial (MDV). It states that an MDV may be used for more than one patient. "If it says multiple-dose, double-check the expiration date and the beyond-use date if it was previously opened, and visually inspect to ensure no visible contamination."

The CDC defined a multi-dose vial as a vial that contains more than one dose of medication. These vials contain a preservative to help prevent the growth of bacteria.

TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 6, 2024

Resolution No. 02-24

INTRODUCED BY: SAMANTHA MCLERRAN, MD
UPPER CUMBERLAND MEDICAL SOCIETY

SUBJECT: EMPLOYERS OF HOSPITAL-BASED PHYSICIANS

Whereas, Tennessee has the highest per capita rural hospital closure rate in the country. Currently, 21 Tennessee counties have no hospital. Sixteen hospitals have closed since 2010; and

Whereas, To remain viable, existing Tennessee hospitals must be able to recruit and retain hospital-based physicians to staff its specialized inpatient and outpatient departments; and

Whereas, Tenn. Code Ann. § 63-6-204 prohibits hospitals from employing certain hospital-based physicians to staff its emergency, imaging, surgery, and clinical and anatomical laboratory departments; and

Whereas, A research hospital as defined by Tenn. Code Ann. § 63-6-204, may employ these essential hospital physicians. As a result, in addition to rural hospitals closing, newly trained physicians have been reluctant to leave the training center environment. This is leading to a growing shortage of physicians in the rural counties; Now, therefore be it

RESOLVED, That the Tennessee Medical Association advocate for amending Tenn. Code Ann. § 63-6-204 to allow hospitals to employ appropriately trained and licensed physicians to staff its inpatient and outpatient departments. Language excluding anesthesiologists, emergency department physicians, pathologists, and radiologists should be removed.

Sunset: 2031
Fiscal Note: To be determined by Finance Committee

TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 6, 2024

Resolution No. 03-24

INTRODUCED BY: MICHELLE COCHRAN, MD, DLFAPA
TENNESSEE PSYCHIATRIC ASSOCIATION

SUBJECT: COORDINATION TO REDUCE BURDEN OF PRIOR AUTHORIZATION

Whereas**,** The Tennessee Medical Association (TMA) has passed prior resolutions concerning prior authorization of medication and treatment

- Resolution No. 06-21: Prior Authorization Requirements To Prescribe Buprenorphine/Naloxone for Opioid Use Disorder
- Resolution No. 09-22: Prior Authorization Reform; and

Whereas, TMA has helped pass legislation in Tennessee related to the Prior Authorization Process "Prior Authorization Fairness Act," and "Exceptions to Step Therapy Protocols;" and

Whereas, The prior authorization process in Tennessee for medications and procedures remains a significant time, financial, and emotional burden to physicians and is growing in its frequency and can lead to physician burnout and frustration; and

Whereas, There is no universal Current Procedural Terminology (CPT) code that is covered by all health insurance carriers that covers the process by which physicians must complete to obtain prior authorization for medications or treatment services; and

Whereas, The American Medical Association defines Evaluation and Management (E&M) Coding as,"... coding [which] involves use of CPT codes ranging from 99202 to 99499. These represent services by a physician (or other health care professional) in which the provider *is either evaluating or managing* a patient's health;"[1] and

[1] Definition of CPT E&M coding: https://www.ama-assn.org/topics/evaluation-and-management-em-coding#:~:text=medical%20practice%20today.-,E%26M%20coding%20involves%20use%20of%20CPT%20codes%20ranging%20from%2099202,or%20managing%20a%20patient's%20health

Whereas, The prior authorization process involves review of the patient's medical history, review of the past medication history, review of the current treatment plan, consideration of all medically necessary options, consideration of risks, and benefits to the patient, consideration of patient desires, and finally, a medical decision to select the treatment option for the patient; Now, therefore be it

RESOLVED, That Tennessee Medical Association work with the American Medical Association and other medical societies to advance policy that would allow physicians to bill for time used to obtain prior authorization for medication and treatment of patients by considering a Current Procedural Terminology (CPT) code which would be accepted by Centers for Medicare and Medcaid Services (CMS) and other insurance companies; and be it further

RESOLVED, That Tennessee Medical Association work with the American Medical Association to educate physicians on a process of using existing evaluation and management coding by including a short evaluation during a scheduled brief telehealth examination which would involve the patient in the prior authorization process while also reviewing the patient's medical history, past medication history, current treatment plan, all medically necessary options, risks, and benefits to the patient, patient desires, and a medical decision to select the best treatment option for the patient; and be it further

RESOLVED, That the Tennessee Medical Association and the American Medical Association develop educational tools to teach physicians the options to bill for the time used to obtain prior authorization for medication and treatment of patients.

