



POLICY OF THE TENNESSEE MEDICAL ASSOCIATION

TABLE OF CONTENTS

Introduction	3
Electronic Capabilities	3
The Certification of Delegates to the House	3
Credentials of Delegates and their Alternates	5
Introduction of Resolutions to the House.....	5
House of Delegates Format.....	5
Special Committee on Resolutions.....	6
Format of Resolutions	7

Resolutions–Text of “Resolved” Adopted by House

2017 Resolutions.....	8
2018 Resolutions.....	12
2019 Resolutions.....	14
2021 Resolutions.....	18
2022 Resolutions.....	22
2023 Resolutions.....	25

Permanent Policy of the TMA.....	29
---	-----------

TITLE INDEX (alphabetical by Resolution Title)	47
---	----

TOPICAL INDEX (with cross reference).....	54
--	----

POLICY DEVELOPMENT

Introduction

The House of Delegates is the legislative and business body of the Tennessee Medical Association (TMA). Each Member of the House is responsible for guiding and directing the policy of the TMA for the best interests of the people and of the medical profession in Tennessee. After deliberation on matters of concern to the Association, the House of Delegates votes on resolutions that, if adopted, reflect the policy of the TMA. The House meets annually at the TMA Annual Meeting.

Electronic Capabilities

A goal of the TMA is to engage more members and be more efficient and effective in its policy making process. Therefore, once credentialed as a delegate or alternate delegate to the TMA House of Delegates, a member should supply a working email address to the TMA. Further, it is recommended that elected delegates and alternate delegates should confirm their technological capacities by registering themselves as part of the TMA Electronic House of Delegates.

The Certification of Delegates to the House

Chapter III, Section 3 of the TMA Bylaws states:

Each component society shall be entitled to send to the House of Delegates each year one delegate for every fifty active, veteran, and intern and resident members, and one for every fraction thereof, based upon the number of such members in the component society in good standing as of the end of the year preceding the meeting of the House. Each component society shall also be entitled to send one student delegate from its membership to the House for each medical school in its territorial jurisdiction. Each component society holding a charter from the Association, which has made its annual report and paid its assessment as provided in the Constitution and Bylaws, shall be entitled to at least one delegate. No delegate from any chartered component society shall be entitled to be seated in the House of Delegates unless the component society which he or she represents has complied with the requirements of the Association by submitting the annual report to the secretary-treasurer of the Association. Each delegate of a component society shall be a proxy representing all of the component society's members, except as to matters upon which a referendum is held as provided in Article IV of the Constitution.

Chapter III, Section 4 of the TMA Bylaws states:

The members of the Association who have joined directly pursuant to TMA Bylaw Chapter I, Section B.2 shall be entitled to send to the House of Delegates each year one delegate for every fifty active, veteran, and intern and resident members who have joined the TMA by direct membership and are otherwise in good standing as of December 1 of the year preceding the meeting of the House. Such delegate(s) shall be appointed by the Nominating Committee.

Chapter III, Section 13 of the TMA Bylaws states:

There shall be a Medical Student Section to provide representation for the interests of medical students within the structure of the Association. The medical students of each Liaison Committee of Medical Education-accredited medical school in the state shall be entitled to representation in the section. All representatives shall be members of the Association. The Medical Student Section shall be organized under a governing body and shall elect one delegate to represent it in the House of Delegates of the Association.

Chapter III, Section 14 of the TMA Bylaws states:

There shall be a Young Physician Section to provide for the representation of the interests of young physicians within the Association. Young physicians are defined as practicing physicians under age 40; or in their first eight years of practice. Each component society shall be entitled to representation in the section. All representatives shall be members of the Association. The Young Physician Section shall be organized under a governing body and shall elect one delegate from each region to represent it in the House of Delegates of the Association. The Young Physician Section may elect its own governing body.

Chapter III, Section 15 of the TMA Bylaws states:

There shall be a Resident and Fellow Section to provide for the representation of the interests of residents and fellows within the Association. Members of the section shall be current members who are in residency training programs in the state of Tennessee. The section shall be organized under a governing body and shall elect one delegate to represent it in the House of Delegates of the Association.

Chapter III, Section 16 of the TMA Bylaws states:

All statewide medical specialty societies that meet the requisite criteria established by the House of Delegates will be eligible for representation of one delegate and one alternate delegate who shall be members of the Association if:

- 1) The specialty society or subspecialty society is recognized by the American Board of Medical Specialties or is recognized by the American Medical Association as a practice specialty; and
- 2) The specialty society or subspecialty society has a minimum twenty (20) members licensed and practicing in Tennessee, one-fourth of which must be members of the Tennessee Medical Association.

If 25% or more of a specialty society or subspecialty society members are members of the Tennessee Medical Association, then that society is eligible for one additional delegate for each 100 TMA members of the society.

Each Tennessee Medical Association member shall designate which single specialty or subspecialty shall represent them in the TMA House of Delegates. Such designation will be in accordance with a method determined by the Board of Trustees.

Credentials of Delegates and their Alternates

Prior to the Annual Meeting each year, TMA requests all component society presidents and secretaries to certify the names of all duly elected delegates and alternate delegates to the TMA House. The names of delegates and their alternates properly certified by their respective component societies by TMA's deadline are published in TMA's official Delegate Handbook. This handbook is mailed and/or posted on the website for all delegates in advance of the TMA Annual Meeting.

The Credentials Committee meets prior to each session of the House to establish the eligibility of all delegates and/or alternates. Those individuals entitled to be seated are:

- a) all duly certified and elected delegates;
- b) alternate delegates who are authorized to substitute;
- c) ex-officio delegates

Any person desiring to substitute as a delegate must present documentation of election to the Credentials Committee for approval. The documentation must be signed by the appropriate medical society president, medical society secretary or CEO/Executive Director of the society.

Introduction of Resolutions to the House

Resolutions submitted within two weeks of the opening session of the TMA House of Delegates will be made available to delegates/delegations electronically for their review. Further, those resolutions brought forth within two days of the opening session of the TMA HOD are required to be entered as emergency resolutions requiring more than 50% of the members of the HOD present to accept them as true emergencies.

Resolutions introduced into the House of Delegates should contain fiscal notes to provide the members of the House of Delegates with needed information with which to make good sound financial policy decisions; and that the TMA Board of Trustees Finance Committee, in consultation with the TMA staff, will apply cost estimates to resolutions that have actual or potential cost either directly or indirectly on the financial position of the TMA.

Only member of the House of Delegates (i.e. delegates & ex-officio delegates) have a voice in the assembly, and only delegates or ex-officio delegates may introduce resolutions to the House. Each item of business properly introduced into the House of Delegates must be adequately studied and discussed by the House before action is taken. Once a matter is introduced, the matter becomes the official business of the House and must be acted upon.

The HOD will convene to conduct the regular business of the house and to consider all resolutions as a whole. With the House still in session each amendment/resolution will be displayed on an overhead screen and discussed. Editorial changes or minor changes can be made as needed. More substantial amendment suggestions should be submitted to a scribe. Amendments with substantial changes will be rolled to the foot of the agenda to allow time for editing. As a last resort, unresolved resolutions are referred by the Speaker to a Special Committee on Resolutions selected by the Speaker and Vice Speaker prior to the opening session of the House.

Bylaws Amendments and Resolutions

[Note: The House is still in session for this portion.] Each amendment is displayed on an overhead screen during discussion. Editorial changes or minor changes can be made as needed. More substantial amendment suggestions should be submitted to the scribe. Amendments with substantial changes will be rolled to the foot of the agenda to allow time for typing.

- A. Speaker introduces each amendment and entertains a motion from floor to adopt or not adopt
- B. Second to motion or motion fails
- C. Discussion of motion and discussion of motions to amend resolution, if any, and any editorial changes
- D.1. Vote taken to adopt, not adopt, or adopt as amended; **OR**
- D.2. Discussions lasting more than 10 minutes are tabled by the Speaker to the end of the resolution agenda and the speaker invites members with amendments to submit them to the scribe
- E. Further discussion of tabled amendments and resolutions, if any
- F.1. Vote taken to adopt, not adopt, or adopt as amended; **OR**
- F.2. Unresolved resolutions are referred by the Speaker to the Special Committee on Resolutions along with all submitted amendment suggestions
- G. The House will reconvene at a specified time and the order of business continues with the consideration by the House of all recommendations submitted by the Special Committee on Resolutions. Each of the Special Committee on Resolutions proposed amended resolutions will be flashed up on the overhead screen for editing, if necessary. Again, the discussion would be of amended resolutions not of any Special Committee on Resolutions report. The House proceeds in this manner until all resolutions have been addressed.

Responsibility of the Special Committee on Resolutions

The Special Resolutions Committee will convene immediately following the Second Session 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, it recommends that the resolution not be adopted.

Format of Resolutions

All resolutions to be considered by the House of Delegates must be presented in the format shown below. Each resolution presented for consideration is assigned a Resolution Number and an appropriate subject heading (if not provided by the author of the resolution).

Model Resolution Form

TENNESSEE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. (to be assigned)

INTRODUCED BY: _____

(Only delegates and ex-officio delegates may introduce resolutions. They may introduce on their own behalf, or on behalf of a society, a TMA committee, board, council, or a related organization.)

SUBJECT: _____

Whereas, _____

(Not required and not adopted. May include introductory statements briefly identifying the problem, advise the House on timeliness or urgency of the problem, the effect of the issue on the Association, and whether action would establish or modify current policy.)

RESOLVED, _____

(Sets forth specific intent and action.) The Resolves should stand-alone and not refer back to the prefatory statements (such as – Resolved that the Tennessee Medical Association support **such** programs or policies...) since the House adopts only the Resolves.

Sunset: *(insert year) [**All resolutions, unless there is specific or implied reference to earlier time frame, would automatically expire in seven years unless reaffirmed by the House of Delegates at that time*]

Fiscal Note: Fiscal Note Requirement on Resolutions calls for the application of cost estimates to resolutions that have actual or potential cost either directly or indirectly on the financial position of the TMA.

2017 Adopted Resolutions

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

(REAFFIRMATION OF RESOLUTION NO. 12-10)
BOARD OF MEDICAL EXAMINERS' 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, and be it further
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 No. 05-17

TENNESSEE STATE PARKS "HEALTHY 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 No. 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 No. 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 No. 09-17
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 No. 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 No. 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 No. 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 No. 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 No. 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 No. 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 No. 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. 25-17

INDEPENDENT PRACTICE OF PHYSICIAN ASSISTANTS

RESOLVED, That the Tennessee Medical Association oppose efforts authorizing the independent practice of physician assistants in Tennessee.

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.

2018 Adopted Resolutions

Resolution No. 01-18

HEALTH INSURANCE COMPANIES' USE OF BEERS CRITERIA IN PHYSICIAN RATING SYSTEMS

RESOLVED, That Tennessee Medical Association's (TMA) American Medical Association (AMA) House of Delegates (HOD) delegation be directed to amend AMA HOD H-185.940, "Beers or Similar Criteria and Third Party Payer Compliances Activities" to actively advocate with health insurance companies not to utilize the Beers Criteria within their physician rating mechanisms, such as STARS and HEDIS quality measures; and be it further

RESOLVED, That TMA advocate with health insurance companies in Tennessee, to change the manner in which they utilize the Beers Criteria as a rating tool for physicians.

Resolution No. 02-18

CMS REQUIRED PROVIDER DIRECTORY UPDATES

RESOLVED, That Tennessee Medical Association's (TMA) American Medical Association (AMA) House of Delegates (HOD) delegation be directed to seek change that would require Centers for Medicare and Medicaid Services (CMS) to obtain all needed information through Coalition for Affordable Quality Healthcare (CAQH) instead of requiring physicians to make quarterly entries for Medicare and Medicare Advantage Plans.

Resolution No. 06-18

LESSENING THE STIGMA AND POTENTIAL FOR NEGATIVE PROFESSIONAL CONSEQUENCES TO PHYSICIANS SEEKING MENTAL HEALTH CARE SERVICES

RESOLVED, That the Tennessee Medical Association supports fair and transparent processes for the evaluation of a physician's mental health during licensure, credentialing and hiring or retention processes to reduce the stigma and potential for inappropriate negative professional consequences for physicians who disclose mental health conditions; and be it further

RESOLVED, That the Tennessee Medical Association will work with stakeholders to improve policies, rules and procedures and the communication about them for the evaluation of a physician's mental health during licensure, credentialing and hiring or retention processes to reduce the stigma and potential for inappropriate negative professional consequences for physicians who disclose mental health conditions; and be it further

RESOLVED, That the Tennessee Medical Association encourages the proactive use of mental health services by physicians as part of a normative lifestyle of self-care in consideration of the unique stressors they face; and be it further

RESOLVED, That the Tennessee Medical Association adopts as policy, the Quadruple Aim, which adds the goal of improving the work life of physicians as a key plank in healthcare delivery systems which have adopted the Triple Aim.

