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# ANNUAL REPORT

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# FROM THE PRESIDENT



The issues below are among the most pivotal TMA will be targeting in 2024 to influence substantial and lasting improvement to Tennessee's state of medicine, helping us keep our patients, ourselves, and our practices in the best possible health.

- APRNs and PAs continue efforts to end formal professional relationships with physicians and they appear to be garnering support for this goal from corporate hospitals and others as their lack of experience and training often leads to unnecessary orders for tests, etc., generating desirable revenue at patients' expense – both to health and wallet – while yielding no true benefit to overall patient health and potentially increasing risks from treatment delays. Corporate revenue cannot be a priority over protecting patient health.
- The reversal of Roe v. Wade in June 2022, triggered a change in the medical landscape few conceived possible, putting patients and physicians at risks not known in 50 years. Since last June, the TMA has continued efforts to advocate in the best health interests of pregnant women and their physicians. The “affirmative” defense was eliminated this year and certain legally acceptable pregnancy terminating conditions established. Advocating for patients and physicians to add more acceptable conditions for ending non-viable pregnancies will continue.
- The “No Surprises Act” is, unfortunately, still not preventing surprises to patients and physicians alike. The act, by letter and intent as passed by Congress, has been obstructed. As written, the law is unambiguous; however, the cost of the biased interpretation by certain federal departments has so far been paid by both patients and physicians. TMA and all physicians must continue to increase pressure on every relevant party to uphold the “No Surprises Act” as enacted.
- All Tennesseans hoped August's Special Session of the Tennessee Legislature would yield more substantive progress toward enhancing firearm safety. TMA will continue to advance our policies related to mental health and firearm safety prompting our state leadership to take more effective strides, especially following the tragic shooting at Nashville's Covenant School and the shocking loss of Dr. Benjamin Mauck from gun violence in Collierville.

- Following the untimely death of Dr. Mauck, a review of legislation found enhanced criminal penalties for those who commit acts of violence against first responders and nurses did not extend to such acts committed against physicians. In the 2024 Legislative Session, Representative Kevin Vaughan will carry forward proposed legislation enacting the same enhanced criminal penalties for violent acts against physicians. Our medical community's thoughts and prayers continue to Dr. Mauck's family.
- Insurance prior authorization requirements and clawbacks persist, weighing heavily on physicians and their practice administration for a myriad of practical and tangible reasons. The recent announcement by CIGNA and UHC of reducing some prior authorization requirements is met with cautious optimism. More insurance companies should be following their efforts and all such efforts should be further expanded. Audit and overpayment protocol reforms are urgently needed as well as correct and timely claims adjudication.

The importance of these issues has measurable value on many scales. Their optimal resolution requires collaboration with groups outside of the physician community, making our strength as a unified physician community imperative. While TMA membership has surpassed 10,000 physicians, this number represents only a fraction of Tennessee's practicing physicians. Increasing membership across more specialties and areas of practice and retaining resident physician and young physician members committed to in-state practice is as vital as our other priorities. Supporting TMA and growing its strength from within is the singular need filled or left fallow based on our motivation and actions alone.

Eight months into this presidential term, I can attest it has been a tremendous experience and an incredible honor. **Thank you for continuing to work with TMA for a healthier and safer Tennessee.**

A handwritten signature in black ink, appearing to read 'Andrew Watson, MD', with a stylized flourish at the end.

**Andrew Watson, MD**

TMA President, 2023-2024

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**Russ Miller**  
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**Russ Miller**  
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# MEMBERSHIP



