THE BLUFF CITY MEDICAL SOCIETY
QUARTERLY NEWSLETTER

Quarterly Newsletter

Editor
Walter Rayford, PhD, MD, MBA

Executive Assistant
Janice P. Cooper

MISSION STATEMENT
The premier historically minority physician’s organization – leading the way in healthcare for the Mid-South

VISION STATEMENT
• Establishing and maintaining a center of excellence for physician best practices.
• Leading the way in eradication of healthcare disparities.
• Providing mentorship at every level of education.
• Positioning ourselves as an integral player in the setting of healthcare policy and research.
• Promoting the professional and personal viability of our physician members

CORE VALUES
• Encourage, promote and maintain the highest professional standards of our fellow physicians
• Committed to eliminate health disparities in our community
• Concern for the general health & wellness of the community
• Strong support for our members

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Volume 5, Number 1
President’s Message:

Walter Rayford, PhD, MD, MBA
President

My Fellow Members:

We are extremely excited to present this issue of the BCMS newsletter. Each newsletter is designed to highlight the important contributions of our members, provide up-to-date information on chronic health conditions that impact our community and the patients we serve, obtain legislative updates, provide timely notifications of upcoming events, and present topics that hopefully will provide a competitive advantage in terms of changes in healthcare delivery process and practice management.

In this issue, our Spotlight Physician is Dr. Kenneth Robinson. Many of his previous accomplishments and present contributions are outlined in this well written article by Chibbi Iwelu, a University of Tennessee Health Sciences Center medical student and BCMS award recipient. Dr. Robinson is having an exemplary career and continues to serve as a mentor and role model for students and fellow physicians. Dr. Lanetta Anderson presents a very timely article on Female Sexual Dysfunction: When Sex is the Problem. Dr. George Woodbury presents a provocative article on Insurance Exchange Policies: Practical Implications for Physicians in the Memphis Metropolitan area.

Today’s constantly changing healthcare marketplace demands a more strategic approach. Our newsletter is designed to give insights, tactics, and tools our members need to control their professional life and realize their full career and financial potential. Dr. George Wortham, Chief Medical Officer of MetroCare, discusses “Healthcare Change is not coming, Healthcare has Changed.” Mr. Cyrus Purnell, a Certified Financial Planner with First Tennessee Bank informs us about Financial Health and Wealth Management.

In the next couple of weeks BCMS will be launching the Healthy Eating and Living (HEAL) initiative that is championed by Drs. Melrose Blackett, Beverly Williams-Cleaves, Henry Stamps and James Cowan. We are confident this initiative will lead to a healthier metropolitan area and help to eliminate disparate health outcomes within our community. Further, we have launched a new initiative called “Who is on
your Team?” Each member of our organization is encouraged and challenged to recruit members into BCMS. The member with the largest team will receive special recognition and award at our Annual Lecture this year.

We are making major strides in strengthening our strategic partnerships and providing our members with services and tools that are of value. Our team is focused, our pursuits are relentless, and our determination is unquenchable. We invite you on this journey with us!

**Physician Spotlight – Rev. Dr. Kenneth Robinson**
Senior Pastor St. Andrew AME and Senior Administrator at St. Francis Hospital

*by Chibbi Iwelu*

Rev. Dr. Kenneth Robinson has worked determinedly to change the lives of many. His story is nothing short of a tale of hard work, dedication, determination, and notable achievement. A native Tennessean born in Meharry’s Hubbard Hospital, Dr. Robinson graduated from Pearl High School in Nashville in one of the last classes of the segregated era. An early view of health disparities proved to be an impetus for service.

Dr. Robinson went on to graduate from Harvard College and began his medical training at Harvard Medical School. It was there he began to explore service through faith and medicine. Dr. Robinson felt he had been called to serve others through faith ministry, and after his first year of medical school, was certain about his medical and ministerial pathway. In 1982, upon completion of an Internal Medicine residency at Beth Israel Hospital, Dr. Robinson enrolled in Vanderbilt University’s School of Divinity, to further develop this new spiritual undertaking.