Sunset: 2031
Fiscal note: To be determined by Finance Committee

TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 6, 2024

Resolution No. 04-24

INTRODUCED BY: DARINKA MILEUSNIC, MD
KNOXVILLE ACADEMY OF MEDICINE

SUBJECT: ESTABLISHING A SENIOR PHYSICIANS SECTION

Whereas**,** Each stage of a physician's career pose unique challenges; and

Whereas, The Tennessee Medical Association (TMA) has established separate sections for medical students, residents, and young physicians; and

Whereas, 24% of TMA members are over the age of 65 and a further 8% of members are between 60 and 65; and

Whereas, The American Medical Association and several states across the United States have established a unique section for senior physicians; and

Whereas, A TMA Guide to Physicians Retirement states that "The knowledge from an experienced physician can be most beneficial in the decision-making process"; and

Whereas, Little is currently being done by the TMA to support senior physicians and to encourage their involvement in committees or leadership; Now, therefore be it

RESOLVED, That the Tennessee Medical Association (TMA) establish a unique Senior Physicians Section to support their needs and to encourage their ongoing involvement in the TMA and its leadership.

Sunset: 2031
Fiscal note: To be determined by Finance Committee

TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 6, 2024

Resolution No. 05-24

INTRODUCED BY: PARUL GOYAL, MD, DELEGATE
NASHVILLE ACADEMY OF MEDICINE

SUBJECT: PROVIDING DIALYSIS THROUGH THE EMERGENCY TENNESSEE MEDICAID PROGRAM

Whereas, The annual cost of providing dialysis on an emergency basis without a regular thrice weekly schedule carries a financial burden of an average of $342,500 per patient per year[i]; and

Whereas, The annual cost of providing dialysis with a regular thrice weekly schedule-the current standard of care-costs approximately $83,600 per patient per year[i]; and

Whereas, Patients receiving dialysis on an emergency basis only have a higher five-year mortality (hazard ratio of 14.13)[ii] and morbidity (lower albumin and hemoglobin)[iii]; and

Whereas, The United States has approximately 6,000 undocumented patients receiving dialysis on an emergency, unscheduled basis[iv]; and

Whereas, Tennessee Medicaid, under the Emergency Medical Treatment and Active Labor Act, reimburses for lost funds for emergency dialysis of undocumented patients; and

Whereas, At least 22 states have enacted similar legislation to expand coverage of scheduled thrice weekly dialysis through the emergency department for undocumented patients[v]; Now, therefore be it

RESOLVED, That the Tennessee Medical Association support legislation that would allow for dialysis of undocumented persons to be provided for on a scheduled basis under the Emergency Tennessee Medicaid program.

Sunset: 2031

Fiscal Note: *To Be Determined*

[i] Dialysis Care for Undocumented Immigrants With Kidney Failure in the COVID-19 Era: Public Health Implications and Policy Recommendations - PMC (nih.gov)
[ii] Association of Emergency-Only vs Standard Hemodialysis With Mortality and Health Care Use Among Undocumented Immigrants With End-stage Renal Disease - PMC (nih.gov)
[iii] Association of Emergency-Only vs Standard Hemodialysis With Mortality and Health Care Use Among Undocumented Immigrants With End-stage Renal Disease - PMC (nih.gov)
[iv] Dustri Online Services
[v] More States Providing Outpatient Hemodialysis for Undocumented Immigrants - Renal and Urology News

TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 6, 2024

Resolution No. 06-24

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

SUBJECT: PROHIBITING USE OF SNAP BENEFITS TO PURCHASE SUGAR-SWEETENED BEVERAGES

Whereas**,** The 2015–2020 Dietary Guidelines for Americans recommend that added sugars contribute less than 10% of total calories consumed, yet children and adolescents in the United States report consuming 17% of their calories from added sugars, with nearly half sourced from sugary drinks; and

Whereas, Reducing sugary drink consumption is crucial as these beverages constitute the primary source of added sugars in the United States' diet, offer minimal nutritional value, possess high energy density, and provide little satiety; and

Whereas, Ensuring the health of children and adolescents necessitates the widespread implementation of policy strategies aimed at reducing sugary drink consumption among this demographic; Now, therefore be it

RESOLVED, That the Tennessee Medical Association support legislation prohibiting the use of Supplemental Nutrition Assistance Program (SNAP) benefits for purchasing sugar-sweetened beverages.