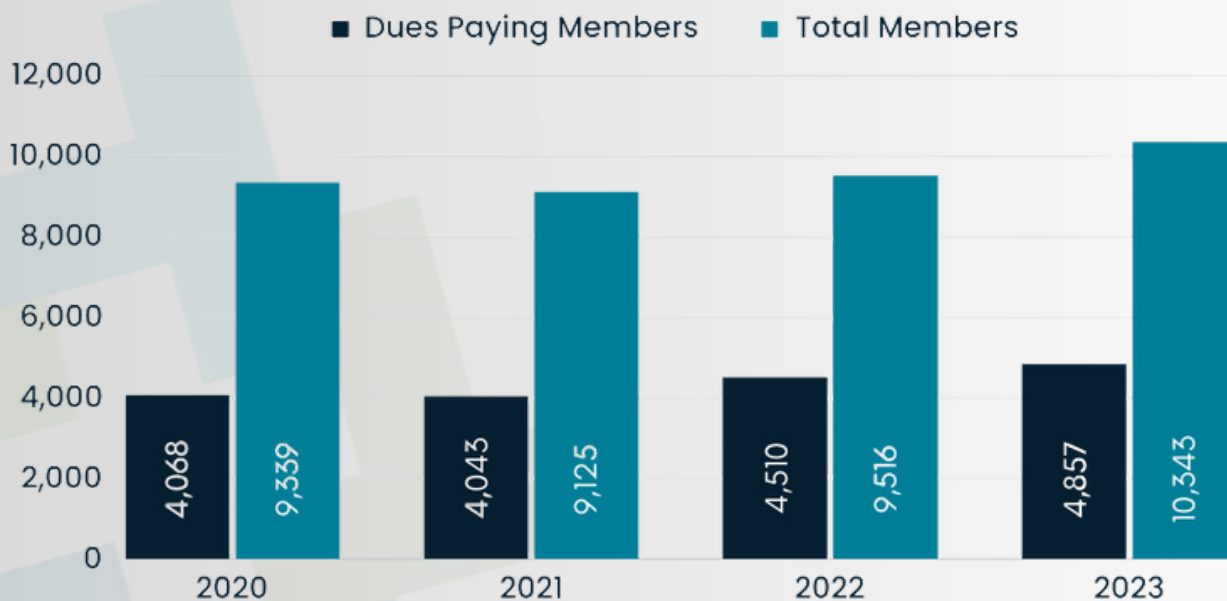
# YEAR IN REVIEW

For the first time in its history, TMA surpassed 10,000 members with a total of 10,343 members and over 4,800 of those being dues paying members. This growth is representative of the collective uniting of physicians in organized medicine and engagement in the association.

Members engaged with each other and the association through the House of Delegates and Annual Meeting in April, three separate All Member Virtual town hall meetings, and Legislative Dinners across key markets throughout the fall. TMA President, Andrew Watson, MD, CEO Russ Miller, and countless others remained committed to visiting physicians and facilities across the state to build and maintain relationships. Through these conversations, TMA was happy to welcome several new all-in groups in 2023, including West Tennessee Healthcare, Erlanger Health Systems, Murfreesboro Medical Clinic, and ETSU Health Physicians.

TMA remains committed to uniting physicians across the state in order to protect quality health care and the physician-patient relationship in Tennessee.

## TOTAL MEMBERS COMPARED TO DUES PAYING MEMBERS



# DOCTORS GATHER FOR THE 188TH HOUSE OF DELEGATES

In April, TMA assembled more than 150 of its physician delegate representatives in Franklin, Tenn., for its 188th Annual Meeting and policy session.

The House of Delegates approved a number of resolutions which may impact the practice of medicine and patient health in Tennessee. A full list of policies adopted is available at [tnmed.org/HOD](http://tnmed.org/HOD).

During the meeting delegates participated in a special session featuring presentations from two guests, both of whom are TMA members: American Medical Association President-Elect Jesse Ehrenfeld, MD, MPH, and Tennessee Department of Health Commissioner Ralph Alvarado, MD. During his remarks, Dr. Ehrenfeld emphasized common areas of interest between the national and state medical organizations including finding a fix to prior authorization burdens, reforming Medicare payment to physicians, fighting scope of practice creep, supporting telehealth and reducing physician burnout.

Dr. Alvarado, new to Tennessee following his November appointment by Gov. Bill Lee as state health commissioner, introduced himself to a statewide audience and emphasized the importance of the convergence of public health and organized medicine. As a TMA member, he also introduced a resolution encouraging physicians, particularly psychiatrists and primary care physicians, to promote the use of the 988 Suicide and Crisis Lifeline number by offering it as an option to callers.

"This annual forum is where diverse perspectives converge," said Gene Huffstutter, MD, a Chattanooga rheumatologist and newly elected Chair of the TMA Board of Trustees.

"Physicians are encouraged to engage in the process, and they bring different perspectives from their medical specialties, practice environments, and geographic locations across the state," he said. "It truly is organized medicine at its best."





# MEMBER EVENTS

## All Member Virtual

TMA's All Member Virtual meetings provided beneficial engagement and information for TMA members. The meetings continued to provide members with an opportunity to discuss healthcare-related topics. Recordings of the meetings are available online at [tnmed.org/all-member-virtual](https://tnmed.org/all-member-virtual). Member login is required.

### The topics in 2023 included:

- **April 2023: MATE Act Education** - Led by TMA President Andrew Watson, MD, the April All Member Virtual meeting focused on federal and state education requirements to maintain a DEA license and Tennessee medical license.
- **May 2023: TMA Legislative Update** - TMA Board Chair Gene Huffstutter, MD, introduced Julie Griffin, TMA Vice President of Government Affairs, who shared a legislative update with members.
- **September 2023: Special Session Recap and Legislative Preview** - TMA President Andrew Watson, MD, introduced Julie Griffin, TMA Vice President of Government Affairs, who shared a Special Session Recap, along with Rep. Kevin Vaughan (R-Collierville) who discussed proposed legislation and TMA Vice President and General Counsel, Yarnell Beatty, who discussed how to handle disorderly patients in a medical practice.

## Legislative Dinners

In November, TMA participated in legislative dinners throughout several key markets, including Chattanooga-Hamilton County, Montgomery County, Knoxville, Nashville, and many more. These meetings allowed for Tennessee physicians to connect and engage with their elected representatives aiding TMA's efforts to positively impact the future of medical policy. TMA lobbyists provided legislative updates in advance of the 2024 General Assembly.

Prior to the meetings, State Rep. Kevin Vaughan (R-Collierville) spoke about the importance and value of physician members taking the time to establish and cultivate personal relationships with elected officials.

"I encourage you to be a citizen advocate and talk to your local representative and senator on a regular basis," said Rep. Vaughan. "You can build a relationship with them and they will look to you as a resource and trusted advisor. It does not have to only be when you are lobbying them over an issue."

Events like the legislative dinners offer opportunities for members to share important information regarding their clinical experiences while cultivating relationships and beginning conversations with policymakers that can effect change.

