

REPORT OF THE  
INSURANCE ISSUES COMMITTEE

May 17, 2025

TO: HOUSE OF DELEGATES  
TENNESSEE MEDICAL ASSOCIATION

SUBMITTED BY: RANDAL DABBS, MD, FACEP, FAAFP, CHAIR

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1 The Tennessee Medical Association (TMA) Insurance Issues Committee met quarterly during  
2 this past year. Dr. Randal Dabbs served as chair and Dr. John Binhlam as vice chair.

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4 The 2024 TMA House of Delegates did not refer any resolutions to the Committee for study  
5 or action. No matters were referred by the TMA Board of Trustees.

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7 TennCare Managed Care Organization (MCO) Performance. Several large group practices  
8 submitted concerns about TennCare MCO claims payment, credentialing, improper  
9 recoupment, lax primary care provider attributions, and many more MCO performance  
10 problems. The Committee discussed options as to how TMA could assist its members with  
11 these. Options discussed included 1) class action lawsuit; 2) formation of an MSO under a  
12 single tax ID; and 3) establishment of clinically integrated networks. The Committee followed  
13 up discussions of these options by meeting with the TennCare Bureau to discuss emergency  
14 room underpayments, receiving a presentation on managed service organization formation,  
15 weighing the ability of practices to receive payment for prior authorization, and conducting  
16 an MCO satisfaction survey. The survey was discontinued based on a lack of participation.

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18 Drug Availability. The discussion of drug shortages and access continued from 2024. At the  
19 committee's request, the Board of Trustees considered this issue during its July 14, 2024  
20 meeting. The Board considered information from the American Medical Association and the  
21 other state medical associations. It also discussed the factors contributing to shortages/high  
22 prices such as demand shocks, supply chain disruption of drugs and their excipients, failure  
23 to stockpile, regulatory supply constraint, corporate reaction to lawsuits, and regulatory  
24 unintended consequences. It also considered a Federal Trade Commission report on  
25 pharmacy benefit managers released days before. It concluded that TMA could not do  
26 anything substantive to alleviate the issue at the state level. The problems are federal and  
27 even international.

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29 Arbitration Clauses in Provider Contracts. The committee discussed material submitted to it  
30 illustrating "take-it-or-leave-it" provisions in health insurance carrier provider agreements  
31 requiring expensive arbitration and prohibiting class action arbitrations and class action  
32 lawsuits. According to the material reviewed, the provisions make it prohibitively expensive

1 to challenge agreement provisions. The committee received a report revealing that no other  
2 state addressed arbitration clauses or prohibitions on class action or class arbitration  
3 provisions in their state laws or regulations.

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5 The committee began discussions about the use of artificial intelligence (AI) by health plans  
6 in prior authorization determinations. Some other topics on the committee's radar screen for  
7 2025 – 2026 include primary care prescriptions for "specialty" drugs, recoupment of physician  
8 payments, termination of practices from networks for refusal to take deep cuts, and  
9 restrictions of buprenorphine prescribing.

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11 I wish to thank the committee members for their willingness to serve, and I appreciate our  
12 TMA President, Dr. Landon Combs, board liaison, Dr. Trey Lee, and staff liaison, Yarnell Beatty,  
13 for their assistance, information, and involvement.

Respectfully submitted,

Randal Dabbs, MD, FACEP, FAAFP, Chair

2024-2025 Insurance Issues Committee

Edward Capparelli, MD

Daniel Duzan, MD

Angie Wan, MD

David Portnoy, MD

Dennis Duck, MD

George Lear

Trey Lee, MD, Board Liaison

Sen. Joey Hensley, MD

John Q. Binhlam, MD, Vice Chair

Laurence Pittman, MD

Michelle Cochran, MD

Penny Craig

Kelley Rice

Stephen Adams, MD

Randal L. Dabbs, MD, Chair

Katie Duffy

Yarnell Beatty, Staff Liaison