Resolution No. 07-18

INCLUSION OF METHADONE IN PRESCRIPTION DRUG MONITORING DATABASES

RESOLVED, That the Tennessee Medical Association will urge the American Medical Association (AMA) to promote federal action requiring opioid treatment programs (OTPs) to submit dispensing data to prescription drug monitoring programs (PDMPs) in accordance with state laws; and be it further

RESOLVED, That the Tennessee Medical Association will urge federal legislators to require that all healthcare entities, including opioid treatment programs (OTPs), be required to report controlled substance prescribing to prescription drug monitoring programs (PDMPs).

Resolution 10-18

OVER-PRESCRIPTION OF OPIOIDS IN PATIENTS WITH CHRONIC PAIN

RESOLVED, That the TMA engage healthcare plans to provide benefits including integrative services for patients with chronic pain; and be it further

RESOLVED, That the TMA form a task force to explore with healthcare plans alternative payment mechanisms (e.g., bundled payments, case management, and the like) to facilitate innovation in the delivery of integrative services to patients with chronic pain.

2019 Adopted Resolutions

Resolution No. 01-19

ANNUAL STIPEND FOR ASSOCIATION PRESIDENT

RESOLVED, That beginning with fiscal year 2006 the President of the Tennessee Medical Association receive a stipend as recognition of their service and to partially offset their loss of practice salary, to be determined by the Tennessee Medical Association's Finance Committee; and be it further

RESOLVED, That the stipend, be paid to the President of the Tennessee Medical Association in equally monthly payments beginning the first month of the term of the President of the Tennessee Medical Association (month beginning after the Annual meeting and running through the following Annual meeting).

Resolution No. 02-19

YOUTH DIVERSITY ON STANDING TMA COMMITTEES

RESOLVED, That beginning in 2020, every TMA standing committee shall have at least one medical student or resident physician as a member, to be recruited by the committee chair and/or staff liaison through the respective sections, approved by the Appointment Committee, and ratified by the Board of Trustees for each term. Should the student or resident nominated to the committee be unable to attend the meeting a designee or proxy student shall be eligible to fill the role and to cast the vote on the student committee member's behalf as proxy.

Resolution No. 03-19

EXPANSION OF RESOURCES & PATIENT ACCESS TO TREATMENT OPTIONS FOR SUBSTANCE & MENTAL HEALTH DISORDERS

RESOLVED, That the Tennessee Medical Association work with the State toward expanding resources and patient access to treatment options for substance and mental health disorders in all regions in the state. Resources should include a regional detoxification facility offering patients with opioid use disorder the option to elect supervised tapering and continued follow-up in a regional outpatient recovery program.

Resolution No. 07-19

MEDICAL RECORDS FOR CHILDREN IN FOSTER CARE

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

Resolution No. 08-19

IMPROVING COMMUNICATION BETWEEN HOSPITALS & PRIMARY CARE

RESOLVED, That the Tennessee Medical Association explore collaborating with Tennessee Hospital Association to create a pathway to notify primary care physicians by hospitals about admissions, discharges, transfers, and emergency room visits, if the patient has provided the hospital with information about their primary care physician.

Resolution No. 09-19
TRUTH IN ADVERTISING FOR CBD OIL

RESOLVED, The Tennessee Medical Association Legislative Committee should consider legislation requiring all entities that sell CBD products in Tennessee to provide customers with a fact sheet alerting them to the possibility of positive drug testing while using CBD oil and related products.

Resolution No. 11-19
**REGULATION OF PHYSICIAN-LED, TEAM-BASED, COLLABORATIVE PRACTICE BETWEEN PHYSICIANS
AND ADVANCED PRACTICE REGISTERED NURSES**

RESOLVED, That the Tennessee Medical Association advocate for continued rules that require each advanced practice registered nurse (APRN) to be formally associated in a collaborative practice agreement with a same specialty primary physician partner along with possible secondary physician partners; and be it further RESOLVED, That the Tennessee Medical Association consider a Joint Collaborative Practice Board comprised of an equal number of physicians and advanced practice registered nurses (APRNs) to regulate the collaborative practice of medicine between physicians and APRNs.

Resolution No. 13-19
REMOTE PATIENT MONITORING FOR MANAGEMENT OF CHRONIC CONDITIONS

RESOLVED, That the Tennessee Medical Association educate its members on the benefits and uses of remote patient monitoring as a part of telehealth; and be it further RESOLVED, That the Tennessee Medical Association advocate for defining remote patient monitoring in the Tennessee Code and advocate that remote patient monitoring by physicians be sufficiently reimbursed by health insurance entities for the management of chronic conditions; and be it further RESOLVED, That the Tennessee Medical Association draft and submit a resolution to the American Medical Association (AMA) for the promotion, definition, and reimbursement of Remote Patient Monitoring for the treatment of chronic conditions.

Resolution No. 18-19
THE FUTURE OF IMPACT

RESOLVED, That all members of the Tennessee Medical Association Board of Trustees who are more than five years post training be encouraged to be Independent Medicine's Political Action Committee-TN (IMPACT) Capitol Hill Club Members; and be it further RESOLVED, That all TMA physicians who are more than five years post training and who serve in a leadership role including but not limited to TMA committees, TMA's Delegation to the American Medical Association, and TMA Judicial Council be at a minimum an IMPACT Sustaining Members; and be it further RESOLVED, That the TMA Board of Trustees will work with the IMPACT Committee to study the viability of IMPACT and submit a plan on how to increase funding levels and report back to the House of Delegates at this meeting in 2020.

Resolution No. 20-19
STEP THERAPY REFORM: TENNESSEE

RESOLVED, That TMA seek state legislation requiring that when health insurance entities and pharmacy benefit managers develop step therapy protocols, they:

1. Are based on established clinical guidelines or peer reviewed and evidence-based criteria developed by independent experts with knowledge of the condition or conditions under consideration;
2. Include timelines for granting or denying submissions on step therapy protocol that are no longer than 72 hours for non-urgent and 24 hours for urgent cases, if not granted within allotted time it is deemed granted; and
3. Grant patients exemptions from step therapy protocols for one or more of the following reasons:
 - a) The required prescription drug is contraindicated or will likely cause an adverse reaction by or physical or mental harm to the patient;
 - b) The required prescription drug is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug regimen;
 - c) The patient has tried the required prescription drug while under their current or a previous health insurance or health benefit plan, or another prescription drug in the same pharmacologic class or with the same mechanism of action and such prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event;
 - d) The required prescription drug is not in the best interest of the patient, based on medical necessity;
 - e) The patient is stable on a prescription drug selected by their health care provider for the medical condition under consideration while on a current or previous health insurance or health benefit plan. and be it further

RESOLVED, That such state legislation require health insurance entities to provide a reasonable process that includes independent reviewers to appeal any decision to deny a step therapy protocol override.

Resolution No. 21-19
TMA FUNDING FOR MEDICAL STUDENT CHAPTERS

RESOLVED, That the TMA continue to allocate \$2,000 annually in the TMA budget to every component medical society for each active medical student chapter within their region, and that said monies be used at the discretion of the chapter leadership for campus events and conference representation with continuing and careful partnership with respective component societies; and be it further

RESOLVED, That active medical student chapters be defined as any chapter with the equivalent of a Chair or President and a Delegate and that holds at least one annual event on campus a year; and be it further

RESOLVED, That student delegates interested in attending state, regional, or national conferences begin by gaining approval from their respective medical school chapter leadership in conjunction with component medical societies; and be it further

RESOLVED, That medical student chapters be made aware of the stewardship of these funds and encouraged to work in lockstep with their component medical societies as to the effective usage of these funds for the benefit of the medical student chapters.

Emergency Resolution 1-19
RESOLUTION TO BAN THE SALE OF FLAVORED VAPE PRODUCTS IN TENNESSEE

RESOLVED, That the Tennessee Medical Association advocate to the General Assembly that sales of flavored or menthol flavored vape products be banned in the state of Tennessee.

2021 Adopted Resolutions

Resolution No. 01-20

(REAFFIRMATION OF RESOLUTION NO. 17-99 and 3-13)
HOSPITALS CHARGING FOR PHYSICIAN APPLICATIONS

RESOLVED, That application fees associated with hospital staff membership be decided by the medical staff; and be it further

RESOLVED, That any monies raised by application fees associated with hospital staff membership be used for the collective good of the medical staff and do not offset the hospital's administrative costs.

Resolution No. 02-20

IMPAIRMENT REPORTING

RESOLVED, That the Tennessee Medical Association align its policy with the current American Medical Association, Federation of State Medical Boards and other state policies that seek to remove barriers to physicians seeking mental health assistance; and be it further

RESOLVED, That the Tennessee Medical Association encourage other credentialing bodies such as hospital staffs and insurance companies to adopt similar policy focusing on current impairment rather than illness.

Resolution No. 04-20

DEFINING WHAT CONSTITUTES PROPER USE OF THE TERMS "RESIDENCY" AND "FELLOWSHIP" WHEN REFERRING TO SPECIALTY TRAINING

RESOLVED, That the Tennessee Medical Association develops a position statement that highlights the historical value and current nature of the terminology "residency" and "fellowship" to describe physician post-graduate training, and addresses the ramifications of non-physician clinician groups utilizing similar nomenclature.

Resolution No. 05-20

ENDING THE RISE IN MATERNAL MORTALITY RATES BY EXTENDING COVERAGE TO 12 MONTHS POSTPARTUM

RESOLVED, That our Tennessee Medical Association support and actively work toward enactment of state legislation to permanently extend Medicaid coverage to 12-months postpartum in Tennessee.

Resolution No. 01-21

INCLUSION OF ELECTRONIC COMMUNICATIONS IN E-HEALTH REIMBURSEMENT

(REAFFIRMATION OF RESOLUTION NO. 3-14)

RESOLVED, That the Tennessee Medical Association support legislation to expand the definition of telehealth services provided to patients to include electronic means of communication and health care delivery, and be it further

RESOLVED, That the Tennessee Medical Association strongly support legislation that would require payers to reimburse all means of tele-health services provided to patients by providers; and be it further

RESOLVED, That the Tennessee Medical Association work with the American Medical Association Current

Procedural Terminology (CPT) Editorial Panel for the development of CPT Codes for all electronic transmission of healthcare.

Resolution No. 02-21
ADVOCACY FOR THE MENTALLY ILL
(REAFFIRMATION OF RESOLUTION NO. 17-93, 5-00, 17-07 AND 8-14)

RESOLVED, That the Tennessee Medical Association support an increase in health related services for all mentally ill patients.

Resolution No. 03-21
TOBACCO TAX

RESOLVED, That Tennessee Medical Association support legislation that increases by at least 50% the state sales tax on all tobacco products including cigars, smokeless tobacco, e-cigarettes, and vaping products; and be it further

RESOLVED, That the Tennessee Medical Association support legislation that directs all tax revenue from the sale of all tobacco products to be spent for tobacco cessation education and other public health education and services.

Resolution No. 04-21
HEALTHCARE COVERAGE

RESOLVED, That the Tennessee Medical Association support state and federal legislation that increases the number of Tennesseans covered by basic healthcare insurance.

Resolution No. 06-21
PRIOR AUTHORIZATION REQUIREMENTS TO PRESCRIBE BUPRENORPHINE/NALOXONE FOR OPIOID USE DISORDER

RESOLVED, That the Tennessee Medical Association will support legislating at both the state legislative and executive branches to prohibit insurers, including TennCare, from requiring prior authorization to cover buprenorphine/naloxone (branded as Suboxone, Zubsolv, and Sublocade, and any other oral combination of buprenorphine/naloxone approved by the FDA), for the first two years of treatment of opioid use disorder; and be it further

RESOLVED, That the Tennessee Medical Association insurance advocacy department will advocate for the removal of prior authorization requirements for medication-assisted treatment, buprenorphine/naloxone (branded as Suboxone, Zubsolv, and Sublocade, and any other oral combination of buprenorphine/naloxone approved by the FDA), when negotiating directly with insurance companies regarding prior authorization policies.

Resolution No. 07-21
SUPPORT FOR RESPONSIBLE AND COMPREHENSIVE TENNESSEE MEDICAL MARIJUANA PROGRAM

RESOLVED, That the Tennessee Medical Association governmental affairs advocacy efforts support any Tennessee state legislative actions to enact any of the following recommendations:

1. Support of the recently approved Tennessee low-THC medical cannabis oil bill.
2. Support of the more comprehensive Medical Marijuana Program bill previously submitted by Rep. Bryan Terry, R-Murfreesboro, and strongly supported by Sen. Becky Massey, R-Knoxville.
3. Propose to nominate a Tennessee Medical Association representative to the Tennessee legislature nine-member medical marijuana commission which will be appointed by the House and Senate speakers and Gov. Bill Lee; and be it further

RESOLVED, That the Tennessee Medical Association actively collaborate with Tennessee political officials and support evidence-based policy endorsing a responsible and medically necessary comprehensive medical marijuana approval and implementation plan; and be it further

RESOLVED, That the Tennessee Medical Association actively oppose any Tennessee state legislative actions that would prohibit patients’ ability to obtain medical marijuana for approved medical conditions.