TMA was recently named the most influential advocacy organization on Capitol Hill, and these efforts further position the organization as a trusted voice within the legislature.

To review TMA's 2024 legislative priorities, visit [tnmed.org/legislative](https://tnmed.org/legislative).



# TMA PARTNERS

TMA is thankful for all of the support shown by our sponsors throughout 2023, as well as the valuable benefits available to all members. Learn more [here](#).



## ALL-IN GROUPS

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American Anesthesiologists of Knoxville  
Anesthesia Medical Group PC/PhyMed  
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Campbell Clinic  
Center for Sports Medicine and Orthopaedics  
Chattanooga Allergy Clinic

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East Memphis Anesthesia  
East Memphis Neonatology  
East Memphis Orthopedic Group

ETSU Health Physicians  
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 Eye Specialty Group  
 Family Allergy and Asthma  
 Galen Medical Group PC  
 Gastro One  
 Gastroenterology Associates  
 Greater Knoxville Ear Nose and Throat  
 Hamilton Eye Insititute  
 Heritage Medical Associates  
 Inpatient Physicians of the Mid-South  
 Jackson Urological Associates  
 Kentucky Lake Urology Clinic  
 Knox County Regional Forensic Center  
 Knoxville Pediatric Associates PC  
 Lakeway Dermatology Associates  
 LeBonheur Pediatrics  
 LifeCircle Women's Healthcare  
 Livingston Regional Hospital  
 Martin Lee and Page  
 Mays and Schnapp Pain  
 McDonald Murrmann Center for Wellness  
 Medical Anesthesia Group  
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 Mid-South Ear Nose and Throat  
 Mid-South Imaging  
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 West Tennessee Medical Group  
 Williamson Medical Group  
 Women's Group of Franklin  
 Women's Health Specialists

# GOVERNMENT AFFAIRS





# LEGISLATIVE REVIEW

The first session of the 113th Tennessee General Assembly adjourned in April 2023. While TMA endured one of its most challenging sessions to date, the House of Medicine fared relatively well and achieved most of its top priorities.

TMA, along with its coalition partners, fixed the unintended consequences of the abortion “trigger” law that went into effect following the 2022 overturning of *Roe v. Wade*. TMA also made significant gains in easing the burden of insurance hassles with prior authorization reform in addition to providing relief to doctors terminated from networks because of health plans taking advantage of the No Surprises Act. Finally, TMA once again preserved the physician-led, team-based care model in Tennessee by holding the line on APRN and PA independent practice.

Although the physician wellness priority was not successful this year, TMA remains optimistic that negotiations with various stakeholders over the coming year will yield acceptable statutory language that will protect physicians and other healthcare professionals from probing questions about past treatment for mental health.

Click [here](#) to review TMA’s 2023 Legislative Report Card.

## Key Legislative Issues

### PROHIBITED PROCEDURES FOR MINORS

Prohibits physicians and other healthcare providers from performing gender-affirming care on a minor, including surgery and prescribing, administering, or dispensing puberty blockers or hormones. Treatment for precocious puberty is exempted from this bill’s prohibition, as well as psychological treatment or counseling for gender dysphoria. Creates a private right of action against a healthcare professional or other person who contributed to the violation for up to 30 years past the age of maturity.

### PHYSICAL THERAPY REFERRALS

Adds nurse practitioners and physician assistants to the list of health professions that may refer patients to physical therapy. Under current law, this authority is limited to physicians, chiropractors, and podiatrists. It is currently uncertain whether this authority must be delegated by a physician to APRNs and PAs via protocols. This bill makes it clear that any APRN or PA could directly order physical therapy.

### COVERAGE FOR SUPPLEMENTAL BREAST SCREENING

Requires a health benefit plan that provides coverage for a screening mammogram to provide coverage for diagnostic imaging and supplemental breast screenings without imposing a cost sharing requirement on the patient. Establishes an exemption to the no-cost sharing requirement if the coverage would result in a high deductible health benefit plan with a health savings account becoming ineligible under the Internal Revenue Code. Under these conditions, the new coverage only applies to health plans after the enrollee has satisfied the minimum deductible.





## **WHITE BAGGING**

Bill would prohibit an insurance company from conditioning, denying, restricting, or refusing to authorize or approve, fail to cover, or reduce payment to a participating healthcare service provider for administering infusion drugs purchased by his or her office or obtained through an out-of-network pharmacy. Defines “clinician-administered drug” as an outpatient prescription drug other than a vaccine that cannot reasonably be self-administered by the patient and is administered by a healthcare provider in an outpatient center or clinical setting.

## **CERTIFICATE OF NEED FOR INVOLUNTARY COMMITMENT**

Expands the scope of practice of APRNs and PAs to allow them to complete one of the two involuntary commitment certificates of need. Present law provides if a person who is not a licensed physician executes the first certificate of need in support of hospitalization, then only a licensed physician may execute the second certificate of need in support of hospitalization. This legislation would still require one of the two signatories for involuntary commitment certificate of need to be from a physician. If the physician signing the first CON is a board-certified psychiatrist, then a second CON would not be required.

## **DIVERSITY TRAINING IN HIGHER EDUCATION**

Bill would have prohibited state medical institutions of higher education from requiring diversity, equity, and inclusion (DEI) training and education for purposes of issuing a degree. It would have required health care providers with greater than 50 employees to certify to the BME annually that they do not require employees, contractors, or vendors to ascribe to, study, or be instructed with DEI material with respect to state funds.