Dr. Robinson has worked tirelessly to create a life of balance among faith, public health, and academic medicine. His past work as faculty at Vanderbilt University School of Medicine and the University of Tennessee Health Science Center, College of Medicine, are evidence of his dedication to the development and training of future physicians. Furthermore, Dr. Robinson has served as Pastor at St. Andrew AME Church in Memphis, TN since 1992. His programs have strengthened and supported the St. Andrew Church and local community.

Disproportionate healthcare delivery in Memphis and surrounding Shelby County caught Dr. Robinson’s eye. His continued commitment to correcting these statistics is demonstrated in various initiatives. Programs such as the triple-aimed “Healthy Shelby” and the South Memphis Farmer’s Market are examples in which Dr. Robinson has transformed neighborhoods in Shelby County into healthier communities. Healthy Shelby seeks to improve the outcomes of patient care, advance care planning, and prevention and management of chronic disease. As the Public Health Policy Advisor for the Shelby County Mayor’s Office, Dr. Robinson oversees and carries out various projects aimed at advancing the delivery and implementation of health care in the city.

Rev. Dr. Kenneth Robinson has been married for 34 years to Rev. Marilynn Robinson, an ordained minister at St. Andrew AME and Senior Administrator at St. Francis Hospital. Their twin daughters are both practicing physicians, in the fields of neurology and obstetrics and gynecology. In his spare time, Dr. Robinson enjoys spending time with his family, travelling, and photography. His vivid snapshots of his adventures demonstrate this talent.

It is unmistakable that Dr. Robinson’s work throughout the mid-South has affected the lives of many. Those who have worked with him speak endlessly of his enthusiasm and devotion to this community. A model of unwavering dedication to service, Dr. Robinson is an inspiration to his colleagues and future physicians.
Female Sexual Dysfunction (FSD) is a highly underdiagnosed and undertreated medical disorder that affects up to 43% of women. A woman’s sexual response is based on a complex interaction of many factors affecting intimacy, including physical well-being, emotional well-being, experiences, beliefs, and relationship issues. 1) FSD is defined as a persistent dissatisfaction with the sexual response that is a source of distress for the patient. Given the significant advancement in the medical and surgical treatment of Erectile Dysfunction in men over the past 30 years, it would seem logical that FSD is beginning to receive similar attention. Unlike ED, which is a measurable performance event, the female sexual response is more qualitative. It embodies desire, arousal and gratification which are difficult to quantify and treat medicinally.

Women may experience sexual dysfunction at any age and it may include more than one type of dysfunction as defined by the Mayo Clinic (1):

- **Low sexual desire.** You have a diminished libido or lack of sex drive
- **Sexual arousal disorder.** You desire for sex might be intact, but you experience difficulty in becoming aroused or maintaining a state of arousal during sex.
- **Orgasmic disorder.** Despite sufficient arousal and ongoing stimulation, you have a persistent or recurrent difficulty in achieving orgasm
- **Sexual pain disorder.** You have pain with sexual stimulation or vaginal contact.

Risk factors for FSD include physical (scarring, trauma, medical illnesses, fatigue) or hormonal illness (menopause, postpartum) that can affect desire or arousal, medications with sexual side effects (particularly antidepressants and high blood pressure drugs), history of sexual abuse, psychological stress,( especially with regard to your partner) and untreated anxiety or depressive disorders.

A satisfying sex life is important to women of all ages. When sexual activity is a source of distress for the patient, she should seek medical attention with her gynecologist or primary care provider. An open discussion about your sexual and medical history, a complete physical exam and hormonal profile may identify treatable conditions.

Effective treatment for FSD is usually multilayered and includes sex education, counseling and medications.  

**Counseling:** Therapy with an experienced counselor is helpful to educate the couple about maximizing the sexual response and encourages an active focus on communication and enhancing intimacy in the relationship.

**Lubricant:** This is helpful during intercourse when dryness or pain is experienced. A vaginal moisturizer, such as Astroglide or Replens may be helpful twice weekly for maintaining moisture. Low dose estrogen improves blood flow to the vagina and enhances the sexual response.

**Sex Toys/Device:** Arousal of the clitoris with sex toys will enhance stimulation; however, the use of such devices can be cumbersome and unacceptable to many patients.