Sunset: 2031
Fiscal note: To be determined by Finance Committee

TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 6, 2024

Resolution No. 07-24

INTRODUCED BY: ELISE BOOS, MD, DELEGATE
LARA HARVEY, MD, DELEGATE
TENNESSEE CHAPTER, AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
HEATHER RUPE, DO, DELEGATE
WILLIAMSON COUNTY MEDICAL SOCIETY

SUBJECT: IN VITRO FERTILIZATION FOR BUILDING FAMILIES

Whereas**,** Infertility is a devastating but common issue affecting up to one in five couples; and

Whereas, 2% of all Tennesseans are born as a result of in vitro fertilization (IVF); and

Whereas, Recently the Alabama State Supreme Court has effectively outlawed the practice of IVF in their state after interpreting their state's restrictive abortion laws to grant personhood to extrauterine embryos; and

Whereas, The State of Tennessee has similar restrictive abortion laws which might engender similar interpretation in our courts in the absence of legislative intervention; and

Whereas, 85% of survey respondents support access to IVF, including 78% of self-described "pro-life" advocates; and

Whereas, Tennessee physicians have a moral duty to help our patients with safe, evidence-based treatments that help them build families and overcome the deep emotional and psychological consequences of infertility; Now, therefore be it

RESOLVED, That the Tennessee Medical Association advocates for legal protection for in vitro fertilization and all other advanced reproductive options for infertile patients, including the performance of preimplantation genetic diagnosis and all options relating to embryo storage, use, and destruction.

Sunset: 2031
Fiscal note: To be determined by Finance Committee

TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 6, 2024

Resolution No. 08-24

INTRODUCED BY: ELISE BOOS, MD, DELEGATE
LARA HARVEY, MD, DELEGATE
TENNESSEE CHAPTER, AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

SUBJECT: MAINTIANING MATERNAL HEALTH IN THE SETTING OF LETHAL FETAL CONDITIONS

Whereas**,** Maternal mortality and severe morbidity are increasing in the United States and in Tennessee.; and

Whereas, The Centers for Disease Control have estimated that more than 80% of pregnancy related deaths in the United States are preventable.[1]; and

Whereas, Evidence supports that compared to individuals with no fetal malformation, those with major fetal malformations are more likely to have severe maternal morbidity, postpartum hemorrhage, preeclampsia and cesarean delivery. [2]; and

Whereas, Recommendations for delivery in the practice of obstetrics have always been made when the risk of remaining pregnant outweighs the benefits or remaining pregnant; and

Whereas, We have a professional and ethical responsibility to work to maintain the health and well-being of our patients through the practice of shared-decision making; and

Whereas, Lethal fetal conditions are not benign conditions for the patient and they should have the right to access care that preserves their health, well-being

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[1] Trost SL, Beauregard Jm Nije F et al. Pregnancy -Related Deaths: Data from Maternal Mortality Review Committees in 36 US states, 2017-2019. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services, 2022.

[2] Kawakita T et al. Adverse maternal outcomes associated with major fetal malformations after singleton live birth. American Journal of Obstetrics and Gynecology, Maternal Fetal Medicine. Aug 12, 2023. Volume 5, Issue 10, 101132. DOI: https://doi.org/10.1016/j.ajogmf.2023.101132.

and ability to safely carry a pregnancy in the future if so desired; Now, therefore be it

RESOLVED, That the Tennessee Medical Association affirms denial of abortion care to patients seeking such in the setting of a lethal fetal condition is to subject patients to unnecessary risk of pregnancy and is a violation of our professional and ethical obligation; and be it further

RESOLVED, That the Tennessee Medical Association shall actively advocate and work towards the expanding of abortion exceptions to permit care for patients seeking such with a fetus with a lethal anomaly.