## **TOPICAL MEDICAL WASTE REDUCTION ACT**

Allows any unused portion of topical antibiotics, anti-inflammatory, dilations, or glaucoma drops or ointments used during a procedure to be offered to the patient upon discharge when it is required for continuing treatment. Stipulates that the prescriber must counsel the patient on its proper use and administration.

## **FAMILY MEDICINE LOAN REPAYMENT PROGRAM**

Establishes a family medicine student loan repayment grant program to incentivize physicians in residency training to provide medical health services in health resource shortage areas following completion of their training. A family medicine resident is eligible for up to \$40,000 per year for five years provided the sum of all grants do not exceed total student loan indebtedness.

## **MEDICAL LABORATORIES AS PARTICIPATING PROVIDERS**

Prohibits a health insurance carrier from denying a licensed medical laboratory the right to be a participating provider, as well as prohibiting a beneficiary from being denied choice in the medical laboratory services they choose to use, as long as the facility is a participating provider. Requires each issuer to apply the same coinsurance, copayment, deductible, and quantity limit factors within the same employee group and other plan-sponsored groups to all medical laboratory services provided by a licensed medical laboratory. TMA amended the bill to include pathology facilities.

## **GRADUATE PHYSICIANS ACT**

Establishes a pathway to licensure for medical graduates providing primary care services who did not match into a residency program. Allows limited supervised practice in underserved areas under a strict collaborative agreement with an MD or DO where the practicing graduate must be in the same practice location as the collaborating physician. Sets forth limits on duties the medical graduate may perform in addition to limits on prescribing.

## **ANESTHESIOLOGY ASSISTANTS**

Bill would establish a licensure process for anesthesiologist assistants under the auspices of the Board of Medical Examiners. These professionals would only be allowed to practice under the supervision of an anesthesiologist and perform delegated tasks outlined within their scope of practice.

## MATURE MINOR DOCTRINE CLARIFICATION ACT

Prohibits healthcare providers from administering a vaccination to a minor unless first receiving informed consent from a parent or legal guardian. Specifies that informed consent may be verbal except for the administration of the Covid-19 vaccine, in which case written consent is required. Excludes children suspected of being abused or neglected, or emancipated minors.

## OUT-OF-NETWORK PAYMENTS FOR COVERED BENEFICIARY

Allows a health benefit plan enrollee to choose to pay for healthcare services out-of-pocket from an out-of-network provider and requires the health insurance plan to count the full amount that the enrollee paid out-of-pocket toward the enrollee's deductible, coinsurance, copayment, or other cost-sharing amount, provided the service is covered in the plan and the enrollee negotiated a lower price for the service. TMA's amendment clarifies that the patient submits the paperwork to the insurance plan and the requirement only applies to out-of-network physicians.

## IMMUNIZATION FOR HOMESCHOOL STUDENTS

Removes the requirement that a family submit proof to the local director of schools that a home school student has been vaccinated or received any other health services or examinations required by law for children in the state. Creates exceptions for home school students who participate in a local education (LEA)-sponsored interscholastic activity or event or an LEA-sponsored extracurricular activity.





# TMA PAC

In January, the TMA PAC Committee voted to change the PAC fiscal year that had traditionally run from Oct. 1 to Sept. 30 to a calendar year in order to run concurrently with TMA's fiscal year of Jan. 1 to Dec. 31. As a result, the 2022-2023 fundraising cycle absorbed an additional three month period. At the time of this publication, the total amount of funds raised was \$191,772, with \$90,268 generated from individual donors; \$83,900 generated from corporate donors; and \$17,603 generated from PAC-to-PAC contributions.

There were a total of 188 distinct donors in the 2022-2023 fiscal year— 34 of which were new donors. The average contribution was \$480.15 and the largest contribution was \$2,050. In April, TMA PAC had its most successful single-day fundraiser to date, raising over \$40,000 at the House of Delegates meeting in Franklin.

As 2023 was a non-election year, the TMA PAC Committee authorized fewer campaign expenditures than is typical in election years. In total, TMA PAC spent \$129,250 with \$73,250 going to House members and \$56,000 going to Senators.

To read the full donor report for FY 2022-2023, click [here](#).

## TMA PAC Donors

### Capitol Hill Club Members | \$1,000+

|                          |                         |                       |                       |
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| Keith Anderson, MD       | Kate Frederick-Dyer, MD | Matthew Mancini, MD   | John Schneider, MD    |
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| Laura Andreson, DO       | James Gray, MD          | John McCarley, MD     | Brett Smith, DO       |
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| M. Bart Bradley, MD      | Omar Hamada, MD         | Sara McFarland        | David Steed           |
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| Anuj Chandra, MD         | Melissa Johnson, MD     | Pamela Murray, MD     | Susan Vegors          |
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| Barbara Dentz, MD        | Charles Leonard, MD     | Perry Rothrock, MD    |                       |
| Mark Dentz, MD           | Adele Lewis, MD         |                       |                       |

## Advocate Members | \$500+

Michael Bearb, MD  
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Richard Hall, MD

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Kristen McFarland, MD  
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Amy Suppinger, MD  
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## Sustaining Members | \$250+

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The Jackson Clinic  
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# DOCTOR OF THE DAY

In the 2023 legislative session, seven physicians volunteered their time to serve as TMA's Doctor of the Day. This unique grassroots program connects physician members directly with state lawmakers to build relationships and advocate on policy topics of their choice. Some of the issues discussed in this session included expanded access to mental health treatment, opposing nurse and physician assistant independent practice, amending the state's recently enacted abortion "trigger" law, and reforming prior authorization protocols imposed by health insurance companies.