**Medical Treatment:** Treatment for hypoestrogenism is beneficial to improve vaginal blood flow and lubrication. In addition, resolution of vasomotor symptoms and mood changes associated with
menopause reduces relationship stress. Androgens (particularly testosterone) to treat low libido have shown little or no benefit in most trials. Risks and benefits of hormone therapy should be reviewed, individualized and closely monitored for each patient. Review of all medications is critical to identify drugs with sexual side effects. Depression or anxiety should be treated optimally.

**Diet/Exercise:** A healthy diet, low in fat and carbohydrates can improve energy and optimize weight loss. Exercise increases endorphins, improves circulation and energy which improve sexual performance and pleasure. (3)

The physician plays an important role in helping a patient begin the journey towards a satisfying sex life. A frank discussion, appropriate evaluation and treatment regimen will often lead to an improved quality of life for the patient.

3. Healthy Living: “Fit Facts”, September 2013

**Insurance Exchange Policies: Practical Implications for Physicians in the Memphis Metropolitan Area:**

George R. Woodbury, Jr., MD
Dermatology
Rheumatology and Dermatology Associates PC

The Patient Protection and Affordable Care Act (PPACA) of 2010 established what is called the health insurance marketplace or “insurance exchanges” for each of the 50 states and the District of Columbia. These exchanges are web-based organizations which allow individuals and families to purchase health insurance as individuals. Furthermore, the policies sold on the exchanges (or the marketplace) must meet certain federal standards defined by PPACA. ¹

At a later date in 2014, President Obama intends to also establish the SHOP program – which stands for Small Business Health Options Program – to facilitate the purchasing or regulated insurance plans by small businesses. Provisions for the SHOP program may allow small businesses to purchase health insurance with small business tax credits to help hold down on expenses. ²

There have been technical issues with the web sites since enrollment for the insurance exchanges for 2014 opened on 10/01/2013. A New York Times article (Jan. 13th 2014) looks at federal data on the number of applications for insurance under the exchanges by the different states, as of 12/28/2013, as well as the number of people who have selected a plan by state, vis-à-vis the administration’s targeted numbers for that state for that date: ³


<table>
<thead>
<tr>
<th></th>
<th>Individuals Applying for coverage under the insurance exchanges</th>
<th>Individuals who have selected a private plan</th>
<th>Percentage of the administration’s target Enrollment reached as of Dec. 28th 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>All US</td>
<td>7,716,824</td>
<td>2,153,421</td>
<td>65%</td>
</tr>
<tr>
<td>Mississippi</td>
<td>35,611</td>
<td>8,045</td>
<td>30%</td>
</tr>
<tr>
<td>Arkansas</td>
<td>66,693</td>
<td>12,763</td>
<td>53%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>132,965</td>
<td>36,250</td>
<td>63%</td>
</tr>
</tbody>
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It is up to the individual states whether they will operate their own insurance exchanges, whether they will opt for a hybrid-management with the federal government, or whether their state exchange will be entirely federally managed ("a federally-facilitated exchange). 25 of the states have currently opted for entirely federally-facilitated marketplaces. In the Memphis Metro area, both Mississippi and Tennessee are opting for a federally-facilitated system, whereas Arkansas has implemented a joint federal- and state-run exchange. 4

Plans purchased on the exchanges are eligible for federal subsidies if one’s income is up to 400% of the federal poverty level, meaning that the federal government will pay part of the monthly premium. The federal poverty level for an individual for 2013 was $11,490, and for a family of four it was $23,550 so this would mean that premium subsidies would be available for incomes up to about $46,000 for an individual and up to about $94,000 for a family of four. 5

Health care benefits under these plans are paid by the individual who holds the policy and the insurance company offering the policy. There are five different levels of coverage, based upon the percentage of benefits paid on average by the insurance company: bronze, silver, gold, platinum, and catastrophic policies. The insurer pays 60% of benefits under bronze, 70% under silver, 80% under gold, and 90% under platinum, and 100% for catastrophic after the individual attains a very high deductible. Accordingly, monthly premiums are generally lower for bronze and silver plans and catastrophic plans than they are for gold or platinum plans. 6