Resolution No. 08-21

REGIONAL REPRESENTATION ON TMA COMMITTEES

RESOLVED, That the committees of the Tennessee Medical Association (TMA) also implement a regional structure with at least one representative from each TMA region of the state to allow for the representative voice of each TMA member to be heard; and be it further

RESOLVED, That the component medical societies within in each region will have the opportunity to nominate an individual to serve on each TMA committee by December 1. If a nomination is left unfilled after December 1, the TMA Board of Trustees will fill these spots with a physician from the appropriate region at its first meeting of the next calendar year.

Resolution No. 09-21

ESTABLISHMENT OF A PRIVACY POLICY FOR RESOLUTIONS TO THE HOUSE OF DELEGATES

RESOLVED, That the Tennessee Medical Association House of Delegates approve a policy that all proposed resolutions for future delegate meetings be posted on the TMA website in a members-only section which would allow only TMA delegates and members in good standing the ability to review proposed resolutions.

Resolution No. 10-21

POLICY ON ORGANIZATION UNITY

RESOLVED, That the policy of the TMA House of Delegates is to support and strengthen the unified membership structure of our organization as a joint membership with both state and local medical societies.

Resolution No. 12-21

Evaluation of Possible Incentives for Pharmacy-owned Medical Clinics by Pharmaceutical Companies

RESOLVED, That the Tennessee Medical Association (TMA) develop a task force to evaluate if a conflict of interest does exist between pharmacy-owned medical clinics and pharmaceutical companies; and be it further

RESOLVED, That any possible conflict of interest be evaluated by the TMA committee tasked with the

study to assess the impact of the conflict and recommend a course of action via written report to the TMA House of Delegates for possible further action.

Resolution No. 13-21
Delegation of Cosmetic Surgical Procedures
(REAFFIRMATION OF RESOLUTION NO. 6-13)

RESOLVED, That the Tennessee Medical Association support efforts to prevent unlicensed and unsupervised cosmetic surgical procedures through legislative action and enforcement by the Board of Medical Examiners; and be it further

RESOLVED, That the legislative committee of the Tennessee Medical Association make the delegation of cosmetic surgical procedures without adequate physician supervision outside of a medical environment a priority item for legislative action in 2013.

Resolution No. 14-21
Expanding Access to Care
(REAFFIRMATION OF RESOLUTION NO. 7-13)

RESOLVED, That the Tennessee Medical Association support access to affordable healthcare for all Tennesseans; and be it further

RESOLVED, That the Tennessee Medical Association supports a trial for three years to expand access to care by using Medicaid expansion funds either to subsidize uninsured residents to purchase health insurance through the Federal Insurance Exchanges or through direct Medicaid Expansion; and be it further

RESOLVED, That the Tennessee Medical Association insists that benefits to residents received via health insurance purchased through federal exchanges, be at a minimum at least comparable to Medicaid/TennCare benefits; and be it further

RESOLVED, That the Tennessee Medical Association will make itself fully available to the Governor and the state legislature to advocate for healthcare coverage in Tennessee.

Resolution No. 15-21
Mental Health Screening
(REAFFIRMATION OF RESOLUTION NO. 8-13)

RESOLVED, That the Tennessee Medical Association support efforts for more state and Federal money for mental health screening and treatment in community hospitals and public health clinics.

2022 Adopted Resolutions

Resolution No. 01-22

(REAFFIRMATION OF RESOLUTION NO. 05-08 and 01-15)

The Approaching Physician Shortage Crisis

RESOLVED, That the Tennessee Medical Association will work toward expanding residency positions and medical schools.

Resolution No. 02-22

Hospital Medical Self-Governance

RESOLVED, That the Tennessee Medical Association adopt the following policies regarding the self-governance of hospital medical staffs in our state:

- (1) Medical staffs should maintain their autonomy from hospital administrations and through its committee structure;
- (2) Medical staffs should use independent attorneys when needing legal advice or representation; and be it further

RESOLVED, That the Tennessee Medical Association adopts the following medical staff member bill of rights in order to be able to carry out professional obligations:

- (1) the right to care for patients without compromise;
- (2) the right to freely advocate for patient safety;
- (3) the right to be fairly compensated for providing care;
- (4) the right to be evaluated by unbiased peers who are actively practicing physicians in the community and same specialty;
- (5) the right to care for our own well-being;
- (6) the right to full due process when privileges are questioned or challenged;
- (7) the right to reasonable privacy;
- (8) the right of medical staffs to be self-governed and independently advised;
- (9) the right of freedom from personal loss or liability for adverse outcomes relating to medical practice based on compassion and good judgment within community standards; and
- (10) the right to fair market and transparent economic competition in our communities between hospitals with or without employee physicians and other allied healthcare professionals and independent physicians and groups in the delivery of healthcare services and compensation based on appropriate community need; and be it further

RESOLVED, The Tennessee Medical Association adopts as policy that the following concepts should be included in medical staff bylaws:

- (1) The medical staff shall have, at the very least, one open medical staff meeting per year where issues will be debated and voted upon in an open forum without collusion or influence by hospital administrators;
- (2) The adoption of the medical staff bylaws and amendments thereto (including retroactive changes) to the rules and regulations be voted upon at such meeting(s) with a secret ballot under the direct supervision of the medical staff without interference;
- (3) The election of medical staff officers be conducted by closed ballot under the direct supervision of the medical staff without interference;
- (4) Any financial or other relationship with the hospital which may present a conflict of interest or appearance of a conflict of interest shall be disclosed by nominated and existing medical

staff leaders in any official position to the medical staff in a confidential letter to members of the medical staff. These conflicts shall be disclosed at the beginning of each medical executive committee or other medical staff committee meeting. Any member with a conflict must recuse themselves from consideration of the matter and vacate the room during discussions of the matter with which they have a conflict; and

- (5) The governing board of every hospital in the state have at least one physician member elected by the medical staff.

Resolution No. 03-22

Negative Public Health Impact of Electronic Scooters

RESOLVED, That the Tennessee Medical Association advocate for the further limiting availability of shared dockless electronic scooters in the state of Tennessee; and be it further

RESOLVED, That the Tennessee Medical Association advocate that use of said scooters be contingent on presence and enforcement of mandatory helmet laws, ready availability of helmets, and improved shared accountability by dockless scooter companies for helmet availability and injury prevention.

Resolution No. 04-22

Resolution on Rural Outreach in Tennessee

RESOLVED, That the Tennessee Medical Association Board of Trustees in conjunction with Tennessee Medical Association Legislative Committee shall educate members of the Tennessee General Assembly on current programs that expand access to healthcare services for Tennessee rural and underserved populations. Lawmakers should be encouraged to utilize existing infrastructure of patient-centered, physician-led, team-based care and fortify current programs, including health department clinics, federally qualified health centers, community and faith-based clinics, and Project Access initiatives to address their concerns about access to care in those communities.

Resolution No. 08-22

Required Provision and Tracking of Fentanyl Testing Strips by Syringe Services Programs (SSPs)

RESOLVED, That the Tennessee Medical Association recognizes the increased role of fentanyl as a growing threat to public health and considerable source of mortality among Tennesseans; and be it further

RESOLVED, That the Tennessee Medical Association advocate for legal measures that require syringe services Programs to distribute fentanyl test strips to individuals who request them and report the number of fentanyl test strips distributed in their annual reporting.

Resolution No. 09-22

Prior Authorization Reform

RESOLVED, That the Tennessee Medical Association makes improvement of payer prior authorization processes a top priority of the organization; and be it further

RESOLVED, That the Tennessee Medical Association will work to reduce the number of medical and pharmacy services that require prior authorization; and be it further

RESOLVED, That the Tennessee Medical Association will work to ensure patients receive needed care more expeditiously through the reduction of prior authorization delays and denials; and be it further

RESOLVED, That the Tennessee Medical Association will work to institute measures to make prior authorization timelier and streamlined and with fewer burdens and retroactively denied payments for care; and be it further RESOLVED, That the Tennessee Medical Association supports federal efforts to reform prior authorization for Medicare Advantage plans and other federally regulated health insurance programs.

Resolution No. 10-22
Indoor Tanning Regulation

RESOLVED, That the Tennessee Medical Association support the enactment of state legislation to protect minors from the hazards of tanning parlor rays by prohibiting the sale of tanning services utilizing ultraviolet rays to those under 18 years of age.

Resolution No. 14-22
Request for Legal Immunity for Prescribing by Physicians

RESOLVED, That in the interest of legal consistency, Tennessee Medical Association advocate for immunity from disciplinary or adverse administrative actions for acts or omissions, including immunity from civil liability in the absence of gross negligence or willful misconduct, during the provision of any prescription or nonprescription medication by a physician licensed by the state of Tennessee and acting in good faith and with reasonable care.

Resolution No. 17-22
Ensuring Vitiligo Patients Access to Medications

RESOLVED, That the Tennessee Medical Association advocate for policy prohibiting health plans from making medical decisions that are between physicians and their patients concerning the treatment of vitiligo.

2023 Adopted Resolutions

Resolution No. 01-23

Folate Supplementation of Non-Cereal Staple Flour

RESOLVED, That the Tennessee Medical Association supports legislation that promotes enhanced availability of folate-supplemented corn masa flour in Tennessee through production and retail incentives; and be it further

RESOLVED, That the Tennessee Medical Association further supports legislation promoting a long-term objective of ensuring all corn masa and non-cereal enriched flour products available in the state of Tennessee contain folate supplementation, as already exists both state-wide and nationally for cereal enriched flours.

Resolution No. 02-23

TMA Resolution on Establishing a Physician Wellness Committee

RESOLVED, That Resolution No. 05-22 be rescinded in favor of adoption of this Resolution 02-23; and be it further

RESOLVED, That the Tennessee Medical Association deem physician wellness an association priority issue; and be it further

RESOLVED, That the Tennessee Medical Association establish a standing Physician Wellness Committee to focus on strengthening and expanding current regional physician well-being programs developed by metropolitan TMA component medical societies, and that this committee include, but not limited to, member physicians from each of the four metropolitan component medical societies and the Tri-Cities; and be it further

RESOLVED, That TMA advocate to increase access to a hotline for anonymous access to mental health services statewide; and be it further

RESOLVED, That it is association policy that TMA advocate to destigmatize mental illness that impact Tennessee physicians; and be it further

RESOLVED, That this Resolution be referred to the TMA Board of Trustees for action.

Resolution No. 03-23

2023 Resolution to Increase State Tobacco Tax

RESOLVED, That Tennessee Medical Association (TMA) advocate for legislation for a significant increase in the state tax rate on tobacco products, and that any increase in revenue be used for preventive care programs and mental health programs in the state.

Resolution No. 04-23

Resolution to Support Adult and Pediatric Vaccination Recommendations by the Advisory Committee on Immunization Practices

RESOLVED, That Tennessee Medical Association adopt a standing policy of publicly supporting the vaccination recommendations from the Advisory Committee on Immunization Practices.

Resolution No. 05-23

Resolution to Improve Women's Healthcare and Foster Care System

RESOLVED, That Tennessee Medical Association (TMA) advocate for legislation to provide financing and other resources for the improvement of preventive clinical care for Tennessee women, including access to psychological counseling during pregnancy; and money and resources for sexual healthcare for women including contraception for both men and women; and be it further

RESOLVED, That TMA advocate for legislation to provide financing and other resources to improve our foster care system, including decreasing discriminatory practices, regulatory obstacles and expense involved in adopting a child.

Resolution No. 07-23

Resolution Opposing Criminalization of Physicians Providing Care Within Their Scope of Training and the Accepted Standard of Medical Care for Their Specialty

RESOLVED, That the Tennessee Medical Association affirms that government and other third-party interference in evidence-based medical care compromises the sanctity of the physician-patient relationship and undermines the provision of quality health care; and be it further

RESOLVED, That the Tennessee Medical Association opposes any government regulation or legislative action which would criminalize physicians for providing evidence-based medical care within the accepted standard of care.

Resolution No. 10-23

State Ban on the Sale of High-Capacity Firearm Magazines

RESOLVED, That TMA support statewide regulation on the sale of large capacity firearm magazines.

Resolution No. 11-23

Promoting use of 988 Suicide and Crisis Lifeline Number

RESOLVED, That the Tennessee Medical Association advocate that physicians, particularly psychiatrists and primary care physicians, promote the use of the 988 Suicide and Crisis Lifeline number by offering it as an option to callers on their outgoing message from call centers, answering machines, or voicemails.

Resolution No. 12-23

Collaborative Practice Agreements for Physician Assistants

RESOLVED, That the Tennessee Medical Association advocate for continued rules that require each physician assistant to be formally associated in a collaborative practice agreement with a same specialty primary physician partner along with possible secondary physician partners.