## 2023 Doctor of the Day Volunteers:

### **Colleen Schmitt, MD**

Gastroenterology  
*Chattanooga-Hamilton County  
Medical Society*

### **James McKenzie, DO**

Child/Adolescent Psychiatry  
*Nashville Academy of Medicine*

### **Sigrid Johnson, MD**

Family Medicine  
*Monroe County Medical  
Society*

### **Jonathan Hughes, MD**

Anesthesiology  
*Sullivan County Medical  
Society*

### **Jason Susong, MD**

Dermatology  
*Chattanooga-Hamilton County  
Medical Society*

### **Michelle Cochran, MD**

Psychiatry  
*Nashville Academy of Medicine*

### **Amy Brown, MD**

Neurology  
*Nashville Academy of Medicine*



# DAY ON THE HILL



More than 300 physicians and health care advocates gathered in Nashville in March, bringing the voice of organized medicine to state legislators at the Tennessee Medical Association's annual Day on the Hill. The event gave doctors the opportunity to share their expertise with the Tennessee General Assembly regarding important issues affecting the practice of medicine in Tennessee. The impressive attendance signified physicians' eagerness to engage in the legislative process and address big challenges faced by the profession. It also spotlighted advocacy efforts led by TMA, which was recently named the most influential advocacy organization in Tennessee.

The event brought together practicing and retired physicians, residents and students from multiple specialties and geographic locations throughout the state. Participants attended committee hearings and held individual and group meetings with legislators throughout the day.

Participants received a presentation from Rep. Esther Helton-Haynes (R-East Ridge) regarding her sponsorship of HB 883. The legislation sought to change the affirmative defense component of the state's "trigger" law, implemented last year following the U.S. Supreme Court's decision to overturn *Roe v. Wade*, to a legal exception allowing doctors to terminate pregnancies in life-threatening situations without facing prosecution. TMA remains committed to securing legal clarification and relief for Tennessee physicians performing procedures necessary to save the lives and health of patients suffering through pregnancy complications.

Other top TMA legislative priorities on which physicians advocated included Prior Authorization, Scope of Practice, Balance Billing and Physician Wellness. Additional information regarding TMA's legislative priorities is available at [tnmed.org/legislative](https://tnmed.org/legislative).





# EDUCATION



# YEAR IN REVIEW

In 2023, TMA's accredited medical education programs helped Tennessee doctors maintain professional licensure and certifications and improve their competence and knowledge. Throughout the year TMA worked to produce proprietary education activities along with offering continuing medical education through our ACCME Joint Providership certification.

TMA partnered with regional and specialty societies, medical practices, hospitals and other medical organizations to provide cost-effective ways to accredit their educational programming. In 2023 TMA worked with government agencies like the Tennessee Department of Health; education institutions Trevecca and UT Haslam's Physicians Executive MBA; Tennessee and national specialty societies including Tennessee Dermatology and the United States Cutaneous Lymphoma Consortium; as well as private medical groups around the state. In 2023, TMA provided over 3,000 hours of continuing education to nearly 800 Tennessee physicians and medical professionals.

The TMA education department searches for relevant and timely topics that keep Tennessee physicians informed on matters of importance to the medical community

## MATE ACT EDUCATION

With the opioid crisis continuing to rage, Congress passed the Medication Access and Training Expansion (MATE) Act in December of 2022 to provide structure and training for the treatment of patients with an opioid use disorder. In response, the Drug Enforcement Administration (DEA) began requiring prescribers renewing their DEA license to attest that they have completed eight hours of education on treating and managing patients with substance use disorders.

Launched in June 2023, the effective date of the DEA's new requirement, the Tennessee Medical Association (TMA) provided a solution for prescribers who do not meet an exception and are looking for a one-stop-shop course that will cover the requirement without any question of whether they are in good standing. TMA's MATE Act Education course is the only course TMA is aware of that meets the DEA's renewal, the Tennessee Board of Osteopathic Examination's requirement, and the Tennessee Board of Medical Examiner's (BME) continuing medical education (CME) requirements. Content developers consulted with the DEA to ensure prescribers who take this course mitigate any risk of non-compliance. TMA worked with Clinical Care Options (CCO), an accredited CME provider, to bring this education to TN prescribers, and the course is endorsed by 13 partner healthcare societies and organizations.

The course, which launched in June of 2023, will be available for the next three years to cover all Tennessee prescribers' renewal cycle.



# JOHN INGRAM INSTITUTE

## FOR PHYSICIAN LEADERSHIP

Cultivating physician leaders is important not only for the long-term effectiveness of TMA's volunteer governance but also for the future of the profession. Recognizing its unique position as a nonprofit organization, the TMA strives to give more young doctors both foundational leadership skills and training to specifically help them lead in an emerging team-based care environment.