Only those individuals below the age of 30 who cannot obtain an insurance plan for less than 8% of their income are allowed to enter into the catastrophic plans. 7

$6350 is the highest possible deductible for individuals in the four metallic levels of coverage. Benefits come in ten required categories under exchange plans, as defined by PPACA: ambulatory care, emergency care, hospitalization, maternity and newborn care, mental health, prescription drugs, rehabilitative services, laboratory services, preventive and wellness services, and pediatric services. 8

The exchanges for Tennessee as of early 2014 are supported by four insurance companies: Blue Cross/Blue Shield, Cigna, Humana, and Community Health Alliance (sometimes called Tennessee Co-op). 9

Many physicians in Memphis are familiar with the traditional Blue Shield plans – which come under Network S and Network P. Blue Shield’s policies under the exchanges however are under what are called Network E. Physicians should be aware that even if one is a contracted healthcare provider under Network S or Network P, the physician would only be an in-network provider under Network E if he or she

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4 http://kff.org/health-reform/state-indicator/health-insurance-exchanges/
7 http://www.hullfinancialplanning.com/bronze-may-be-the-most-precious-metal-under-obamacare/
9 http://health.usnews.com/health-insurance/tennessee/marketplace-plans
had a contact to be within Network E. Furthermore, Network E plans can be carried by individuals who are carrying insurance cards that say “Network P” or “Network S” on them. All of the Network E plans do actually carry the prefixes ZXB, ZXX, or ZXC, and the associated group number for Network E patients is 127600, so it would be important for the physician or office staff to examine the insurance card prior to providing services.  

In the Memphis area, Cigna’s portion of the insurance market to date has been arranged around contracts with medium and large-size employers. With PPACA, Cigna is also selling policies on the individual market with the same provider networks as they have had with their existing policies. Humana has also started selling individual policies under the exchanges in Tennessee. And Community Health Alliance is a new insurance company which is supported by a federal grant under the PPACA’s requirements for non-profit and community-driven insurance programs. Vanderbilt’s networks are supporting this program state-wise, and in the Memphis area both Baptist Hospital and St. Francis Hospital are supporting these marketplace plans with their networks.  

It is important for physicians to be aware that benefits for ambulatory services do not start to be paid for by the insurance company in many cases until after a substantial yearly deductible has been met. This deductible can be several thousand dollars and it apply even with plans in the gold or platinum categories. Furthermore, if the individual is delinquent in his or her monthly premium for an existing policy, all of the financial burden could then be completely on the patient after the first 30 days of delinquency. Such provisions under PPACA would underline the importance of the physician’s staff’s validation of current coverage on an ongoing basis, since physicians would be put into the capacity of creditors depending upon that individual’s ongoing payment of required monthly premiums to the insurance company.  

In sum, the PPACA is a piece of legislation that aims to decrease the number of uninsured individuals in our country through insurance marketplaces or exchanges in each state. PPACA’s reach into our abilities as physicians to practice medicine goes well beyond the abilities of individuals to sign up for coverage through the federal web sites. Important questions include whether or not the physician is in network for that patient’s plan, whether the plan carries a high deductible, and whether the patient’s portion of the plan’s monthly premium is currently paid up or is delinquent, since the insurance company may not pay part of the cost for evaluation or treatment after the first 30 days of delinquency of premiums. Accordingly, attention to the details of our patient’s policies is of vital importance.  

The implementation of the Affordable Care Act has brought four plans into the insurance exchange policies in Shelby County: Blue Shield Network E, Cigna, Humana, and Community Health Alliance. Physicians should monitor two important aspects of these new plans: the patient’s plan may carry a substantial deductible, and the insurance company may not pay for services rendered if the patient has not paid his or her portion of the plan premium in over 30 days even though the patient is carrying a card for that plan.

10 Direct conversation with Lynn Moss, Office Manager of Rheumatology and Dermatology Associates, 01/30/2013.
11 http://health.usnews.com/health-insurance/tennessee/marketplace-plans
We’re past the tipping point and heading into new market-driven accountability for quality, cost and value. As these large-scale changes occur physicians who embrace and seek to thrive in the new environment will be uniquely positioned for success.