Substitute Resolution No. 14-23

Reducing Firearm Related Deaths and Improving Public Policy Regarding Firearm Safety in Tennessee

RESOLVED, That the Tennessee Medical Association promote firearm safety policy measures including extreme risk protection orders, safe storage laws including child access protection laws, and background check legislation and support legislation allowing for the implementation of extreme risk protection orders and improved background checks to reduce the impact of firearm-related death upon Tennessee children and families; and be it further

RESOLVED, That the Tennessee Medical Association, in conjunction with the Tennessee Chapter of the American Academy of Pediatrics, work together with other professional medical organizations to promote and support improved public health policy regarding firearm safety in Tennessee.

Resolution No. 15-23

Protection of Access to Contraception and Expanding Access to Emergency Contraception

RESOLVED, That the Tennessee Medical Association (TMA) support the protection of patient access to the full range of contraceptives approved by the Food and Drug Administration, with the preferred method to be determined by shared decision-making between patient and physician; and be it further

RESOLVED, That the TMA support policies that reduce administrative and financial barriers to obtaining contraception and increasing the practical availability of emergency contraception, with insurance coverage for over-the-counter products that is equivalent to the same products sold by prescription; and be it further

RESOLVED, That the TMA oppose any government regulation or legislative action which would criminalize or restrict physicians who provide evidence-based contraceptive care within the accepted standard of care according to nationally recognized professional practice guidelines and within the scope of a physician's training and professional judgment.

Resolution No. 16-23

Organ Donation

RESOLVED, That the Tennessee Medical Association petition the State Department of Revenue to modify the portion of the driver's license application or renewal form to better support organ donors to read as follows

"Organ donor Yes___ or No___ ,

Organ donor contribution \$_____. (Optional)"

Resolution No. 18-23

Resident and Fellow Retention

RESOLVED, That the Tennessee Medical Association work to find creative solutions to support residents and fellows as they transition from their training into the Tennessee state workforce.

Resolution No. 19-23

Improving Telehealth Education in Medical Training

RESOLVED, That our Tennessee Medical Association support the integration of robust telehealth clinical experiences into the undergraduate and graduate medical education curriculum.

Resolution No. 21-23

Reducing Contact Sexual Violence in Tennessee

RESOLVED, That the Tennessee Medical Association through its Public Health Committee collaborate with the Tennessee Bureau of Investigation to reduce the backlog of sexual evidence testing and prevent future backlogs of sexual evidence testing.

Resolution No. 24-23

Health Care Needs of Transgender Tennesseans

RESOLVED, That the Tennessee Medical Association opposes legislation interfering with medical decisions made within the patient-doctor relationship, including, but not limited to, care for transgender patients.

Resolution No. 27-23

Abortion as an Essential Component of Health Care

RESOLVED, That the Tennessee Medical Association affirms the need for access to abortions for nonviable pregnancies, lethal fetal anomalies, or to save the life of or prevent risk of substantial and irreversible impairment to bodily functions of the mother, as long as they are in the good-faith medical judgement of the physician.

Resolution No. 29-23

Mifepristone is an Essential Medication for Management of Miscarriage

RESOLVED, That the Tennessee Medical Association affirms that there is broad evidence to support the safety and efficacy of mifepristone for the medical management of miscarriage; and be it further

RESOLVED, That the Tennessee Medical Association affirms physicians should be able to provide patients with the most efficacious medical treatment for miscarriage and this includes unobstructed accesses to mifepristone for this purpose.

Resolution No. 30-23

Expanding Access to Physician-Led Care in Shortage Areas by Exploring and Supporting Financial Incentives

RESOLVED, That the Tennessee Medical Association explore the fiscal viability of financial incentives including, but not limited to, tax credits that would attract physicians to start-up and continue operation of private practices in shortage areas, most notably rural areas; and be it further

RESOLVED, That the Tennessee Medical Association support legislation promoting the objective of lowering financial restraints to start and operate private practices in shortage areas and the objective of retaining physicians in the state.

Permanent Policy of the TMA Starting in 2001

**THE BOARD OF TRUSTEES IS OF THE OPINION THAT THE FOLLOWING
RESOLUTIONS HAVE BECOME A PART OF TMA POLICY WITHOUT BEING
REAFFIRMED:**

RESOLUTIONS ADOPTED IN 2001

Resolution No. 1-01

[Reaffirmation of Resolution No. 2-94]

MANDATORY AUTO SAFETY BELT USAGE

RESOLVED, That the House of Delegates of the Tennessee Medical Association (TMA) encourage TMA members to authorize exemption for patients only in those instances where the safety considerations afforded by seat belt usage are outweighed by the appropriateness of restraints in relation to the patient's physical handicap.

Resolution No. 2-01

[Reaffirmation of Resolution No. 5-94]

POTENTIALLY UNETHICAL CONTRACTS

RESOLVED, That the Tennessee Medical Association admonish its member physicians not to sign contracts that place them in potentially unethical situations by rewarding them financially for not referring patients; and be it further

RESOLVED, That physicians be reminded they are the patients' advocates and have affirmative, ethical obligations to disclose to patients or referring colleagues their ownership interest in a facility or therapy prior to utilization; and be it further

RESOLVED, That physicians act unethically when they exploit the patient in any way by inappropriate or unnecessary utilization; and be it further

RESOLVED, That when a physician's commercial interest conflicts so greatly with his or her patient's interest as to be incompatible, the physician should make alternative arrangements for the care of the patient.

Resolution No. 4-01

[Reaffirmation of Resolution No. 8-94]

REENTRY ASSISTANCE NEEDED BY PHYSICIANS HEALTH PROGRAM

RESOLVED, That the Tennessee Medical Association continue to endorse and support the efforts of the Tennessee Medical Foundation's Physicians Health Program Committee to provide a reentry professional support network that effectively deals with practice deficits, including assistance in surgery, participation in medical staff seminars, and other continuing medical education activities in areas that are not necessarily the home community; and be it further

RESOLVED, That the Tennessee Medical Association (TMA) work with the Tennessee Medical Foundation (TMF) to ensure that the TMF's reentry support network include utilizing certain medical specialists and willing members of the TMA to assist in implementation of the reentry support network.

Resolution No. 21-01

CONFLICT OF INTEREST STATEMENT

RESOLVED, That members of the Tennessee Medical Association Board of Trustees and committees abstain from voting on any issue where there is a potential or realized conflict of interest.

Resolution No. 22-01

MEMBER ACCESS TO TMA BOARD OF TRUSTEES

RESOLVED, That the Tennessee Medical Association (TMA) Board of Trustees establish a set agenda item to allow members of the TMA the opportunity to bring issues before the Board and that this opportunity be regularly and widely communicated to the membership.

RESOLUTIONS ADOPTED IN 2002

Resolution No. 1-02

[Reaffirmation of Resolution No. 1-95; Reaffirmation of Resolution Nos. 3-88 and 7-88 in Combination]

BASIC PRINCIPLES AND STANDARDS REGARDING THE DELIVERY OF HIGH QUALITY MEDICAL CARE

RESOLVED, That the Tennessee Medical Association deplore plans which ignore the importance of health care, the patient's freedom of choice, and the value of the ongoing physician-patient relationship; and be it further

RESOLVED, That the House of Delegates of the Tennessee Medical Association (TMA) reaffirm the following basic principles about the delivery of high quality medical care:

- 1) That communication and consultation with the TMA be readily available at all times to all responsible parties having an interest in matters relating to the delivery of medical care services and to the public health;
- 2) That medical care of uniformly high quality be available to all persons living in Tennessee;

- 3) That the maintenance of high quality in medical care is of paramount importance, and that all other considerations are secondary to this goal;
- 4) That each practitioner is directly accountable for his/her professional acts and deportment to his/her patients, medical peers, and to authorized licensing agencies, and that the public interest is well protected by such accountability;
- 5) That lay (non-physician) control of, or interference with, professionally approved medical care policies and ethical practices is contrary to the public interest and should be prohibited;
- 6) That patients have the freedom of choice in choosing their physician(s) or their health care delivery system, and that physicians have the freedom of choice in accepting patients except in emergency situations, and that assignment by any third party of patient to physician or physician to patient without freedom of choice is in violation of this principle and cannot be tolerated; and be it further

RESOLVED, That the House of Delegates of the Tennessee Medical Association affirm the basic standards that managed care plans must meet in order to qualify for certification as set forth in the model American Medical Association Patient Protection Act; and be it further

RESOLVED, That the Tennessee Medical Association express and outline its concern by sending a copy of this resolution to appropriate agencies or entities responsible for authorizing and regulating such plans.

Resolution No. 4-02

[Reaffirmation of Resolution No. 13-95]

TENNESSEE MEDICAL ASSOCIATION MEMBERSHIP

RESOLVED, That the Tennessee Medical Association (TMA) reaffirm that opportunities for membership in the TMA, with its organized activities including medical education and training, employment listings in the *TMA Journal*, and all other aspects of professional endeavors, should not be denied by the TMA to any duly licensed physician because of a physician's sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, or age; and be it further

RESOLVED, That the existence of the Tennessee Medical Association's policy of nondiscrimination in membership recruitment and services be made known to officers of component medical societies for their appropriate use.

Resolution No. 5-02

DUES INCREASE

RESOLVED, That, beginning with the 2003 dues year, annual dues for active members of the Tennessee Medical Association will be increased \$80.00 with analysis of the impact of this dues increase on the fiscal integrity and membership status of the organization to be presented by the Board of Trustees at the House of Delegates meeting in 2004.

Resolution No. 6-02

CHARTER NAME CHANGE

RESOLVED, That the Tennessee Medical Association House of Delegates approve a charter name change from the Memphis & Shelby County Medical Society to The Memphis Medical Society to become effective July 1, 2002.

Resolution No. 9-02
RESIDENT PHYSICIANS

RESOLVED, That the Tennessee Medical Association establish a Resident/Fellow Physician Section; and be it further

RESOLVED, That the Tennessee Medical Association and its component medical societies vigorously pursue resident/fellow physician membership with the goal of 90% membership among the residents in this state; and be it further

RESOLVED, That when the number of resident/fellow physician members reaches at least 300 for a year, to be reviewed annually, an advisory seat to attend the Tennessee Medical Association Board of Trustees meetings be established for a resident/fellow.

Resolution No. 15-02
FISCAL NOTE REQUIREMENT ON RESOLUTIONS

RESOLVED, That resolutions introduced into the House of Delegates contain fiscal notes to provide the members of the House of Delegates with needed information with which to make good sound financial policy decisions; and be it further

RESOLVED, That the Tennessee Medical Association (TMA) Board of Trustees Finance Committee, in consultation with the TMA staff, apply cost estimates to resolutions that have actual or potential cost either directly or indirectly on the financial position of the Tennessee Medical Association.

RESOLUTIONS ADOPTED IN 2003

Resolution No. 9-03
TMA REPRESENTATIVES MEETING WITH MEDICAL STUDENTS

RESOLVED, That annually the Tennessee Medical Association (TMA) President or designee offer his/her services and time to meet with medical students of each of the medical schools across the state to promote organized medicine and TMA membership.

Resolution No. 13-03
PUBLIC SCHOOL EMERGENCY MEDICATION AVAILABILITY

RESOLVED, That the Tennessee Medical Association work with the Tennessee Department of Education and the state legislature to promote rules allowing immediate access to emergency medications such as rescue inhalers, adrenaline and glucagon injections in the classroom when deemed appropriate by the student's physician.

Resolution No. 26-03

POLICY ON PROPOSED IMPLEMENTATION OF CLINICAL ASSESSMENT EXAM

RESOLVED, That the Tennessee Medical Association urgently contact the National Board of Medical Examiners (NBME), all organization represented on the NBME Governing Board and the Tennessee delegation to the Federation of State Medical Boards (FSMB) to request a vote against and/or suspension of the implementation of proposed Clinical Skills Assessment Exam until such time as:

- 1) The examination has been demonstrated to be statistically valid, reliable, practical, and evidence based.
- 2) Scientific studies have been published in peer review journals validating the examination for United States medical students and graduates and demonstrating that the fiscal and societal benefits of the examination justify the costs.
- 3) Testing sites are available in more reasonable geographic locations than currently proposed by the NBME; and be it further

RESOLVED, That the Tennessee Medical Association encourage the Tennessee State Medical Licensing Board to exclude the Clinical Skills Assessment Exam (CSA) from state medical licensure requirements until the exam has been reassessed.

Resolution No. 32-03

PROMOTING BETTER HEALTH IN SCHOOLS IN TENNESSEE

RESOLVED, That the Tennessee Medical Association urgently contact the Legislative Education Committee currently considering removal from public schools of vending machines which dispense no nutritious foods and give our full support for this measure; and be it further

RESOLVED, That the Tennessee Medical Association promote legislation to reintroduce mandatory physical fitness classes in all grade levels; and be it further

RESOLVED, That the Tennessee Medical Association promote legislation to introduce health classes to teach obesity and diabetes avoidance at all grade levels in Tennessee schools.