Sunset: 2031
Fiscal note: To be determined by Finance Committee

TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 6, 2024

Resolution No. 09-24

INTRODUCED BY: AMY GORDON BONO, MD, MPH, DELEGATE
NASHVILLE ACADEMY OF MEDICINE
LAURA ANDRESON, DO, EX-OFFICIO DELEGATE
NICOLE SCHLECHTER, MD, PhD, EX-OFFICIO DELEGATE

SUBJECT: PROTECTING PATIENT-PHYSICIAN COMMUNICATION

Whereas, Physicians have a professional and ethical obligation to act in the best interest of their patients by following evidence-based practices; and

Whereas, The physician-patient relationship relies on a physician's ability to use their medical judgment and expertise as to the information or treatment that is in the best interest of a patient; and

Whereas, The Tennessee Medical Association takes all reasonable and necessary steps to ensure that its members can exercise medical decision-making and treatment in good faith, and in concert with informed consent and patient autonomy; and

Whereas, There is concern among physicians regarding their ability to communicate openly with patients and advise patients about their medical conditions; Now, therefore be it

RESOLVED, That the Tennessee Medical Association affirms the need for patients to be informed of therapeutic options available for their medical conditions and advocates that physicians be able to communicate in any format or venue using evidence-based information consistent with professional practice guidelines and using good faith medical judgment without criminal or civil penalty.

Sunset: 2031

Fiscal Note: *To Be Determined*

TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 6, 2024

Resolution No. 10-24

INTRODUCED BY: AMY GORDON BONO, MD, MPH, DELEGATE
NASHVILLE ACADEMY OF MEDICINE
LAURA ANDRESON, DO, EX-OFFICIO DELEGATE
NICOLE SCHLECHTER, MD, PhD, EX-OFFICIO DELEGATE

SUBJECT: OPPOSITION TO SELF-MANAGED ABORTION CRIMINALIZATION AND PROTECTIONS FOR PHYSICIANS PROVIDING REPRODUCTIVE HEALTHCARE

Whereas, Patient autonomy is a critical component of the practice of medicine; and patients have the freedom to make their own healthcare decisions; and

Whereas, As more states restrict abortion access and facility-based abortion care becomes increasingly difficult and even impossible for many people to access, rates of self-medicated abortions are expected to increase[i]; and

Whereas, Patients should have access to competent and compassionate urgent and emergent care when needed; and

Whereas, Physicians in training in Tennessee will need to be educated out of state to learn some standard medical procedures which are required by their specialty boards; Now, therefore be it

RESOLVED, That the Tennessee Medical Association opposes the criminalization of self-managed abortion and the criminalization of patients who access abortions as it increases patients' medical risks and deters patients from seeking medically necessary services; and be it further

RESOLVED, That the Tennessee Medical Association opposes efforts to enforce criminal and civil penalties or other retaliatory efforts against these patients and opposes requirements that physicians function as agents of law enforcement – gathering evidence for prosecution rather than as a provider of care; and be it further

RESOLVED, That the Tennessee Medical Association will advocate for legal protections for medical students and physicians who cross state lines to receive education or deliver reproductive health services, including in contraception, fertility care, and abortion.

Sunset: 2031

Fiscal Note: *To Be Determined*

[i] Verma N, Grossman D. Self-Managed Abortion in the United States. Curr Obstet Gynecol Rep. 2023;12(2):70-75. doi: 10.1007/s13669-023-00354-x. Epub 2023 Mar 7. PMID: 37305376; PMCID: PMC9989574.

TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 6, 2024

Resolution No. 11-24

INTRODUCED BY: AMY GORDON BONO, MD, MPH, DELEGATE
NASHVILLE ACADEMY OF MEDICINE
NICOLE SCHLECHTER, MD, PhD, EX-OFFICIO DELEGATE

SUBJECT: ABORTION ACCESS: PRESERVING PATIENTS' LIVES AND FERTILITY

Whereas, The Tennessee Medical Association takes all reasonable and necessary steps to ensure that its members can exercise medical decision-making and treatment in good faith, and in concert with informed consent and patient autonomy; and

Whereas, Pregnancy complications, including placental abruption, preterm premature rupture of membranes, ectopic pregnancies, bleeding placenta previa, placenta accreta spectrum, preeclampsia or eclampsia, and cardiac, pulmonary, or renal conditions may be so severe that abortion is the only measure to preserve a patient's optimal health or save her life; and