MetroCare, Memphis’ largest Independent Physician Association (IPA), is undertaking the most significant change in its history and inviting its 1,800 physicians to join a new, clinically-integrated physician network.

As a physician governed and led organization we have identified clinical integration as our principal business and organizational strategy going forward. This approach will allow our entire network (MetroCare physicians) to deliver proven outcomes while reducing cost and being rewarded appropriately for doing so.

Many ask how we plan on accomplishing this significant shift.

At the heart of medicine is the patient-doctor relationship. As physicians we view this as the basis for good health and healthcare delivery. Individually we are providing excellent care, but uncoordinated care. We need to advance a clinically integrated network of physicians and facilities by having the knowledge, tools and confidence that our patients will be receiving the best, most appropriate care possible throughout the entire continuum of care provided. This will allow physicians to directly affect health outcomes for large populations of patients while also being able to bend the cost curve so desperately needed in the marketplace.

Being clinically integrated means a network of independent physicians and/or employed physicians are working together, using proven physician-created protocols and measures, to improve patient care, decrease cost, and demonstrate value.

MetroCare is investing resources to build this network. The cornerstone will be proprietary data collection and software that will allow us to have access to the most complete and trusted patient data offered. We will use this data to effectively measure the performance of the individual physician and the network while rewarding performance and continuously sharing best practices for improvement through practice transformation. Simply, we will all be on the same page regarding our patients in a real time fashion.

We are also very pleased to be partnering with Methodist Le Bonheur Healthcare. This partnership via Health Choice will allow us to participate in single signature managed care contracts on behalf of all MetroCare physicians.

An additional key feature of MetroCare’s approach is that we are physician-driven. Physicians are not only “at the table” but are collectively creating and implementing the clinically integrated program. We are the only local physician-centric accountable care approach.

This change is significant and absolutely necessary. As employers demand proven value-based healthcare MetroCare and Methodist Le Bonheur will be able to demonstrate a new standard of care and effectively remain the network of choice for the foreseeable future.
MetroCare is leading the way for physicians. We invite you to join us. For more information please attend one of our upcoming physician meetings. A complete list of meetings and more information about clinical integration can be found at www.metrocarephysicians.com

Financial Health and Wealth Management

Cyrus Purnell, CFP®
Vice President
First Tennessee Bank
Private Wealth Advisory Group

People are often mystified by the term financial planner. Who are these people that purport to have the knowledge to guide you to the financial Promised Land? What type of special knowledge or skills do they have that will give you a leg up in the current financial environment? In this article we will attempt to simplify the concept of financial planning, giving you tools to consider how a financial planner may benefit you.

If you have ever made a decision involving your finances you have put a plan in place…regardless of how much thought you gave it. Have you ever chosen between spending money on something you want vs. paying off some type of debt? These were cash flow planning decisions. You’ve probably made the decision to contribute…or not…to your company’s 401k? These were retirement planning decisions. Have you made decisions about how to invest those funds in your 401(k) or IRA? These were investment planning decisions. Should you send your child to a public or private school? You’re making an education planning decision. Just as daily eating and exercise decisions influence your physical health, daily financial choices influence your financial health. All of these decisions when taken as a whole ultimately are mapping out your financial future. This means you are your own personal CFO. Even if you have someone that advises you, ultimately you make the final decision. This places you in the role of being responsible for your financial future.

So what do people who call themselves financial planners do? What qualifies someone to be a ‘financial planner’? The job of a financial planner is to deliver a process that will help you clarify your goals, analyze your data, and create a plan that will help you reach your goals. Think of it as a road map. There are people in many different professions that use the term “financial planning” to describe their process. I have seen the term used by brokers, insurance agents and accountants. It is important to understand whether these financial planning services usually are offered in conjunction with the sale of other financial products or services. Be sure your planner is capable of advising you in more than one area of expertise as the components of a good plan are well integrated.

It is also important to understand the training and background of anyone who refers to themselves as a financial planner. What gives them that ability to hold themselves out as a subject expert? How long have they been in the advice profession and what has been the experience of the clients they have advised?