Through the TMA's John Ingram Institute for Physician Leadership's two core programs, the Leadership Immersion and the Leadership Lab, physicians spent the first half of the year improving their leadership skills. The Immersion course taught doctors fundamental leadership principles in a condensed, convenient format. The Lab, a longer, multifaceted curriculum, empowered physicians to implement a quality improvement project in their own practice environment.

The Institute is partially funded by a grant from The Physicians Foundation, a nonprofit 501(c)(3) organization that seeks to empower physicians in strengthening relationships with patients, sustaining their medical practices, and navigating the changing healthcare system. The JII saw 20 new graduates in 2023.



# LEGAL SERVICES





# YEAR IN REVIEW

TMA's legal department was at the forefront of physicians' legislative efforts to replace the dangerous abortion "trigger" law during the 2023 General Assembly session. TMA's general counsel, Yarnell Beatty, advocated for physician-friendly amendatory language with the House Speaker, Attorney General, and key lawmakers. He also provided testimony to the House Health Subcommittee and provided valuable input into drafting the physician-supported amendment.

Member education was a priority for the legal department in 2023. TMA's general counsel led virtual learning sessions on topics such as the new mature minor vaccine law, the MATE Act, preparedness for assaults on health care providers, and even produced the updated TMA's Tennessee-specific prescribing practices course content. Additionally, the department developed new online Law Guide topics on Insurance-Prior Authorization and Insurance-Network Adequacy to highlight how members can take advantage of these new laws advocated for by TMA during the legislative session. As always, the legal department updated dozens of existing topics to keep members updated on state and federal laws, rules and policies.

In 2023, TMA's legal department partnered with the Tennessee Chapter of the American Academy of Pediatrics to submit recommended draft rules to the Department of Health to demystify the vague and complex new law, ironically named the "Mature Minor Clarification Act". The organizations sought to clarify the law to comport to longstanding recognized operational and standard of care practices. TMA's general counsel was a panelist on a lunch and learn webinar for the Cumberland Pediatric Foundation and the department incorporated frequently asked questions into an update of TMA's popular Law Guide Topic, *Minors Vaccine Consent*.

The medical staff leadership at Holston Valley Medical Center retained the TMA legal department to analyze and provide commentary on a draft set of medical staff bylaws proposed by the hospital system. This service, provided on a sliding scale price depending on percentage of TMA membership on the medical staff, can assist medical staffs to identify pitfalls in proposed bylaws and help preserve due process for medical staff members. This was the second time TMA had provided the service for Holston Valley's medical staff.

Member surveys year after year show TMA's regulatory practice is one of the most popular reasons why physicians join and maintain membership. In 2023, TMA was once again aggressive in the regulatory space. The legal department submitted proposed rule comments on a variety of issues affecting members including the aforementioned vaccine law and nurse midwife oversight issues.

Also on the regulatory front, TMA's legal department vigorously fought for system reform for pain management specialists caught in "gotcha" situations due to a flawed and unclear regulatory and inspection climate for pain management clinics. Our general counsel testified before the BME Development Committee advocating for pain management specialist input into the annual Department of Health chronic pain guidelines update. TMA worked with the Tennessee Pain Society to advocate for significant reforms to address warning and pre-charging letters that, for instance, claim deviations from the standard of care but fail to inform the recipient/provider the identity of the patients alleged to have been harmed. Many other issues affecting these critically important specialists are being addressed.



TMA plans on being active in court proceedings in the future. In October, TMA's Board of Trustees approved the filing of two amicus briefs to bring the physician perspective to Tennessee courts. One will seek to support an ongoing lawsuit brought by physicians and patients to clarify emergency exceptions to the criminal abortion law. Another brief will argue that a state law is unconstitutional that requires physicians who are convicted of a prescribing offense to automatically lose their medical license without a hearing or medical board discretion as to the appropriate licensure sanction.

As for federal program advocacy, TMA vehemently opposed federal legislation on independent scope of practice for mid-levels, supported prior authorization rules for Medicare, supported exceptions to the Stark self-referral laws, and encouraged Congress to act to avoid Medicare payment cuts for physicians. The legal department also alerted members to policy changes at the federal level that could impact medical practice non-compete agreements.

Without a doubt the most popular resource offered by the TMA legal department is its daily availability to take emails and calls from members on a variety of medico-legal and regulatory topics, from simple questions to those which require extensive research and analysis. The legal department put out alerts and reminders in every issue of TMA's E-news regarding compliance issues and new legal resources. The combined forty-six years of employment at TMA by the legal staff gives members quick reliable guidance regarding legal issues encountered by practices every day. Contact us at [legal@tnmed.org](mailto:legal@tnmed.org).



# INSURANCE SERVICES





# YEAR IN REVIEW

TMA worked with multiple insurance plans over the past year on behalf of members to resolve payment and credentialing hassles. Below are only a few examples of the work done by TMA.