RESOLUTIONS ADOPTED IN 2004

Resolution No. 1-04

[Reaffirmation of Resolution No. 7-97 and 17-90]

REGULATIONS OF GENDER SELECTION ABORTION

RESOLVED, That the Tennessee Medical Association place itself on record as being opposed to abortion solely for the purpose of gender selection.

Resolution No. 3-04
SYRINGE AND NEEDLE EXCHANGE PROGRAMS REAFFIRMATION OF RESOLUTION NO. 34-97

RESOLVED, That the Tennessee Medical Association House of Delegates endorse the needle exchange program as an important public health method to help prevent the spread of HIV in intravenous drug users.

Resolution No. 15-04
POLICY ON TOBACCO

RESOLVED, That the following Tennessee Medical Association Resolutions be hereby sunset:

- 1) No. 8-99 (Reaffirmation of Resolution No. 14-92; Tobacco Use on Tennessee School System Property)
- 2) No. 23-00 (Teen Smoking)
- 3) No. 10-02 (Raising Legal Age To Purchase Cigarettes)
- 4) No. 12-02 (Tobacco Abuse In Tennessee)
- 5) No. 25-03 (Tobacco Products And Health Related Facilities)
- 6) No. 33-03 (Eliminating Smoking In Workplaces And Public Places); and be it further

RESOLVED, That the Tennessee Medical Association (TMA):

- 1) Continue to actively support legislation that would:
 - a. Make it illegal to sell tobacco products to anyone under the age of 21;
 - b. Raise the legal age to purchase cigarettes in Tennessee from 18 to 21 years of age;
 - c. Increase the cigarette excise tax, as well as taxes on other tobacco products;
 - d. Promote tobacco use prevention and tobacco use cessation efforts;
 - e. Ban the sale of tobacco and tobacco related products from any business that dispenses medications;
 - f. Ban the sale of tobacco from unsupervised vending machines.
- 2) Continue to support tobacco education and the total elimination of the use of tobacco products on school properties in Tennessee by students, faculty, administrators and visitors.
- 3) Delegation to the American Medical Association (AMA) call upon the AMA House of Delegates and the AMA Board of Trustees to solicit and support federal legislation that bans the sale of tobacco related products from any business that dispenses medications to any recipients of federal medical insurance (i.e., Medicare, Medicaid/TennCare, etc.).
- 4) Support efforts to encourage the Tennessee Legislature to make each and every state building smoke-free, including the Legislative Plaza and any other building in which state government conducts business.
- 5) Encourage the Tennessee State Legislature to pass legislation modeled on the Model Ordinance Eliminating Smoking in Workplaces and Public Places developed by the Americans for Nonsmokers' Rights and endorsed by the American Medical Association Advocacy Resource Center.
- 6) Encourage all physicians in Tennessee, and especially TMA-member physicians, to actively communicate with their legislators in encouraging their support of these efforts.

- 7) Encourage the Tennessee State Legislature to repeal legislation that preempts local smoking ordinances.

Resolution No. 16-04
TENNESSEE SEAT BELT UTILIZATION

RESOLVED, That the Tennessee Medical Association support the enforcement of laws and policies that promote seat belt use in all the jurisdictions in the state of Tennessee.

Resolution No. 19-04
OPPOSITION TO COMPELLING MEDICAL STUDENTS TO STAY IN-STATE AND PRACTICE UNDER TENNCARE IN ORDER TO REPAY STATE MEDICAL SCHOOL SUBSIDIES

RESOLVED, That the Tennessee Medical Association oppose any legislation that would compel graduates of Tennessee public medical schools (University of Tennessee College of Medicine and Quillen College of Medicine at East Tennessee State University) to practice in Tennessee on the completion of medical training, including a medical residency, as a condition of matriculation (New HOD Policy); and be it further RESOLVED, That the Tennessee Medical Association continue to work with the Tennessee Legislature, the Governor of Tennessee, and the respective Boards of East Tennessee State University and University of Tennessee to find creative solutions to the issues of rising medical tuition costs and the issues of lack of patient access without unduly burdening students who chose to pursue their medical education in Tennessee (Directive to Take Action).

Resolution No. 20-04
TOBACCO-FREE STATE IN PUBLIC PLACES

RESOLVED, That the Tennessee Medical Association desires that Tennessee become a smoke-free state in all public places; and be it further

RESOLVED, That the Tennessee Medical Association seek other organizations to jointly support legislation to make it a reality that Tennessee become a smoke-free state in all public places.

RESOLUTIONS ADOPTED IN 2005

Resolution No. 1-05
[Reaffirmation of Resolution No. 1-98 and 2-91]
MANDATORY SECOND SURGICAL OPINIONS

RESOLVED, That the Tennessee Medical Association continue its opposition to mandatory second opinions whether they be imposed by private insurance companies or by federal and state funded programs.

Resolution No. 2-05

[Reaffirmation of Resolution No. 2-98 and 18-91]

TRAINING CRITERIA FOR NEW PROCEDURES

RESOLVED, That the Tennessee Medical Association support the position that training criteria for new procedures be the exclusive province of the hospital or ambulatory surgical treatment center medical staff and that Medicare and other third party payors should not seek to impose arbitrary credentialing requirements; and be it further

RESOLVED, That the Tennessee Medical Association, through its Committee on Governmental Services and Third Party Payors and other means, work with Medicare and other insurers to end the practice of imposing arbitrary credentialing requirements.

Resolution No. 4-05

[Reaffirmation of Resolution No. 4-98 and 7-91]

MALPRACTICE INSURANCE

RESOLVED, That this House of Delegates reaffirm its appreciation of the tremendous effort required to establish and maintain a sound professional liability insurance company, the outstanding manner in which all aspects of SVMIC's service and protection have been carried out, and the desire that SVMIC continue to receive the wholehearted backing and support of all component societies and physicians of Tennessee; and be it further

RESOLVED, That the Tennessee Medical Association continue with efforts to educate all members in matters related to malpractice insurance and particularly promote its exclusive endorsement of State Volunteer Mutual Insurance Company as the preferred malpractice carrier.

Resolution No. 6-05

[Reaffirmation of Resolution No. 6-98 and 27-91]

INSURANCE CARRIERS' DISRUPTION OF THE PHYSICIAN/PATIENT RELATONSHIP

RESOLVED, That the Tennessee Medical Association reaffirm Resolution No. 27-91 and exercise all advocacy avenues available to ensure that insurance carriers and managed care organizations are caring out in good faith their contractual and statutory responsibilities toward their enrollees, are refraining from imposing unreasonable restrictions on access to medical treatments deemed necessary by patients' physicians, and are not otherwise interfering with the physician-patient relationship.

Resolution No. 11-05

SPECIALTY SPECIFIC FORMULARIES REAFFIRMATION OF RESOLUTION NO. 15-98

RESOLVED, That the Tennessee Medical Association oppose medical specialty specific formularies; and be it further

RESOLVED, That the Tennessee Medical Association oppose and work to prevent third party and governmental payors, their formulary committees, and other entities that determine drug formularies and prescription authorization procedures from using physicians' medical specialty as a reason for prior approvals, denials, or increased paperwork burdens.

Resolution No. 27-05
TENNCARE POLICY CHANGES

RESOLVED, That the Tennessee Medical Association work with practicing physicians to interact closely and regularly with the TennCare leadership to assure that policies implemented are simple and require limited disruption to physician practices in their implementation.

RESOLUTIONS ADOPTED IN 2006

Resolution No. 2-06
[Reaffirmation of Resolution No. 4-92 and 2-99]
BAN OF "PROMOTIONAL DRINKING

RESOLVED, That the Tennessee Medical Association continue to urge the Tennessee Restaurant Association and other such trade associations to urge their member establishments not to engage in "promotional drinking."

Resolution No. 3-06
[Reaffirmation of Resolution No. 5-92 and 3-99]
OPPOSITION TO BOXING AS A SPORT

RESOLVED, That the Tennessee Medical Association continue to:

- 1) Educate the Tennessee public about the dangerous effects of boxing on the health of participants; and
- 2) Encourage the discontinuance as a sport of both amateur and professional boxing; and
- 3) Communicate the feeling in this area to the appropriate regulatory bodies in Tennessee.

Resolution No. 4-06
[Reaffirmation of Resolution No. 9-92 and 5-99]
TAX ON PROFESSIONAL MEDICAL SERVICES

RESOLVED, That the Tennessee Medical Association be opposed to any tax that singles out physicians, their practices, and their patients, because of the adverse impact upon quality care at the most affordable price.

Resolution No. 5-06

[Reaffirmation of Resolution No. 12-92 and 7-99]

CONTROL OF OVER-THE-COUNTER DIET PILLS

RESOLVED, That the Tennessee Medical Association, with the support of the Tennessee Congressional delegation, encourage the Food and Drug Administration (FDA) to ban over-the-counter diet pills except for those approved by the FDA.

Resolution No. 6-06

[Reaffirmation of Resolution No. 14-92 and 8-99]

TOBACCO USE ON TENNESSEE SCHOOL SYSTEM PROPERTY

RESOLVED, That the Tennessee Medical Association continue to actively support anti-smoking legislation, education and the elimination of the use of tobacco products on school properties in Tennessee.

Resolution No. 12-06

[Reaffirmation of Resolution No. 24-99]

LUNG DISEASE EDUCATION

RESOLVED, That the Tennessee Medical Association both as an organization and through the encouragement of its members work on programs to educate Tennesseans about chronic lung disease and the inherent long-term risks of smoking tobacco products.

Resolution No. 15-06

CODE OF CONDUCT FOR PHYSICIANS EXPERT TESTIMONY

RESOLVED, That the following be adopted as Policy of the Tennessee Medical Association regarding code of conduct for physician expert testimony.

- 1) A physician expert witness shall be an impartial educator on the subject of the practice of medicine.
- 2) A physician expert witness shall represent and testify to the practice behavior of a prudent physician giving different viewpoints if such there are. The expert should not present his or her own views as the only correct ones if they differ from what might be done by other prudent physicians. The expert should identify as such personal opinions not generally accepted by other physicians. The expert shall with reasonable accuracy state whether a particular action was clearly within, clearly outside or close to the margins of the standard of care.
- 3) A physician expert witness shall review all pertinent available medical information about a particular patient before rendering an opinion about the appropriateness of medical or surgical management of that patient.
- 4) A physician expert witness shall have sufficient knowledge of and experience in the specific subject of expert opinion services to warrant designation as an expert. The expert should provide the forum with accurate and documentable opinions on the matter at hand.
- 5) A physician expert witness should be impartial and champion only what he or she believes to be the truth. The expert shall not be evasive, answering all properly framed questions pertaining to his or her opinions on the subject matter thereof.

- 6) A physician expert witness shall not accept a contingency fee. Charges for medical expert opinion services shall be reasonable and commensurate with the time and effort given to preparing and providing those services, and further be it, and be it further

RESOLVED, That violation of the policy code of conduct for physician expert testimony be included as a grounds for disciplinary action in the Tennessee Medical Association Peer Review Procedures Booklet.

Resolution No. 27-06
EMERGENCY RESOLUTIONS

RESOLVED, That resolutions submitted within two weeks of the opening session of the Tennessee Medical Association (TMA) House of Delegates be made available to delegates/delegations electronically for their review; and be it further

RESOLVED, That resolutions brought forth within two days of the opening session on the Tennessee Medical Association (TMA) House of Delegates (HOD), be required to be entered as emergency resolutions requiring 51% of the members of the HOD present to accept them as “true emergencies, and be it further

RESOLVED, That the Speaker and Vice-Speaker of the Tennessee Medical Association (TMA) House of Delegates (HOD) appoint a committee of the HOD to review its current operations, paying particular attention to requiring deadlines for submission of business presented to the HOD for action, and other processes that could be streamlined to improve the efficiency of the HOD operations.

Resolution No. 34-06
CESSATION OF USE OF THE TERM "PROVIDER"

RESOLVED, That as of today, every reputable physician who is legally licensed and registered in Tennessee under Title 63, Chapters 6 or 9 of the Tennessee Code Annotated, or any other state of the United States, who is practicing or who will agree to practice medicine or osteopathy will no longer be "providers"; and be it further

RESOLVED, That henceforth:

1. The Tennessee Medical Association (TMA) and its associated organizations will not utilize the terms "Provider" or "healthcare Provider" in any communications
2. Instead, all communications by the Tennessee Medical Association (TMA) and its associated organizations to physicians and regarding or concerning physicians will henceforth contain the terms: Physician, Physicians, Doctor, Doctors, M.D. M.D., or DO
3. The Tennessee Medical Association (TMA) and its sister societies will pledge to further work to vigorously demand the same consideration for its physicians from all other health care entities (i.e. hospitals, insurance companies etc.)
4. The Local, State and National media will be educated on this issue and on the vital importance to quality of national medical care of educating future generations of DOCTORS and PHYSICIANS instead of future generations of PROVIDERS.