Education and Training

A key area of research should be the background of your planner. What has been their formal education and training? Has the planner earned an undergraduate or graduate degree? For instance, a finance degree can offer good insights although it may not bring to bear some of the concepts necessary to construct an integrated, sound financial plan. In fact, there are very specific training and education programs geared to financial planning designations.

Currently there are many designations indicating an individual has taken steps to become trained as a planner. These designations focus on competency across a broad area of topics including investment, retirement, and estate planning. One of the most well known designations today is the Certified Financial
Planner® designation offered by the Certified Financial Planner Board of Standards, Inc. An individual who has earned this designation has taken courses in the major areas of financial planning and subsequently passed a 10 hour comprehensive exam. Other designations include the Chartered Financial Consultant® designation awarded by the American College of Financial Services, Inc and the Personal Financial Specialist credential offered by the American Institute of CPAs.

Experience

If you have ever attempted to give advice on something you have not experienced and therefore know little or nothing about you quickly realize your limitations. Likewise, even with education and training it is difficult to know if the advice being received is from someone that has limited experience. It is important to know that the person advising you has helped people with similar goals. Most of the financial planning designations mentioned above have experience requirements but you should always ask any potential planner about their experience and why they believe they can assist you. In all areas of life it makes sense to plan. There may be bumps along the road but you are more likely to reach your goals when you plan.

The following bills by the 2014 General Assembly may be of special interest to physicians since they may require action or reporting. Others are for information only. A summary of these bills is listed below as are links to the public chapters. Links are provided for in-depth review.

Neal S. Beckford, MD

TMA Legislative Package

The payer accountability bill, SB2427/HB2303 by Senator Bo Watson (R-Hixson) and Representative Jon Lundberg (R-Bristol), is being picked up by media outlets across the state; both the Nashville Post and the Memphis Business Journal ran stories. The bill will be presented to both the House Insurance and Banking and Senate Commerce committees on Tuesday, February 25.

Two bills are scheduled for the House Health committee Wednesday (see below). However, we anticipate them being heard the following week due to budget hearings next week that will likely take up most of the committee's time.

- **Reports from CSMD to be part of the Medical Record** - SB1630/HB1426 by Senator Mark Norris (R-Collierville) and Representative Gerald McCormick (R-Chattanooga) - TMA and the Haslam Administration are working together to put forth a bill to allow healthcare providers to include reports from the controlled substance monitoring database to be included as part of the medical record. This bill is part of TMA's Legislative Package and has already passed the Senate.

- **Infant CPR Information** - SB1886/HB1877 by Senator Dolores Gresham (R-Somerville) and Representative Jeremy Faison (R-Cosby) - Revises the requirements of when infant CPR information is provided to a newborn caregiver. While this is not officially part of TMA's package, it is a bill that TMA took to the sponsors to provide relief from last year's CPR bill that, as drafted, was not as workable or productive as physicians had hoped. The sponsors
were willing to bring this bill to clean up those provisions.

Senate Health committee calendar Wednesday/House Health subcommittee calendar Tuesday:

- **Peer Review** - SB2052/HB1955 by Senator Doug Overbey (R-Maryville) and Representative Vance Dennis (R-Savannah) - Clarifies that documents and discussions in a peer review setting are non-discoverable and participants are immune from liability for good faith efforts. This is a caption bill and the amendatory language will be added to the bill in committee next week.

Other Bills of Interest to TMA

**General Assembly to decide on Tennessee Plan**
HB0937 brought by Representative Jeremy Durham (R-Franklin) passed out of House Finance subcommittee this week. As amended, HB937, requires the Tennessee General Assembly to expressly pass a Joint Resolution authorizing the Governor to implement Medicaid expansion in Tennessee. The original bill prohibited passage of Medicaid expansion altogether. It is scheduled to be heard in the full House Finance committee Tuesday. The Senate companion, SB0804 by Senator Brian Kelsey (R-Germantown), was heard in the Senate Finance committee and after debate and testimony was re-referred to Senate Commerce, where it will be heard on Tuesday.

