

OFFICER'S REPORT E

REPORT OF THE CHIEF EXECUTIVE OFFICER

May 17, 2025

TO: HOUSE OF DELEGATES
TENNESSEE MEDICAL ASSOCIATION

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

1 The last twelve months have brought a number of changes and firsts for the Tennessee Medical
2 Association (TMA). We have continued to make progress with gains in our total membership and were
3 awarded a grant from the State to improve on the opioid abatement training for our members and all
4 prescribers.

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6 Funding for our various member programs continues to be challenging as we continue to experience
7 a decline in revenue from more traditional sources like seminars, workshops and product purchases.
8 This leaves membership dues as our primary source of funding.

9
10 To enhance our outreach efforts and learn more about the changing needs of early career physicians
11 (and potential members), we have concluded market research recently of members and non-
12 members. This data will help us retool our marketing and communications effort to engage members
13 and non-members alike about the benefits of membership and what TMA brings to physicians of
14 Tennessee.

15
16 One unique challenge we are facing is the discontinuation of grant funding for our physician
17 leadership programs, which has graduated more than 300 physicians since its inception over the last
18 twelve years. To answer this challenge, TMA has refocused an existing 501(c)(3) organization, the
19 Tennessee Foundation for Quality Patient Healthcare (TFQPH) to include physician leadership,
20 wellness, education, and recruitment. Through donations and grants to the TFQPH, we will fund the
21 continuation of leadership programming and other charitable services.

22
23 Legislatively, we are addressing many overarching issues that impact all physicians such as prior
24 authorization; improving TennCare rates to bolster program participation to aid in access for a
25 significant portion of our state's population and continued clarification of laws surrounding pregnancy
26 care to provide more protections for our physicians faced with critical medical decision in the care of
27 pregnant patients.

28
29 On the horizon, there are key issues to watch. The impact of artificial intelligence on medical care and
30 the health care market is certainly intriguing and TMA is weighing options as how to engage and
31 benefit our members.

32
33 Organizationally, we are evaluating the potential impact of current changes afoot in Washington, DC
34 on TMA priorities. We are watchful of indicators that may threaten proven solutions that historically
35 serve the public well, such as childhood vaccinations and Medicaid funding. We continue our belief
36 that persons with health insurance do lead healthier, longer lives than those without. However, the

1 burdens on practices caused by insurance companies' overreach and overregulation impede greatly
2 on our members' abilities to provide timely, quality care.

3
4 Looking further ahead, our state needs to address the future supply of physicians. For our part, we
5 are pleased to launch our own Job Bank to help match TMA resident members with TMA practices to
6 grow the number of new physicians in our state. Communication has commenced to our resident
7 physicians and we are thankful to our practices that have helped the program with initial position
8 offerings. This is a work in progress at the very beginning stages.

9
10 This year, we discontinued our administrative services work for a number of medical specialty
11 societies; work that began when those organizations were in formative stages almost 40 years ago.

12 Additional notable activities in 2024-25:

- 13
14 • Medicare cuts – TMA along with other state medical associations Coordinated with the
15 American Medical Association in March to do in person visits with lawmakers regarding
16 pending cuts to physician reimbursement under Medicare. The 2.83 percent cut represents
17 five straight years of reduction in reimbursement to physicians, which is unsustainable.
18 Unfortunately, the new Congress did not halt the cuts. Continued discussions and
19 negotiations are currently happening to revamp payments under the Medicare program for
20 physicians. The goal of discussions is to create a new payment system based on actual cost of
21 providing care and factoring in annual inflationary updates that other providers receive under
22 Medicare.
- 23 • Vaccines – TMA received a grant from pharmaceutical companies to engage our members in
24 the public in a social media campaign touting the safety quality and benefits of vaccine
25 programs.
- 26 • State Grant for opioid education – The TFQPH was recipient of a three-year grant to analyze
27 and rewrite the educational programming required every two years for prescribers
28 throughout our state. We anticipate the launch of the new training classes in September 2025.
- 29 • Corporate Practice of Medicine – Prior to this year's legislative session TMA facilitated
30 meetings between radiology, anesthesiology, and representatives of the Tennessee Hospital
31 Association (THA) for further negotiations and discussions regarding the corporate practice of
32 Medicine Doctrine.
- 33 • Impact of Physician Employment Trends in Tennessee – The Board of Trustees engaged with
34 experts to consider new data from research of the increasing percentage of physicians who
35 are now considered employees versus maintaining independent medical practices. The data
36 shows that approximately 75% of Tennessee physicians are now in an employment
37 relationship. Information is being used as we consider future member programming, member
38 needs, and strategic direction.
- 39 • National Representation – TMA enjoys inclusion on a number of national boards and
40 committees. We have representatives on the Physician Advocacy Institute, the Physicians
41 Foundation, the AMA Advocacy Resource Center, and the AMA PAC, and the AMA Council on
42 Legislation.
- 43 • New Member database system – The TMA staff converted to a new database system in 2024.
44 This allowed us to reduce our annual contract expenses for maintaining information on