RESOLUTIONS ADOPTED IN 2007

Resolution No. 1-07

[Reaffirmation of Resolution No. 3-93 and 1-00]

HEALTH INSURANCE CLAIMS ADMINISTRATION

RESOLVED, That the Tennessee Medical Association Board of Trustees develop and support legislative efforts to preclude health insurance carriers from delaying patient treatment because of unnecessary, redundant, or inefficient and non-uniform certification and claims' processing requirements; and be it further

RESOLVED, That a copy of this resolution be sent to the Tennessee Commissioner of Commerce and Insurance, and to health insurance carriers licensed to issue health policies in Tennessee, and that it be presented to the American Medical Association.

Resolution No. 3-07

[Reaffirmation of Resolution No. 19-93 and 7-00]

MAINTAINING THE TMA CONTRIBUTION TO THE TENNESSEE MEDICAL FOUNDATION PHYSICIANS HEALTH PROGRAM

RESOLVED, That the Tennessee Medical Association continue to provide financial support to the Tennessee Medical Foundation's Physicians Health Program at the level of \$30 per dues paying member, and thereby help ensure the Program's ability to provide complete physician health services statewide through a full time medical director and at least three part-time assistant medical directors.

Resolution No. 10-07

PRINCIPLES FOR STORE-BASED HEALTH CLINICS (MINUTE CLINICS)

RESOLVED, The Tennessee Medical Association support regulation that would require store-based health clinics to:

- 1) Have a well-defined and limited scope of clinical services, consistent with state scope of practice laws.
- 2) Use standardized medical protocols derived from evidence-based practice guidelines to ensure patient safety and quality of care.
- 3) Establish arrangements by which their health care practitioners have direct access to and supervision by those with medical degrees (MD and DO) as consistent with state laws.
- 4) Establish protocols for ensuring continuity of care with practicing physicians within the local community.
- 5) Establish a referral system with physician practices or other facilities for appropriate treatment if the patient's conditions or symptoms are beyond the scope of services provided by the clinic.
- 6) Clearly inform patients in advance of the qualifications of the health care practitioners who are providing care, as well as any limitation in the types of illnesses that can be diagnosed and treated.
- 7) Post the name and Tennessee medical license number and medical specialty and contact information for the supervising physician for the clinic location.

- 8) Establish appropriate sanitation and hygienic guidelines and facilities to ensure the safety of patients.
- 9) Use electronic health records as a means of communicating patient information and facilitating continuity of care, *including giving patients the option of having a copy of their medical record transmitted to their primary care physician of record.*
- 10) Encourage patients to establish care with a primary care physician to ensure continuity of care.

Resolution No. 11-07

INSURANCE FOR MOTORCYCLISTS

RESOLVED, That the Tennessee Medical Association continue to support mandatory use of helmets for all motorcycle use.

Resolution No. 14-07

QMP PROJECT

RESOLVED, That the Tennessee Medical Association strongly opposes deferral of care unless follow-up networks are well-defined, operative and capable of caring for patients in a timely manner; and be it further.

RESOLVED, That the Tennessee Medical Association strongly opposes the institutional imposition of ongoing liability on physicians resulting from instances where patients are deferred for non-emergent care; and be it further

RESOLVED, That the Tennessee Medical Association recommend that very specific and concrete standards be adopted by hospitals to insure patient access to an alternate setting for the purpose of receiving timely and appropriate treatment.

Resolution No. 18-07

[REAFFIRMATION OF RESOLUTION NO. 26-00]

TENCARE FAIR PAYMENT

RESOLVED, That the Tennessee Medical Association strongly encourage the TennCare Bureau and its component managed care organizations to utilize actuarially sound reimbursement rates from an independent source that reflects the actual costs for rendering services to patients.

RESOLUTIONS ADOPTED IN 2008

Resolution No. 3-08

INSURANCE COMPANY RATINGS OF PHYSICIANS

RESOLVED, That Tennessee Medical Association's (TMA) official position regarding health plan physician rating and tiering initiatives is that such initiatives based or weighted primarily on claims data is a flawed methodology and is misleading to the public.

Resolution No. 7-08

MEMBER EDUCATION ON MEDICARE RECOVERY AUDIT CONTRACTORS

RESOLVED, That Tennessee Medical Association continue to educate its members regarding their rights during Program Safeguard Contractor surveys and Recovery Audit Contractor audits; and be it further RESOLVED, That the Tennessee Medical Association advocate for initiatives to simplify the tedious appeals process available to physicians and advocate that physicians be able to recover their legal expenses proportional to the amount of the alleged improper payments that are overturned on appeal.

Resolution No. 8-08

IMMUNIZATION OF TENNESSEE CHILDREN

RESOLVED, That the Tennessee Medical Association work closely with the Tennessee Chapter, American Academy of Pediatrics (AAP) and the Tennessee Academy of Family Physicians (TAFP) on efforts to reach the Tennessee Department of Health's goal of immunizing Tennessee's children.

RESOLUTIONS ADOPTED IN 2010

Resolution No. 2-10

[Reaffirmation of Resolution No. 26-96 and 3-03]

FREEDOM OF LOCAL GOVERNMENT ACT

RESOLVED, That the Tennessee Medical Association encourage the Tennessee General Assembly to enable local governments to establish their own tobacco control ordinances.

Resolution No. 6-10

[Reaffirmation of Resolution No. 12-03]

PHYSICAL EDUCATION IN SCHOOLS

RESOLVED, That the Tennessee Medical Association take a positive stance on increasing physical education in schools and work with other organizations such as the American Heart Association in promoting and backing legislation favoring increased physical education in schools.

RESOLUTIONS ADOPTED IN 2011

Resolution No. 4-11

TMA POLICY ON PAYMENT TO PHYSICIAN FOR CALL COVERAGE

RESOLVED, That the following be adopted as official policy of TMA:

- 1) Each hospital organized medical staff should adopt bylaws, policies and procedures to address the question of responsibility for unassigned call; both on an emergent basis and non-emergent inpatient basis, to make sure that these patients receive proper care
- 2) The Tennessee Medical Association supports the development of core credentials for each specialty, approved by hospital medical staffs, in an attempt to balance the need for general call

coverage and specialization, and to ensure a clear understanding of what is expected of credentialed physicians regarding call coverage;

- 3) The Tennessee Medical Association supports the right of organized hospital medical staffs to make best efforts to schedule physician members to take unassigned call in their core privilege areas; however, the TMA opposes any requirement for care beyond stabilization and appropriate referral of patients requiring care that is beyond the normal practice parameters of physicians who have limited their practice to a subspecialty;
- 4) The Tennessee Medical Association supports payment by hospitals to physicians who are on-call to provide care to indigent and unassigned patients in hospital emergency departments.

The Tennessee Medical Association supports payment by hospitals to physicians provide on call care to indigent and unassigned patients in hospital emergency departments.

Resolution No. 12-11

AESTHETIC MEDICAL AND SURGICAL PROCEDURES AS THE PRACTICE OF MEDICINE IN THE STATE OF TENNESSEE

RESOLVED, That the Tennessee Medical Association support actions to expand the definition of the practice of medicine in the State of Tennessee to specifically include all actions which treat or professes to diagnose, treat, operates on or prescribes for any physical ailment or any physical injury to or deformity of another **or to enhance the aesthetic appearance of another** and be it further

RESOLVED, That the legislative committee of the Tennessee Medical Association make the identification and regulation of medical spas which are not part of a physician's office or part of a regulated outpatient surgical center a priority item for legislative action in 2012.

RESOLUTIONS ADOPTED IN 2013

Resolution No. 1-13

MANDATORY ACCEPTANCE OF ASSIGNMENT FOR INSURANCE

[Reaffirmation of Resolution No. 1-92 and 1-99]

RESOLVED, That the Tennessee Medical Association oppose the principle of mandatory acceptance of assignment as a requirement for reimbursement for the care of patients who are recipients of Medicare benefits; and be it further

RESOLVED, That the Tennessee Medical Association vigorously oppose any future effort to include mandatory acceptance of assignment as a condition for reimbursement from any government or private source.

Resolution No. 2-13

INDIGENT CARE ACTIVITY

[Reaffirmation of Resolution No. 22-92 and 10-99]

RESOLVED, That the Tennessee Medical Association (TMA) through the Board of Trustees continue to encourage its members via its local component societies to provide free care and reduced cost services to the indigent and that the TMA act as a resource for the development and enhancement of such activities.

RESOLUTIONS ADOPTED IN 2014

Resolution No. 01-14

Corporate Communication Strategies

RESOLVED, That this House of Delegates affirm its acknowledgement that strategic planning and communications preparedness is paramount to the effectiveness of the Tennessee Medical Association; and be it further

RESOLVED, That the \$35 dues increase initially adopted in 1993 is now permanent; and be it further

RESOLVED, That Resolution 2-07 “Continuation of the Community Awareness Resource and Education “CARE” Program” is replaced by Resolution No. 1-14 “Corporate Communication Strategies” establishing permanent policy.

Resolution No. 02-14

TENNCARE MEDICAID REFORM PROPOSAL

RESOLVED, That the Tennessee Medical Association, as part of its ongoing TennCare policy, advocate that the State of Tennessee:

- 1) Strive to increase access to health care for all of our citizens;
- 2) Keep quality patient care, not cost, at the forefront of all programmatic decisions;
- 3) Ensure that any reform of, or replacement to, TennCare health insurance take into account and include the concerns of organized medicine and be transparent, comprehensible, and uniform across all Managed Care Organizations (MCOs) in all phases of development and implementation, especially when physicians are placed in a position of financial risk;
- 4) Maintain enhanced MCO oversight and provide a grievance system that contains fair due process in order for physicians to appeal MCO or programmatic determinations that impact them; and
- 5) Refrain from policy, regulation, or payment reduction that penalizes the entire, or a large segment of, the physician community for the actions of a few who would inappropriately utilize or misuse the resources of the Program.

Resolution No. 06-14

RESOLUTION TO DIRECT THE DEVELOPMENT OF NARROWING NETWORKS

RESOLVED, That the Tennessee Medical Association support legislation that payers be subject to equal opportunity regulations when establishing provider networks; and be it further

RESOLVED, That the Tennessee Medical Association vigorously support transparency in the inclusion and exclusion criteria for developing networks to promote equal access; and be it further

RESOLVED, That the Tennessee Medical Association support recourse solutions for physicians who are unfairly excluded from a network.

RESOLUTIONS ADOPTED IN 2015

Resolution No. 10-15

HEALTH DISPARITIES

RESOLVED, That the Tennessee Medical Association promote to physicians, healthcare providers and the communities they serve, an increased awareness, education, and intervention to reduce healthcare disparities and improve health outcomes in Tennessee.

Resolution No. 18-15

PATIENT CENTERED PHYSICIAN LED TEAM-BASED CARE AS POLICY OF THE ASSOCIATION

RESOLVED, That the Tennessee Medical Association adopts as its official policy physician-led team-based care yields the highest quality; the safest patient care; and the most savings to the health care system for the citizens of Tennessee; and be it further

RESOLVED, That the Tennessee Medical Association adopt the following principles regarding physician-led team-based care:

- Health care teams, no matter the setting, should be led by physicians.
- Health care teams should be led by physicians who have ultimate responsibility and authority to carry out final decisions about the composition of the team, practitioners who are trained according to their unique function in the team, communication about patient care between team members is routine, and team members complete tasks to agree upon protocols as directed by the physician leader.

Emergency Resolution 1-15

PROTECTION OF THE DOCTOR PATIENT RELATIONSHIP

RESOLVED, That the Tennessee Medical Association uphold and defend the sanctity of the doctor-patient relationship and stand against legislative interference in this relationship and against unenforceable mandates.

RESOLUTIONS ADOPTED IN 2016

Resolution No. 01-16

[Reaffirmation of Resolution No. 6-09]

DISASTER PREPAREDNESS FOR THE STATE OF TENNESSEE

RESOLVED, That the Tennessee Medical Association educate physicians and coordinate with existing disaster plans to include:

- 1) Enrollment of physicians who will serve as disaster physician volunteers
- 2) Education of physicians in the characteristics of the optimal medical disaster responder
- 3) Coordination of the physician response team with the other state and federal emergency agencies.

Resolution No. 5-16

PREVENTION OF MISLEADING HEALTH CARE REPRESENTATION

RESOLVED, That the Tennessee Medical Association support legislation to prevent usage of any derivation of the terms "medical" or "med" in advertisements, signage, websites, etc., by a spa, hair salon, boutique or any business that provides aesthetic services such as injections or lasers unless the business, clinic, spa,

etc. has a Tennessee licensed medical doctor practicing "fulltime" at that site or the site is the primary practice site of the "medical director".

Resolution 6-16

PROTECTION OF MINORS FROM THE HAZARDOUS EFFECTS OF ULTRAVIOLET RADIATION FROM TANNING LAMPS

RESOLVED, That the Tennessee Medical Association support the enactment of state legislation to protect minors from the hazards of ultraviolet radiation by prohibiting the sale of tanning services utilizing ultraviolet rays to those 18 years of age and under.