**Physician Inquiry about Guns**
SB1974/HB1827 by Senator Frank Niceley (R-Strawberry Plains) and Representative Rick Womick (R-Rockvale) This legislation would preclude healthcare providers from inquiring about a person's ownership, possession or use of firearms as a condition of receiving healthcare or refusing to provide healthcare because the person declined to answer such questions. We have seen similar legislation in the past although this bill appears to be narrower. Tennessee-American Academy of Pediatrics had their day on the hill this week and lobbied strongly against the need for the bill. The bill was postponed for two weeks while the sponsor is looking at possible amendments.

**Workplace Safety**
SB1482/HB1508 by Senator Brian Kelsey (R-Germantown) and Representative Jeremy Durham. This bill attempted to repeal a law put into place last session that increased penalties on assaults against healthcare providers. The original bill was championed by TMA member, Senator Mark Green M.D., who gave impassioned and moving testimony in Senate Judiciary on Tuesday as to why the protections should be kept in place for healthcare workers. His comments lead to the defeat of the bill on a 4-4 vote. You can see his testimony [here](#).

**Another Motorcycle Helmet Bill Scheduled**
SB1846/HB1676 by Senator Doug Henry (D-Nashville) and Representative John Tidwell (D-New Johnsonville) This bill exempts out-of-state residents from wearing a helmet if the motorcycle is registered in a state that does not require persons over the age of 21 to wear a helmet while operating a motorcycle. This bill is on the House Transportation subcommittee calendar for Wednesday and, as always, TMA lobbyists will be working against it. This is one of three bills on this issue that are active this session.

**Optometrists Bill Scheduled**
SB0220/HB0555 by Senator Doug Overbey (R-Maryville) and Representative Vance Dennis (R-Savannah) For the second year in a row, this bill returns. As amended, this legislation would allow optometrists to use local anesthetic for the removal of an eyelid lesion. Currently, optometrists are limited in scope to procedures that need no more than a topical anesthetic. The house bill is scheduled to be heard in the House Health subcommittee on Tuesday. TMA will be working with the Tennessee Academy of Ophthalmology on this issue.

**Utilization Review**
SB1142/HB0926 by Senator Mark Green M.D. (R-Clarksville) and Representative Glen Casada (R-College Grove). This legislation establishes and revises requirements involving utilization review of pre-authorizations for healthcare services. In addition to requiring that providers must have access to all guidelines that an insurance company uses to determine authorization, it has been amended to also require that if no independently developed evidence-based standards exist for a particular healthcare item, treatment, test, or imaging procedure, only a licensed physician can make a final
adverse determination to deny coverage. This bill was brought by the Tennessee Orthopedic society and is supported by TMA. It is scheduled to be heard in House Insurance and Banking on Tuesday.

PITCH Is Fast Approaching - Join us on March 12, 2014

We need physicians, spouses and practice managers from across the state to attend our Annual Day on the Hill, PITCH, on Wednesday, March 12. You will have an opportunity to meet directly with lawmakers and attend relevant House and Senate committee meetings. In addition, Governor Bill Haslam (R-Knoxville) will be speaking to the group during the luncheon. Sign up now at tnmed.org/pitch.

CALENDAR OF EVENTS:

1. Pharmaceutical Reception: February 12, 2014
2. Business Symposium: June 21, 2014
3. Community Health Fair/UTHSC/MMS: July 19, 2014
4. Men’s Health Symposium: October 18, 2014
5. BCMS/Auxiliary Picnic
6. Annual Lecture, October 24, 2014
7. Christmas Gala, December: December 13, 2014

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Membership: Past Presidents, Dr. Danielle Hassel
Community Health: Drs. Beverly Williams-Cleaves, Melrose Blackett,
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HEAL Initiative: Dr. Melrose Blackett
Mentorship: Dr. Perisco Wofford
Political Action: Dr. Neal Beckford
Scholarship: Dr. Claudette Shephard
Nominating: Dr. Stanley Dowell
Newsletter/Physician Spotlight: Drs. Brenda Hardy, Lora McGill-Bridgewater
History and Archives: Dr. Ethelyn Williams-Neal
Constitution and By-Law: Dr. Melrose Blackett