Whereas, Over 75 national medical organizations, including the American Medical Association, affirmed in consensus statement in July 2022 that abortion is an essential part of healthcare; and

Whereas, Patient autonomy is a critical component of the practice of medicine; patients have the freedom to make their own healthcare decisions; and

Whereas, According to the 2022 Report to the Tennessee General Assembly on Maternal Mortality in Tennessee[i] between 2017-2020, 113 women in Tennessee died from pregnancy-related causes, and the three leading causes of death were cardiovascular and coronary disease, hemorrhage, and mental health conditions; and

Whereas, According to the same report in 2022, 177 additional women in Tennessee died from pregnancy-associated, but not related causes [i]i above; and

Whereas, Pregnancy is not a benign condition, and abortion bans jeopardize patient safety and well-being; and

Whereas, The right of conscience to provide standard of care medical options and care within the full scope of a physician's training and professional judgment is an inviolable tenet of the physician-patient relationship; Now, therefore be it

RESOLVED, That the Tennessee Medical Association affirms the value and need for access to abortion as an evidence-based medical care option. This is in accordance with nationally accepted standard of care and professional practice guidelines and is fully within the scope of a physician's training and professional judgment; and be it further

RESOLVED, That the Tennessee Medical Association supports the need for abortion care in cases of pregnancies with significant medical or fetal complexities or when the fertility of the pregnant patient is endangered as long as care is provided in the good-faith medical judgment of the physician.

Sunset: 2031

Fiscal Note: *To Be Determined*

[i] Maternal Mortality in Tennessee 2017-2020, 2022 Report to the Tennessee General Assembly by the Tennessee Department of Health | Family Health and Wellness, April 13,2022: https://www.tn.gov/content/dam/tn/health/documents/MMR-2022-Annual-Report.pdf

TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 6, 2024

Resolution No. 12-24

INTRODUCED BY: NEHA AGGARWAL, STUDENT DELEGATE
NASHVILLE ACADEMY OF MEDICINE

SUBJECT: PERMITTING OFF-LABEL USE OF BUPENORPHINE PRODUCTS FOR CHRONIC PAIN MANGEMENT

Whereas, At least 116 million United States (US) adults (35% of the population) suffer from common chronic pain conditions, which can significantly impact the quality of life for those affected and costs $560-635 billion annually in medical costs and work productivity,[i,ii]; and

Whereas, Buprenorphine was originally formulated as a treatment for pain[iii] and has a greater safety profile compared to traditional opioids for patients with renal and hepatic impairment, the elderly, and the immunocompromised,[iv,v]; and

Whereas, Buprenorphine's pharmacologic properties (slow onset of action, long half-life, greater affinity for opioid receptors than traditional opioids) reject effects of additional opioids and render it less likely to produce euphoria than traditional opioids,[vi] making it effective for the treatment of opioid use disorder,[vii]; and

Whereas, Buprenorphine/naloxone is considered an "abuse-deterrent" formulation because the included naloxone acts as an opioid receptor antagonist when inappropriately taken intravenously, minimizing potential for abuse,[viii]; and

Whereas, Buprenorphine/naloxone has been well-tolerated, safe, and effective in the treatment of chronic pain refractory to long-term opiate analgesic therapy,[ix,x]; and

Whereas, The US Department of Health and Human Services recommends the primary use of buprenorphine for the treatment of chronic pain,[xi]; and

Whereas, Chronic pain expert consensus (as achieved through the National Institutes of Health consensus methodology) is that buprenorphine is an effective tool in the management of chronic pain and that providers should consider prescribing buprenorphine before Schedule II and some Schedule IV opioids,[xii]; and

Whereas, Under Tennessee Code Annotated 53-11-311, any product containing buprenorphine, with or without naloxone, may only be prescribed for the FDA-recognized use of treating opioid use disorder; and

Whereas, Tennessee is the only state in the country with restrictions that prevent the off-label use of buprenorphine/naloxone for pain; and

Whereas, Tennessee ranks in the top five states for opioid prescriptions per capita, and overdose deaths attributed to opioids increasing to over 3,000 in 2021.[xiii,xiv]; Now, therefore be it

RESOLVED, That the Tennessee Medical Association recognize buprenorphine as a safe and effective alternative to traditional opioids for the management of chronic pain; and be it further

RESOLVED, That the Tennessee Medical Association lobby state legislators to allow Tennessee physicians to prescribe oral buprenorphine/naloxone formulations off-label for chronic pain management.