- 1 members and non-members, and integrating our activities online. The new system also
2 affords us greater web-based marketing and communications options.
- 3 • New membership campaign - Marketing materials for membership were revamped this year
4 based on preliminary information received from our research and included more messaging
5 design for social media and the Internet. Anchoring this campaign was a new membership
6 video shot throughout the year. This video may be accessed at <https://youtu.be/UNMTw-8QRC8> .
7
 - 8 • Senior Physician Section – Work continues on the development of a probationary
9 membership section for our senior members over the age of 65. Governing principles have
10 been created, participants for the inaugural governing council are being identified and
11 communications to potential participants will begin in May 2025.

12 Finances

13 TMA continues to be budgetarily challenged as costs continue to rise and revenues are stagnant. In
14 2024, TMA ended the year 1.4% over budget. While expenses were under budget by \$116,799,
15 revenues came in \$107,195 under budget, resulting in operational deficit.

16
17 Our reserves have grown due to a good market and our lack of need to draw from reserves for the
18 last several years, however that may change in 2025. The Board approved a strategy to periodically
19 draw profit off reserves to help balance our operations budget while protecting and continuing to
20 grow reserves.

21 Membership

22 TMA ended 2024 with 4,740 active members, 1,485 veteran/retired members, 2,018 resident and
23 fellow members and 1,757 medical student members for a total membership roster of 10,052
24 member. Dues revenue for 2024 was \$1,964,114 compared to \$1,850,599 in 2023.
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26
27 In 2030, TMA will celebrate its 200 years of existence! When you look back over the history of the
28 Association, it too is marked with challenging times and significant upheavals in the marketplace.
29 Every year seems worse in relation to the years that came before. The difference maker is how you
30 prepare and speed in which you react.

31
32 TMA is here for you; we have been for 195 years. We are all best served when we stay focused on the
33 reason for our existence as a medical association We must stay focused on those challenges that
34 impact physicians most.

- 35 • We protect the freedom to practice medicine and provide patients with the quality of care
36 needed according to medical standards.
- 37 • We reduce interference from outside parties in that delivery of care; and
- 38 • we fight for fair, timely and equitable reimbursement for services rendered.
- 39 • Above all else, TMA unifies Tennessee physicians to be that voice of good medicine for our
40 state.

41 To accomplish all this each year on behalf of the membership, I have the distinct pleasure and honor
42 of working alongside a great staff that shares in my focus and dedication to the mission and the
43 membership of the TMA.

- 1 This year, I am especially honored to recognize and celebrate Julie Griffin, our Vice President of
- 2 Government Affairs, for her 20 years of staff service to the Tennessee Medical Association. Thank you
- 3 for all you do, Julie!

Your TMA Staff 2024-2025

Yarnell Beatty	Sr. Vice President, General Counsel
Julie Griffin	Vice President, Government Affairs
Anjanette Eash	Membership Director
Amy Campoli	Director, Executive Services and Governance
Ann Anderson	Accounting Services
Annika Sleenhoff	Education and CME Coordinator
Alayna McCreary	Project Coordinator
Becky Morrissey	Paralegal
Beth Lentchner	Sr. Director, Leadership Programs and CME
Erika Thomas	Associate Director, Member Engagement
Jennifer Moore	Staff Accountant
Joey Alongi	Grassroots & TMAPAC Manager
John Carr	Assistant Director, Government Affairs
Jonathan Kirkland	Communications Manager
Kirk Cunningham	Advocacy and Government Affairs Administrative Assistant
Morgan Ripley	Associate Director, Marketing
Nikki Hamlet	Membership and Office Administrator
Sara Balsom	Manager, Project Development

Respectfully submitted,

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