Resolution 13-16

INTERVENTIONS FOR OPIOIDS DEPENDENT PREGNANT WOMEN

RESOLVED, That the Tennessee Medical Association advocate for increased funding for programs for education, prevention and treatment for pregnant women addicted to opiates and other illicit drugs; and be it further

RESOLVED, That the Tennessee Medical Association advocate for comprehensive medical oversight for the treatment of polysubstance-addicted pregnant women.

Resolution 16-16

MAINTENANCE OF CERTIFICATION (MOC) AND LICENSURE (MOL) VS BOARD CERTIFICATION, CME AND LIFELONG COMMITMENT TO LEARNING

RESOLVED, That the Tennessee Medical Association oppose efforts by any nationally recognized accredited organization, including, but not limited to, American Board of Medical Specialties and the Federation of State Medical Boards to require physicians to meet the mandates imposed by Maintenance of Certification and Maintenance of Licensure as conditions of employment, licensure, reimbursement or professional insurance coverage; and be it further

RESOLVED, That the Tennessee Medical Association continue to support reasonable lifelong continuing medical education and lifelong specialty board certification requirements as determined by the physician him/herself; advocate against time-limited specialty medical board certifications; and oppose discrimination against physicians who are certified and choose NOT to engage in corporate re-certification programs labeled as "voluntary" by the specialty medical boards

TITLE INDEX

Resolutions Alphabetical by Title 2017 to 2023

TITLE	Res. No.	Permanent Policy Res. No.
2023 Resolution to Increase State Tobacco Tax	03-23	
Abortion as an Essential Component of Health Care	27-23	
Advocacy for the Mentally Ill	02-21	
Aesthetic Medical and Surgical Procedures as the Practice of Medicine in the State of Tennessee		12-11PP
Annual Stipend for Association President	01-19	
Approaching Physician Shortage Crisis	01-22	
Ban on “Promotional Drinking”		02-06PP
Basic Principles and Standards Regarding the Delivery of High Quality Medical Care		01-02PP
Board of Medical Examiners’ Independence	04-17	
Cessation of Use of Term “ <i>Provider</i> ”		34-06PP
Charter Name Change		06-02PP
CMS Required Provider Directory Updates	02-18	
Code of Conduct for Physicians Expert Testimony		15-06PP
Collaborative Practice Agreements for Physician Assistants	12-23	
Conflict of Interest Statement		21-01PP
Control of Over-the-Counter Diet Pills		05-06PP
Corporate Communication Strategies		01-14PP
Cost of Prescription Drugs	27-17	
Creation of Innovative Opportunities to Improve Health Literacy	24-17	

TITLE	Res. No.	Permanent Policy Res. No.
Defining What Constitutes Proper Use of the Terms “Residency” and “Fellowship” When Referring to Specialty Training	04-20	
Definition of a Doctor	09-17	
Delegation of Cosmetic Surgical Procedures	13-21	
Disaster Preparedness for the State of Tennessee		01-16PP
Discontinuation of Association Grievance Process	07-17	
Dues Increase		05-02PP
Emergency Funding for Vital Patient Care Service	26-17	
Emergency Resolutions		27-06PP
Ending Rise in Maternal Mortality Rates by Extending Coverage to 12 Months Postpartum	05-20	
Ensuring Vitiligo Patients Access to Medications	17-22	
Establishment of a Privacy Policy for Resolutions to the House of Delegates	09-21	
Evaluation of Possible Incentives for Pharmacy-owned Medical Clinics by Pharmaceutical Companies	12-21	
Expanding Access to Care	14-21	
Expanding Access to Physician-led Care in Shortage Areas by Exploring and Supporting Financial Incentives	30-23	
Expansion of Resources & Patient Access to Treatment Options for Substance & Mental Health Disorders	03-19	
Fiscal Note Requirement on Resolutions		15-02PP
Folate Supplementation of Non-Cereal Staple Flour	01-23	
Freedom of Local Government Act		02-10PP
Future of IMPACT	18-19	
GME Support of Leadership Training	23-17	
Health Disparities		10-15PP
Health Insurance Claims Administration		01-07PP

TITLE	Res. No.	Permanent Policy Res. No.
Health Insurance Companies' Use of Beers Criteria in Physician Rating Systems	01-18	
Health Needs of Transgender Tennesseans	24-23	
Healthcare Coverage	04-21	
Hospitals Charging for Physician Applications	01-20	
Hospital Medical Staff Self-Governance	02-22	
Hospital Overcrowding	18-17	
Immunization of Tennessee Children		08-08PP
Impact of Virtual Violence on Children in Tennessee	12-17	
Impairment Reporting	02-20	
Improving Communication between Hospitals & Primary Care	08-19	
Improving Telehealth Education in Medical Training	19-23	
Inclusion of Electronic Communications in EHealth Reimbursement	01-21	
Inclusion of Methadone in Prescription Drug Monitoring Databases	07-18	
Independent Practice of Physician Assistants	25-17	
Indigent Care Activity		02-13PP
Indoor Tanning Regulation	10-22	
Insurance Carriers' Disruption of the Physician/Patient Relationship		06-05PP
Insurance Company Ratings of Physicians		03-08PP
Insurance for Motorcyclists		11-07PP
Interventions for Opioids Dependent Pregnant Women		13-16PP
Lessening the Stigma and Potential for Negative Professional Consequences to Physicians Seeking Mental Health Care Services	06-18	
Lung Disease Education		12-06PP
Maintaining the TMA Contribution to the Tennessee Medical Foundation Physicians Health Program		03-07PP

TITLE	Res. No.	Permanent Policy Res. No.
Maintenance of Certification (MOC) and Licensure (MOL) vs. Board Certification, CME and Lifelong Commitment to Learning		16-16PP
Malpractice Insurance		04-05PP
Mandatory Acceptance of Assignment for Insurance		01-13PP
Mandatory Auto Safety Belt Usage		01-01PP
Mandatory Second Surgical Opinions		01-05PP
Media Campaign For Physician-Led Team Model	06-17	
Medical Records for Children in Foster Care	07-19	
Member Access to TMA Board of Trustee		22-01PP
Member Education on Medicare Recovery Audit Contractors		07-08PP
Mental Health Screening	15-21	
Mifepristone is an Essential Medication for Management of Miscarriage	29-23	
Modifying AMA Mission Statement	20-17	
Negative Public Health Impact of Electronic Scooters	03-22	
Opioid Prescriber Responsibility	19-17	
Opposition to Boxing as a Sport		03-06PP
Opposition to Compelling Medical Students to Stay in State and Practice Under TennCare In Order to Repay State Medical School Subsidies		19-04PP
Organ Donation	16-23	
Over-Prescription of Opioids in Patients with Chronic Pain	10-18	
Patient-Centered Physician-Led Team-Based Care as Policy of the Association		18-15PP
Physical Education in Schools		06-10PP
Policy on Organizational Unity	10-21	

TITLE	Res. No.	Permanent Policy Res. No.
Policy on Proposed Implementation of Clinical Assessment Exam		26-03PP
Policy on Rising Cost of Medical Education	01-17	
Policy on Tobacco		15-04PP
Potentially Unethical Contracts		02-01PP
Prevention of Misleading Health Care Representation		05-16PP
Prior Authorization Reform	09-22	
Prior Authorization Requirements to Prescribe Buprenorphine/Naloxone for Opioid Use Disorder	06-21	
Principles for Store-Based Health Clinics (Minute Clinics)		10-07PP
Promoting Better Health in Schools in Tennessee.		32-03PP
Promoting Use of 988 Suicide and Crisis Lifeline Number	11-23	
Protecting the Professionalism of Hospital Employed Physicians	28-17	
Protection of Access to Contraception and Expanding Access to Emergency Contraception	15-23	
Protection of Minors from the Hazardous Effects of Ultraviolet Radiation from Tanning Lamps		06-16PP
Protection of the Doctor-Patient Relationship		ER 01-15PP
Public School Emergency Medication and Availability		13-03PP
QMP Project		14-07PP
Reducing Contact Sexual Violence in Tennessee	21-23	
Reducing Firearm Related Deaths and Improving Public Policy Regarding Firearm Safety in Tennessee	Sub 14-23	
Reentry Program Needed by Physicians Health Program		04-01PP
Regional Representation on TMA Committees	08-21	
Regulation of Physician-Led, Team-Based, Collaborative Practice Between Physicians and Advanced Practice Registered Nurses	11-19	
Regulations of Gender Selection Abortion		01-04PP
Remote Patient Monitoring for Management of Chronic Conditions	13-19	
Request for Legal Immunity for Prescribing by Physicians	14-22	

TITLE	Res. No.	Permanent Policy Res. No.
Required Provision and Tracking of Fentanyl Testing Strips by Syringe Services Programs (SSPs)		
Resident and Fellow Retention	18-23	
Resident Physicians		09-02PP
Resolution on Rural Outreach in Tennessee	04-22	
Resolution Opposing Criminalization of Physicians Providing Care Within Their Scope of Training and the Accepted Standard of Medical Care for Their Specialty	07-23	
Resolution to Ban the Sale of Flavored Vape Products in Tennessee	ER 01-19	
Resolution to Direct the Development of Narrowing Physician Networks		06-14PP
Resolution to Improve Women’s Healthcare and Foster Care System	05-23	
Resolution to Support Adult and Pediatric Vaccination Recommendations by the Advisory Committee on Immunization Practices	04-23	
Specialty Specific Formularies		11-05PP
State Ban on the Sale of High-Capacity Firearm Magazines	10-23	
Step Therapy Reform: Tennessee	20-19	
Support for Responsible and Comprehensive Tennessee Medical Marijuana Program	07-21	
Syringe and Needle Exchange Programs		03-04PP
Tax on Professional Medical Services		04-06PP
TennCare Fair Payment		18-07PP
TennCare Medicaid Reform Proposal		02-14PP
TennCare Policy Changes		27-05PP
Tennessee Medical Association Membership		04-02PP
Tennessee Seat Belt Utilization		16-04PP
Tennessee State Parks “Healthy Parks, Healthy People”	05-17	
Texting as Approved HIPAA Form of Communication	14-17	
TMA Funding for Medical Student Chapters	21-19	
TMA Policy on Payment to Physicians for Call Coverage		04-11PP

TITLE	Res. No.	Permanent Policy Res. No.
TMA Representatives Meeting with Medical Students		09-03PP
TMA Resolution on Establishing a Physician Wellness Committee	02-23	
Tobacco-Free State in Public Places		20-04PP
Tobacco Tax	03-21	
Tobacco Use on Tennessee School System Property		06-06PP
Training Criteria for New Procedures		02-05PP
Truth in Advertising for CBD Oil	09-19	
Uniform Physician Credentials Verification	Sub 02-17	
Weaning Programs and Addiction Programs as a Part of Opioid Prescribing Course	13-17	
Youth Diversity on Standing TMA Committees	02-19	

TOPICAL INDEX
Resolutions Alphabetical by Topic
2017 to 2023

Topic	Res. No.	Res. No. Permanent Policy
988 Suicide and Crisis Lifeline	11-23	
abortions, gender selection		01-04PP
Abortions for nonviable pregnancies	27-23	
access to care	14-21; 04-22	
acute care	19-17	
Advanced Practice Registered Nurses (APRN)	11-19	
advertisements		05-16PP
Advisory Committee on Immunization Practices	04-23	
advocacy, mentally ill	02-21	
aesthetic medical and surgical procedures		12-11PP
aesthetic medicine		12-11PP
aesthetic services		05-16PP
alternative payment mechanisms	10-18	
American Board of Medical Specialties		16-16PP
American Heart Association		06-10PP
American Medical Association (AMA)	07-18	
AMA, Board of Trustees	20-17	
AMA, House of Delegates	14-17 20-17 01-18 02-18 13-19	
American Medical Association Patient Protection Act		01-02PP
assignment, insurance		1-13PP
auto safety, seat belts		01-01PP
background check legislation	Sub 14-23	
Beers Criteria	01-18	

Topic	Res. No.	Res. No. Permanent Policy
board certification		16-16PP
Board of Medical Examiners	04-17	
Board of Trustees, TMA		21-01PP; 22-01PP
boutiques		05-16PP
boxing		03-06PP
bundled payments	10-18	
call coverage		04-11PP
campaign, public and legislative awareness	09-17	
campaign, resident physician membership		09-02PP
cannabis	07-21	
case management	10-18	
CBD products	09-19; 07-21	
certification requirements		01-07PP
Charter, The Memphis Medical Society		06-02PP
chronic pain, integrative services	10-18	
Clinical Skills Assessment Exam		26-03PP
clinics, store based (minute clinics)		10-07PP
CMS	02-18	
Coalition for Affordable Quality Healthcare (CAQH)	02-18	
code of conduct, physician expert testimony		15-06PP
collaborative practice agreement	12-23	
commitment to learning, lifelong		16-16PP
communications, electronic	01-21	
communication, strategies		01-14PP
communications, corporate		01-14PP
component societies	07-17	
conflict of interest, TMA Board and committees		21-01PP
continuing medical education (CME)	13-17	16-16PP
contraception	05-23	