Sunset: 2031

Fiscal Note: *To Be Determined*

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[i] Poliwoda S, Noor N, Jenkins JS, et al. Buprenorphine and its formulations: a comprehensive review. *Health Psychol Res*. 2022;10(3):37517. doi:10.52965/001c.37517

[ii] Tennessee Department of Health Office of Informatics and Analytics. *Tennessee Department of Health Office of Informatics and Analytics*. Tennessee Department of Health; 2022.

[iii] Campbell ND, Lovell AM. The history of the development of buprenorphine as an addiction therapeutic. *Ann N Y Acad Sci*. 2012;1248:124-139. doi:10.1111/j.1749-6632.2011.06352.x

[iv] Case AA, Kullgren J, Anwar S, Pedraza S, Davis MP. Treating Chronic Pain with Buprenorphine-The Practical Guide. *Curr Treat Options Oncol*. 2021;22(12):116. doi:10.1007/s11864-021-00910-8

[v] Pergolizzi JV, Raffa RB. Safety and efficacy of the unique opioid buprenorphine for the treatment of chronic pain. *J Pain Res*. 2019;12:3299-3317. doi:10.2147/JPR.S231948

[vi] Volpe DA, McMahon Tobin GA, Mellon RD, et al. Uniform assessment and ranking of opioid μ receptor binding constants for selected opioid drugs. *Regul Toxicol Pharmacol*. 2011;59(3):385-390. doi:10.1016/j.yrtph.2010.12.007

[vii] Shulman M, Wai JM, Nunes EV. Buprenorphine treatment for opioid use disorder: an overview. *CNS Drugs*. 2019;33(6):567-580. doi:10.1007/s40263-019-00637-z

[viii] Yokell MA, Zaller ND, Green TC, Rich JD. Buprenorphine and buprenorphine/naloxone diversion, misuse, and illicit use: an international review. *Curr Drug Abuse Rev*. 2011;4(1):28-41. doi:10.2174/1874473711104010028

[ix] Daitch D, Daitch J, Novinson D, Frey M, Mitnick C, Pergolizzi J. Conversion from high-dose full-opioid agonists to sublingual buprenorphine reduces pain scores and improves quality of life for chronic pain patients. *Pain Med*. 2014;15(12):2087-2094. doi:10.1111/pme.12520

[x] Malinoff HL, Barkin RL, Wilson G. Sublingual buprenorphine is effective in the treatment of chronic pain syndrome. *Am J Ther*. 2005;12(5):379-384. doi:10.1097/01.mjt.0000160935.62883.ff

[xi] US Department of Health and Human Services. *Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, And Recommendations*. US Department of Health and Human Services; 2019.

[xii] Webster L, Gudin J, Raffa RB, et al. Understanding buprenorphine for use in chronic pain: expert opinion. *Pain Med*. 2020;21(4):714-723. doi:10.1093/pm/pnz356

[xiii] Tennessee Department of Health. TN Faces of Opioids. Accessed March 15, 2024. https://www.tn.gov/tnfacesofopioids.html

[xiv] Centers for Disease Control and Prevention. Drug Overdose Mortality by State. March 1, 2022. Accessed March 15, 2024. https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 6, 2024

Resolution No. 13-24

INTRODUCED BY: SWATHI GANESH, STUDENT DELEGATE
MEMPHIS MEDICAL SOCIETY

SUBJECT: ENCOURAGING PHYSICIANS TO EXPLORE GROUP CARE VISITS

Whereas, The Tennessee Medical Association has ongoing priorities consistent with the 2023 Legislative Priority "to identify and develop solutions that increase healthcare access without compromising patient care;" and

Whereas, Patients may need to wait several weeks to months to be seen by physicians, thus exacerbating disparities in healthcare and limiting access; and

Whereas, Group visits, in which multiple patients are seen at a time, have been shown to improve outcomes for conditions such as diabetes[i] and for prenatal care[ii] while allowing patients to receive more timely, accessible care; Now, therefore be it

RESOLVED, That the Tennessee Medical Association explore the value and implementation of group care visits for various healthcare conditions in order to improve patient outcomes while increasing healthcare access.