- Assisted a practice in getting its UHC contract agreements sorted out and signed and assisted this practice in getting a Cigna credentialing issue resolved as well as getting outstanding claims processed and paid.
- Assisted a small urology practice with approximately \$220K owed to it for old claims on which it continually received denials by Palmetto and, even more impressive, actually helped obtain guidance from Palmetto as to how the claims needed to be properly submitted in the future in order to be paid.
- Assisted a general surgery practice in getting a denied claim overturned and paid. This practice went through the appropriate channels to obtain prior authorization for the service but was never informed by the payer as to the reason for the denial.
- Assisted an oncology practice with a two-month delay in getting a response to a prior authorization request. TMA worked directly with Meridian and was able to get the correspondence sent to the practice within 2 days.
- Assisted a large group practice in working through credentialing issues with Amerigroup leading to claim denials. This practice has been working to resolve these issues for over two years and caused a significant backlog in claims payments. After multiple meetings with the payer, we were able to resolve the provider credentialing load issues and have all claims reprocessed for payment.

## INSURANCE WORKSHOP SERIES



TMA's Insurance Workshop Series continued to provide updates and critical information from industry experts throughout 2023. The webinars were held once to twice a month during lunch hours from April through December.

### Topics in 2023 included:

- Cigna Updates
- Amerigroup Updates
- TennCare Updates
- Aetna Updates
- Auditing: Investing Through Assessment
- E/M Updates and Documentation Requirements
- Medicare Physician Fee Proposed Rule
- Compliance
- Specialty Coding (Radiology, Lab and Path)
- Legislative Recap/2024 Preview
- Medicare Physician Fee Final Rule