Topic	Res. No.	Res. No. Permanent Policy
	15-23	
contraceptives	15-23	
contracts, unethical		02-01PP
controlled substance prescribing	07-18	
co-pay or tier level, prescription drugs	27-17	
corn masa	01-23	
corporate, communications		01-14PP
cosmetic surgery	13-21	
credentialing	06-18	
credentialing requirements, Medicare		02-05PP
credentials verification	Sub. 02-17	
criminalize physicians	07-23 15-23	
definition of the practice of medicine		12-11PP
Department of Health Investigations Division	07-17	
diet pills, control of		05-06PP
directory, provider	02-18	
disaster preparedness		01-16PP
dispensing data	07-18	
doctor-patient relationship		06-05PP, ER 01-15PP
drinking, ban of promotional		02-06PP
Drug Enforcement Agency	19-17	
drug disposal	19-17	
drug testing	09-19	
drugs, diet		05-06PP
drugs, public school available		13-03PP
drug use, intravenous		03-04PP
dues, TMA		05-02PP

Topic	Res. No.	Res. No. Permanent Policy
		01-14PP
E-health, reimbursement	01-21	
education, boxing		03-06PP
education, health		32-03PP
education, lung disease		12-06PP
education, Medicare recovery audit contractors		07-08PP
education, physical, in schools		32-03PP, 06-10PP
electronic scooters, shared dockless	03-22	
emergency funding	26-17	
emergency medications, public schools		13-03PP
emergency resolutions, TMA		27-06PP
equal opportunity, TMA membership		04-02PP
ethics, physicians		02-01PP
evidence-based medical care	07-23	
expanding access to care	14-21	
extreme risk protection orders	Sub 14-23	
federal action	07-18	
federal legislators	07-18	
Federation of State Medical Boards		16-16PP
Fentanyl	08-22	
Fentanyl test strips	08-22	
financial incentives	30-23	
firearm magazines, large capacity	10-23	
firearm-related death	Sub 14-23	
firearm safety policy	Sub 14-23	
fiscal notes, TMA resolutions		15-02PP
folate-Supplemented corn masa flour	01-23	
folate Supplementation	01-23	
Food and Drug Administration, U.S	15-23	05-06PP
formularies, medical specialty specific		11-05PP

Topic	Res. No.	Res. No. Permanent Policy
foster care	07-19 05-23	
funding, mental health services	02-21	
gender selection, abortion		01-04PP
General Assembly	ER 1-19; 04-22	
good-faith medical judgement	27-23	
governance structure TMA		22-01PP
Governor	26-17	
Graduate Medical Education	23-17	
graduate medical education curriculum	19-23	
grievance process	07-17	
hair salon		05-16PP
health education		32-03PP
health insurance claims		01-07PP
health insurance companies	01-18	
health insurance entities	20-19	
health insurance coverage	04-21; 14-21	01-07PP
health literacy	24-17	
healthcare plans	10-18	
“Healthy Parks, Healthy People”	05-17	
HEDIS quality measures	01-18	
helmet law	03-22	
HIPAA communication	14-17	
hiring	06-18	
HIV infection, AIDS		03-04PP
hospital call coverage		04-11PP
hospital, governing board	02-22	
hospital medical staff	02-22	

Topic	Res. No.	Res. No. Permanent Policy
hospital, overcrowding	18-17	
hospitals, mental health	02-21	
hotline	02-23	
impaired physicians		04-01PP
immunity	14-22	
immunization		08-08PP
improve health outcomes		10-15PP
Independent Medicine’s Political Action Committee (IMPACT)	18-19	
IMPACT Capitol Hill Club	18-19	
IMPACT Sustaining Members	18-19	
independent practice	25-17	
indigent care		2-13PP
Indoor tanning	10-22	
injections		05-16PP
injury prevention	03-22	
insurance	15-23	04-05PP 06-05PP 11-07PP 1-13PP
insurance, Carrier restrictions on access		06-05PP
insurance, motorcyclists		11-07PP
integrative services, chronic pain	10-18	
Joint Collaborative Practice Board	11-19	
laser		05-16PP
legislation	27-17 20-19	
legislation, smoke-free public places		20-04PP
legislative interference		ER 01-15PP
Lethal fetal anomalies	27-23	
licensure	06-18	

Topic	Res. No.	Res. No. Permanent Policy
local legislation, tobacco control		02-10PP
Maintenance of Certification (MOC)		16-16PP
Maintenance of Licensure (MOL)		16-16PP
malpractice insurance		04-05PP
Managed Care Organizations		02-14PP
managed care plans		01-02PP 06-05PP
mandatory assignment, Medicare		01-13PP
mandatory second surgical		01-05PP
media campaign, statewide	06-17	
media violence	12-17	
Medicaid expansion	14-21	
medical care, basic principles		01-02PP
medical care of indigents		02-13PP
medical clinics, pharmacy-owned	12-21	
medical education, funding	01-17	19-04PP
medical marijuana	07-21	
medical records	07-19	
medical schools, Tennessee		19-04PP
medical services, taxes on		04-06PP
medical specialty specific formularies		11-05PP
medical staff bylaws	02-22	
medical staffs	02-22	
medical students, TMA	21-19	09-03PP
Medicare	02-18	01-13PP
Medicare Advantage Plans	02-18; 09-22	

Topic	Res. No.	Res. No. Permanent Policy
Medicare recovery audits contractors		07-08PP
medication, public school availability		13-03PP
membership development		22-01PP 04-02PP
membership, TMA, dues		05-02PP 03-07PP
membership, TMA resident physicians		09-02PP
membership, unity	10-21	
Memphis Medical Society, The		06-02PP
mental health care services	06-18; 15-21	
mental health conditions	06-18	
mental health programs	03-23	
mental health services	02-21; 15-21	
mental illness	02-23	
mentally ill	02-21	
Methadone	07-18	
mifepristone	29-23	
minute clinics, store based		10-07PP
minors	10-22	06-16PP
miscarriage	29-23	
mission statement, AMA	20-17	
narrow networks		06-14PP
National Board of Medical Examiners		26-03PP
National Park Service	05-17	
needle exchange program		03-04PP
new procedures, training criteria		02-05PP
nondiscrimination, TMA membership		04-02PP
nonviable pregnancies	27-23	
non-cereal enriched flour products	01-23	
non-physician health care professionals	09-17	
opiate education, pregnant women		13-16PP

Topic	Res. No.	Res. No. Permanent Policy
opiate prescribing	19-17; 06-21	
opioid use disorder	03-19; 06-21	
opioid treatment programs (OTPs)	07-18	
Organ donors	16-23	
Organized Medical Staff Section	28-17	
organized medicine, participation in	23-17	
over-the-counter products	15-23	
Patient Protection Act, model, AMA		01-02PP
patient-doctor relationship	24-23	
payment for call coverage		04-11PP
payment, TennCare		18-07PP
peer review	07-17	
pharmaceutical companies	12-21	
pharmacy benefit managers	20-19	
physical fitness, schools		32-03PP
physician applications	01-20	
Physician Assistants	25-17 12-23	
physician call coverage		04-11PP
physician-led team based care	04-22	18-15PP
physician, freedom of choice		01-02PP
physician health program		04-01PP 03-07PP
physician, impaired		04-01PP
physician-led health care team	06-17	
physician-patient relationship	07-23	01-02PP 06-05PP
physician, public image		01-14PP
physician ratings	01-18	03-08PP
physician, reimbursement		18-07PP 1-13PP
physician shortage	01-22	

Topic	Res. No.	Res. No. Permanent Policy
physician wellness	02-23	
Physician Wellness Committee	02-23	
policy, TMA, financial		15-02PP
policy, tobacco		15-04PP
practice of medicine		12-11PP
preparing for disaster		01-16PP
prescribers, educate	19-17	
Prescription Drug Monitoring Database	07-18	
Prescription Drug Monitoring Program (PDMP)	07-18	
primary care physician	08-19	
prior authorization	09-22	
Project Access initiatives	04-22	
protection of minors, ultraviolet radiation		06-16PP
provider, cessation of use of term		34-06PP
provider directory	02-18	
public health	03-22; 08-22	
public health issue, hospital overcrowding	18-17	
public relations, TMA		01-14PP
public schools, emergency medication.		13-03PP
QMP		14-07PP
Quadruple Aim	06-18	
quality health care	07-23	
quality of care		01-02PP 2-13PP
rating physicians	01-18	03-08PP
reduce healthcare disparities		10-15PP
reform, TennCare		02-14PP
Regional Detoxification Facility	03-19	
regional outpatient recovery program	03-19	
reimbursement, E-health	01-21	
reimbursement, physician		18-07PP 1-13PP

Topic	Res. No.	Res. No. Permanent Policy
remote patient monitoring	13-19	
residency training	23-17	
resident physician section, TMA		09-02PP
resident and fellows	18-23	
resolutions, submittal of, TMA	09-21	15-02PP 27-06PP
retention	06-18	
rural areas	30-23	
rural outreach	04-22	
Safe storage laws	Sub 14-23	
seat belt use		16-04PP
seat belts, usage exemption		01-01PP
second opinions, mandatory		01-05PP
self-care	06-18	
sexual evidence testing	21-23	
Signage		05-16PP
smoking, prohibition in public places		20-04PP
smoking, risk education		12-06PP
spa		05-16PP
sports, boxing		03-06PP
STARs quality measures	01-18	
State Department of Revenue	16-23	
State Volunteer Mutual Insurance Company		04-05PP
state tax rate	03-23	
statewide media campaign	06-17	
Step Therapy protocols	20-19	
stipend, annual for TMA President	01-19	

Topic	Res. No.	Res. No. Permanent Policy
store based clinics (minute clinics)		10-07PP
students, medical school		09-03PP
substance and mental health disorders	03-19	
supervising physicians	13-21	
surgery, cosmetic	13-21	
syringe and needle exchange programs	08-22	03-04PP
“Take the Challenge” curriculum	12-17	
tanning lamps		06-16PP
task force	18-17 10-18	
taxes, impact on medical care costs		04-06PP
telehealth	13-19 19-23	
TennCare	06-21	19-04PP 27-05PP 18-07PP 02-14PP
Tennessee Academy of Family Physicians		08-08PP
Tennessee Board of Medical Examiners	04-17	26-03PP
Tennessee Bureau of Investigations	21-23	
Tennessee Chapter, American Academy of Pediatrics	Sub 14-23	08-08PP
Tennessee code, define remote patient monitoring	13-19	
Tennessee Department of Education	24-17	13-03PP
Tennessee Department of Environment and Conservation	05-17	
Tennessee Department of Health	18-17 19-17 24-17	08-08PP
Tennessee Hospital Association	05-17; 18-17; 28-17; 08-19	
Tennessee legislature	26-17	
Tennessee Medical Foundation		04-01PP 03-07PP

Topic	Res. No.	Res. No. Permanent Policy
Tennessee Pharmacy Association	19-17	
Tennessee Restaurant Association		02-06PP
Tennessee Seat Belt Utilization		16-04PP
texting	14-17	
THC	07-21	
third party payors		11-05PP
TMA, AMA Delegation	14-17 20-17 01-18 02-18 18-19	
TMA, Board of Trustees	06-17 18-19 04-22	21-01PP 22-01PP
TMA, Board of Trustees Finance Committee		15-02PP
TMA, Community Awareness Resource and Education Program		01-14PP
TMA, dues		01-14PP
TMA, Governmental Medical Services Committee		02-05PP
TMA, House of Delegates	Sub. 02-17; 04-17; 09-21	
TMA, Judicial Council	07-17; 18-19	
TMA Legislative Committee	09-19; 04-22	
TMA, membership dues		05-02PP 03-07PP
TMA, membership, resident physicians		09-02PP
TMA, President	01-19	
TMA, Public Health Committee	21-23	
TMA, public relations		01-14PP
TMA, resolutions, submittal of	09-21	15-02PP
TMA, Standing Committees	02-19 18-19 08-21	
TMF		04-01PP
tobacco, education	03-21	
tobacco, policy		15-04PP

Topic	Res. No.	Res. No. Permanent Policy
tobacco, school property		06-06PP
tobacco, tax	03-21 03-23	
tobacco control, local legislation		02-10PP
training criteria-new procedures		02-05PP
transgender patients	24-23	
Triple Aim	06-18	
ultraviolet radiation, tanning lamps	10-22	06-16PP
undergraduate medical education curriculum	19-23	
unity	10-21	
vaccination	04-23	
vape products	ER 1-19	
vending machines, public schools		32-03PP
violent video games	12-17	
Vitiligo	17-22	
voting, TMA		21-01PP
warning label	12-17	
websites		05-16PP