Sunset: 2031

Fiscal Note: *To Be Determined*

[i] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5734165/
[ii] https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/03/group-prenatal-care

TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 6, 2024

Resolution No. 14-24

INTRODUCED BY: JASON YAUN, MD, DELEGATE
TENNESSEE CHAPTER, AMERICAN ACADEMY OF PEDIATRICS
VICTORIA ALEXANDER, MD, DELEGATE
MEMPHIS MEDICAL SOCIETY

SUBJECT: SUPPORTING CHILDREN'S MENTAL HEALTH THROUGH HEALTHY DEVICE USAGE

Whereas, Age-based restrictions are established for various activities such as driving, alcohol use, and voting for individual and public safety reasons; and

Whereas, It is known that most children ages 6-12 years think in concrete ways, and that during adolescence (ages 12-18) the developing child gains the ability to think systematically about all logical relationships within a problem (formal logical operations)[i]; and

Whereas, Adolescents do enjoy some benefits from moderate social media use, but those with high usage of social media platforms and smartphones were more likely to report mental health issues[ii]; and

Whereas, The self-harm and suicide rates in those under 18 years of age have precipitously increased since 2012 corresponding to the increase in popularity of smartphones[iii]; and

Whereas, There is the need to support caregivers and children in balancing the healthy use of digital devices as these are a ubiquitous part of daily life and provide many opportunities to learn, socialize, enjoy shared experiences, and connect across cultures; and

Whereas, The digital ecosystem was not designed with children in mind and technology platforms seek to maximize profit and user engagement rather than health and well-being; Now, therefore be it

RESOLVED, That the Tennessee Medical Association support children's mental health and wellbeing by keeping them safe online and supporting their healthy use of modern digital devices and social media through working to promote effective measures to address digital challenges including but not limited to promoting limited screen time, age restrictions on harmful content,

protections around data collection, manipulative design practices, and algorithmic recommendations.

Sunset: 2031
Fiscal Note: *To Be Determined*

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[i] https://www.cincinnatichildrens.org/health/c/cognitive-development

[ii] Khalaf AM, Alubied AA, Khalaf AM, Rifaey AA. The Impact of Social Media on the Mental Health of Adolescents and Young Adults: A Systematic Review. Cureus. 2023 Aug 5;15(8):e42990. doi: 10.7759/cureus.42990. PMID: 37671234; PMCID: PMC10476631.

[iii] Twenge, J. M., Joiner, T. E., Rogers, M. L., & Martin, G. N. (2018). Increases in Depressive Symptoms, Suicide-Related Outcomes, and Suicide Rates Among U.S. Adolescents After 2010 and Links to Increased New Media Screen Time. *Clinical Psychological Science*, *6*(1), 3-17. https://doi.org/10.1177/2167702617723376

TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 6, 2024

Resolution No. 15-24

INTRODUCED BY: JASON YAUN, MD, DELEGATE
TENNESSEE CHAPTER, AMERICAN ACADEMY OF PEDIATRICS
AMY GORDON BONO, MD, MPH, DELEGATE
NASHVILLE ACADEMY OF MEDICINE
VICTORIA ALEXANDER, MD, DELEGATE
MEMPHIS MEDICAL SOCIETY

SUBJECT: AFFIRMING AND SUPPORTING THE MATURE MINOR DOCTRINE

Whereas, Historically the Rule of Sevens for assent in pediatric care states that children under age seven do not have the capacity necessary to make their own decisions, children seven to fourteen years of age are presumed not to have this capacity until proven otherwise in individual cases, and children over age fourteen are presumed to have capacity to make their own decisions[i]; and

Whereas, The American Medical Association (AMA) and the American Academy of Pediatrics (AAP) affirm that confidential care for adolescents is critical to improving their health; and

Whereas, Physicians are encouraged to offer adolescents an opportunity for examination and counseling apart from their parent; and

Whereas, The AMA encourages medical societies to evaluate laws on consent and confidential care for adolescents and to help eliminate laws which restrict the availability of such care[ii]; and

Whereas, The Tennessee state legislature put forth a bill that grants parents exclusive liberty to direct the upbring, education, health care, and mental health of their child[iii] and passed a 2023 bill known as the Mature Minor Doctrine Clarification Act[iv]; and

Whereas, Such legislation would prohibit licensed healthcare professionals from treating, diagnosing, operating on, prescribing for, or administering any medication without the consent of the minor's parent, including for psychological services[iii] and require parent or guardian consent for immunizations[iv]; Now, therefore be it

RESOLVED, That the Tennessee Medical Association supports the continued viability of the Mature Minor Doctrine and the ability of physicians to determine the

decision-making capacity of emancipated or competent mature minors, age 14 or older, to consent to their healthcare provider.