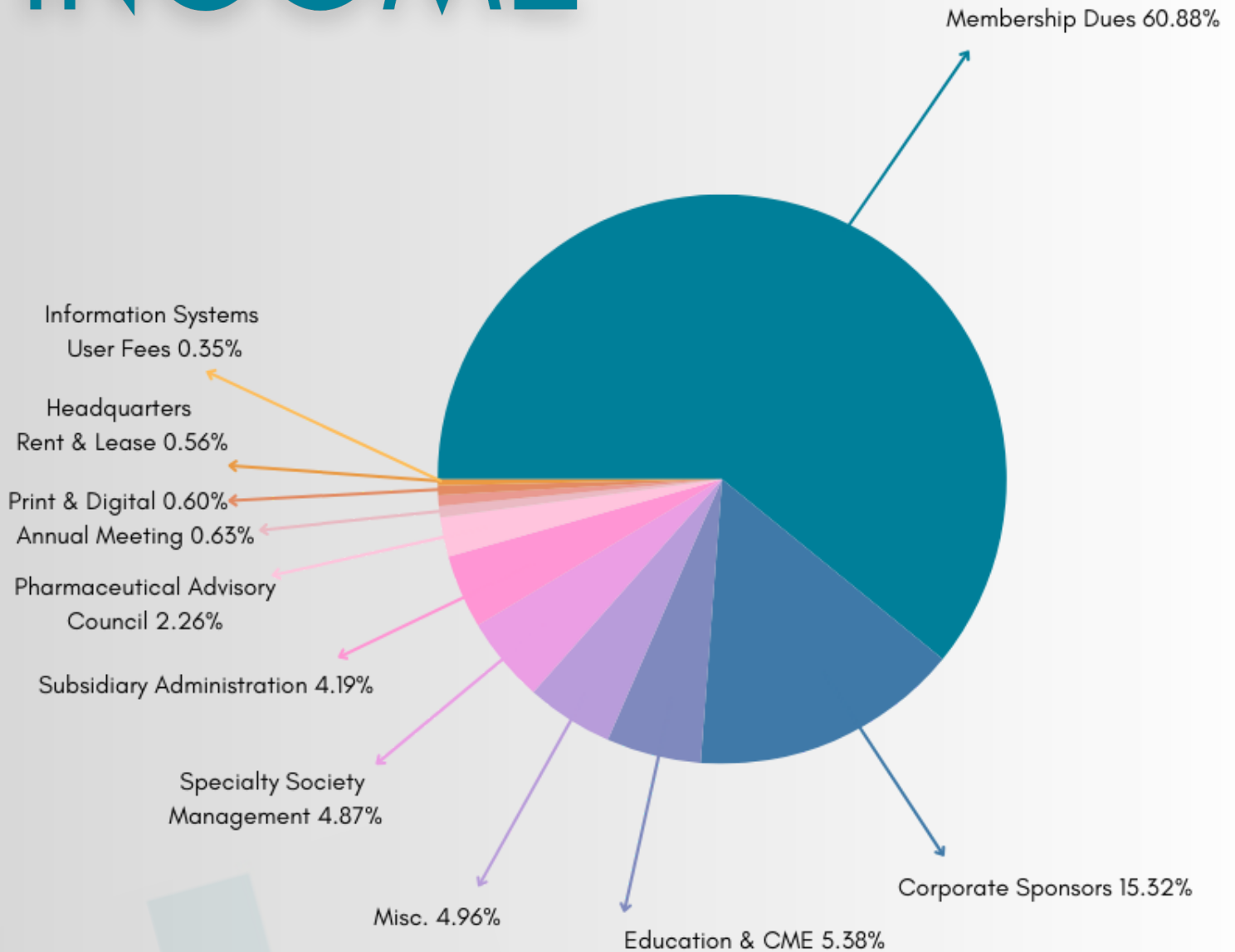


# FINANCIALS



2022

# INCOME



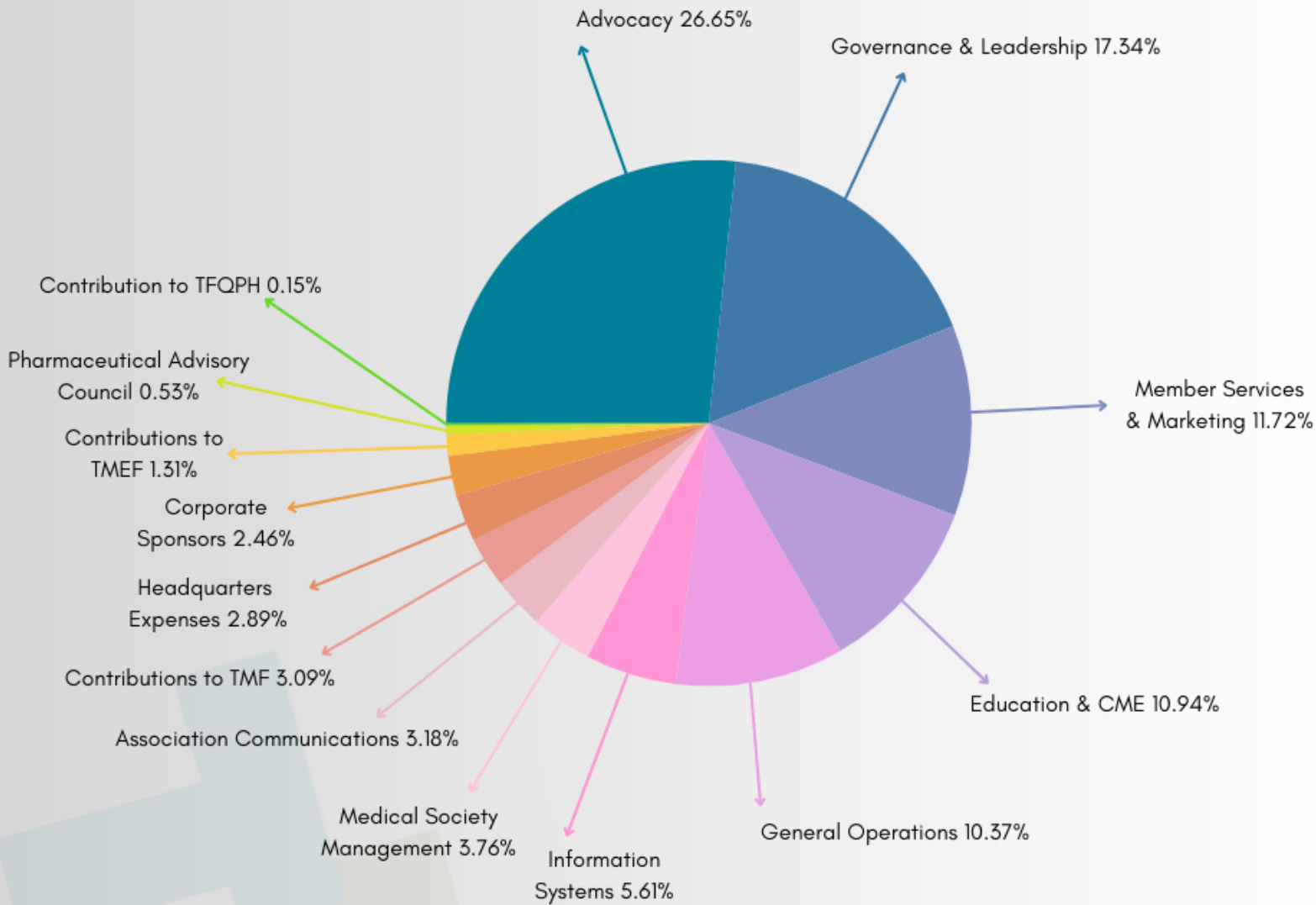
**Total Income: 100%**

**Budgeted: \$3,436,100.00**

**Actual: \$3,017,155.00**

2022

# EXPENSES



**Total Expenses: 100%**

**Budgeted: \$3,428,040.00**

**Actual: \$3,235,160.00**



# FROM THE CEO



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

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

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

TMA provides services and programs to allow members to address their needs, both personally and professionally. Being active to address the stressors in your life is a therapeutic and effective way to gain control and regain balance.

The John Ingram Institute for Physician Leadership continues to grow and remain popular. Participation in Day on the Hill allows our members to deliver their opinions in person to lawmakers. Workgroups and committees address systemic issues plaguing members and practices like prior authorization, reimbursements and regrettably, the growing concerns of the criminalization penalties for physicians in certain patient care situations.

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

Keeping and growing the number of physicians in Tennessee is paramount. Our state enjoys a population growth but simultaneously, we see a flat curve on physician supply. This leads our adversaries to try and fill the gap by growing their scope further into direct patient care. Work to gain and retain parity for telemedicine has gone a long way to help practices and patients gain access and convenience. The continued challenge is to cut the wasteful administrative mandates that rob physicians of critical hours that could be better used seeing more patients.

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

When I think about the issues facing medicine, I think about an old sitcom where two brothers were fighting like cats and dogs before school. Their mom sent them out to the bus stop where the youngest was accosted by the local bully. The older brother jumped on the bully and tussled exclaiming 'nobody beats on my little brother.'

When the issues seem to pit physician versus physician, remember that the real threat is not inside the house of medicine but outside.



**Russ Miller, CAE**

Chief Executive Officer





*[www.tnmed.org](http://www.tnmed.org)*

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