Sunset: 2031

Fiscal Note: *To Be Determined*

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[i] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2588342/#:~:text=The%20Rule%20of%20Sevens%20states,to%20have%20capacity%20to%20make

[ii] https://policysearch.ama-assn.org/policyfinder/detail/consent%20children%20and%20youth?uri=%2FAMADoc%2FHOD.xml-0-5059.xml

[iii] https://wapp.capitol.tn.gov/apps/BillInfo/Default.aspx?BillNumber=SB2749&utm_source=_2021+Communications+Universe&utm_campaign=8085cebebc-EMAIL_CAMPAIGN_2017_02_03_COPY_01&utm_medium=email&utm_term=0_c59cf3c884-8085cebebc-60423480

[iv] http://https//wapp.capitol.tn.gov/apps/BillInfo/default.aspx?BillNumber=HB1380&GA=113

TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

April 6, 2024

Resolution No. 16-24

INTRODUCED BY: SWATHI GANESH, STUDENT DELEGATE
MEMPHIS MEDICAL SOCIETY

SUBJECT: PREPARING TO LEVERAGE THE ONCOMING ARTIFICIAL INTELLIGENCE ECONOMY

Whereas, Physicians are experiencing record levels of burnout with roughly 63% reporting at least one symptom of burnout in 2021[i]; and

Whereas, Physicians face an increasingly complex healthcare system with increasing practice demand and a rapidly evolving fiscal landscape[ii]; and

Whereas, The healthcare sector leads the Tennessee economy in artificial intelligence-related funding and employment opportunities[iii]; and

Whereas, Healthcare continues to collect exponentially greater amounts of data on patients and outcomes, with a forecasted compound annual growth rate of collected healthcare data of 36% by 2025[iv]; and

Whereas, Artificial intelligence presents with remarkable potential to augment numerous spheres of healthcare, including discovery and development, health analytics, administrative duties, and medical device connectivity[iii],[v], [vi]; and

Whereas, Tennessee's healthcare system is guaranteed to be impacted by the emergence of artificial intelligence and the state has the opportunity to choose how they invest in and use artificial intelligence to improve patient outcomes; Now, therefore be it

RESOLVED, That the Tennessee Medical Association support the pursuit of research and educational opportunities to prepare Tennessee healthcare providers for an artificial intelligence-integrated healthcare ecosystem; and be it further

RESOLVED, That the Tennessee Medical Association advocate for physician autonomy in deciding how artificial intelligence is integrated into medical practice.

Sunset: 2031
Fiscal Note: *To Be Determined*

[i] "Changes in Burnout and Satisfaction With Work-Life Integration in Physicians During the First 2 Years of the COVID-19 Pandemic Shanafelt, Tait D. et al. Mayo Clinic Proceedings, Volume 97, Issue 12, 2248 – 2258

[ii] "Harnessing the Power of Data in Healthcare". Stanford Medicine 2017 Health Trends Report. Stanford Medicine. hfps://med.stanford.edu/content/dam/sm/sm-news/documents/StanfordMedicineHealthTrendsWhitePaper2017.pdf, 2017.

[iii] U.S. Bureau of Labor Statistics; Boston Consulting Group Center for Growth and Innovation Analytics

[iv] Coughlin S, Roberts D, O'Neill K, Brooks P. Looking to tomorrow's healthcare today: a participatory health perspective. Intern Med J. 2018 Jan;48(1):92-96. doi: 10.1111/imj.13661. PMID: 29314515.

[v] National Academies of Sciences, Engineering, and Medicine; National Academy of Medicine; Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being. Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being. Washington (D.C.): National Academies Press (U.S.); 2019 Oct 23. PMID: 31940160.

[vi] Johnson, Steven Ross. "The Future Is Now? AI's Role in Addressing Population Health." Modern Healthcare, https://www.modernhealthcare.com/indepth/how-ai-plays-role-in- population-health-management/, 2018.