From the President

The Spring Fling Conference in Franklin, I am excited to report, was another resounding success and included many fantastic speakers and a new smart app innovation. The app not only allowed the disbursement of schedules and lecture material, but also permitted TAPA to collect much needed survey feedback and self-assessment tests and enabled members to network with others in attendance. A big thank you to all of the TAPA staff, as well as the numerous volunteers that make these events so beneficial and successful.

In addition to the conference, the Board of Directors (BOD) quarterly meeting occurred and several members attended. Though many topics were discussed, much of the robust dialogue centered on the Full Practice Authority and Responsibility (FPAR) proposed by the AAPA.

As many are aware, FPAR puts forth the components for PAs to achieve full, autonomous practice. If approved, it would be a paradigm shift from the AAPA’s previous stance of a dependent, team-based model of PA practice.

As we all know, this is no small issue and the implications of it being passed, or not, by the AAPA House of Delegates (HOD) in May could be huge. In addition, the passage of this proposal will only be the beginning of a process fraught with many challenges.

On one side, we face the potential of being left behind in the healthcare arena in the way of both jobs and reimbursement while being burdened by unnecessary administrative requirements. On the other, we face the potential of drawing fire from organized medicine and nursing that could actually worsen our practice acts. Surely, a “middle path” exists that will enable us to reach our goals as a profession without the potential damaging risks?

As of the writing of this note, the TAPA BOD is awaiting the final version of the FPAR proposal from AAPA to make a plan for how we should act nationally. But also, and more importantly, the BOD is focusing on how to act locally.

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In the interim, it is extremely important that we hear from the membership so that our decisions regarding FPAR, and beyond, are meeting the needs of Tennessee PAs first. Our goal will always be to chart the course that best leads through the “middle path” with the idea of being innovative in our plans and effective in our actions.

Keep your membership active, attend conferences and BOD meetings to keep abreast of issues, and be sure to share your thoughts and concerns with TAPA leadership as we navigate this uncharted territory.

Respectfully submitted,
Rex Hobbs, PA-C
TAPA President

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**Spring Fling Recap**

*by Mallory Briggs, Special Event and Conference Coordinator*

Spring Fling 2017 was a great success! TAPA offered 18 CME credits in the general session, with five of those being for self assessment (SA-CME) credit, plus an optional EKG workshop for an additional two CME credits.

Lectures covered a wide range of topics, including rheumatology, cardiovascular surgery, stroke, HPV, lab testing, and the 2-hour prescribing practices lecture required for all Tennessee prescribers. These lectures helped attendees brush up on new guidelines to improve patient care, and they received helpful review of material for the PANRE. The two-hour Advanced EKG Workshop was very popular and received rave reviews, so TAPA hopes to offer more workshops of this nature.
**TAPA Awards**

TAPA is accepting nominations for the following awards:

- **PA of the Year**
- **PA Student of the Year**
- **Preceptor of the Year**
- **PA/Physician Team of the Year**

Nominations can be submitted by PAs, PA students, faculty and supervising physicians. The nomination deadline is July 31, 2017.

Nomination forms can be downloaded from the TAPA website at www.tnpa.com.

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**2017 Spring Fling Exhibitors**

TAPA would like to thank the following companies for participating in the Spring Fling Exhibit Hall. The expertise they bring to the conference is extremely valuable to attendees.

Please thank representatives from these organizations for their support of TAPA!

- Admera Health
- Arbor Pharmaceuticals
- Gilead Sciences
- Janssen Pharmaceuticals
- Lincoln Memorial University
- Lincoln Memorial University - DMS program
- Merck Vaccines
- Merry Blu Boutique
- MIST Pharmaceutical
- PathGroup
- Pathology Partners
- Pfizer Innovative HealthManager
- Principal
- QuadMed
- Quest Diagnostics
- Shire Pharmaceuticals
- South College PA Program
- STAR Physical Therapy
- YMCA of Middle Tennessee

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**Spring Fling, continued from page 2**

On Friday afternoon, TAPA Lobbyist John Williams and TAPA Executive Director Katherine Pesut Moffat gave attendees an update on pending legislation that may affect PAs in Tennessee. Following that, attendees had a robust debate about the AAPA’s Full Practice Authority and Responsibility (FPAR).

PAs discussed the pro and cons of FPAR, shared their concerns and voiced ideas about their visions of the PA profession in Tennessee in years to come.

New to this conference was a mobile app for smart phones. Attendees were able to download lectures, fill out session evaluations, read about exhibitors and much more. It is not only available on Apple and Android phones, but conference attendees can also access this information on their computers.

There is a social networking side to the app that TAPA hopes will continue to take off as more attendees utilize it. TAPA will also use the app at FallFest, and we hope that everyone takes advantage of this new way to stay connected at TAPA conferences.

Mark your calendars for **FallFest – Oct. 9-13, 2017**. We hope to see you in Gatlinburg in October!
This year, there is no PA-specific bill supported by TAPA. However, TAPA is participating in a coalition to address the issue of non-medical medication switching.

**SB 991/ HB 960** - This bill prohibits an insurer from removing a covered prescription drug from the list of covered drugs during the health plan year, from reclassifying a drug to a higher cost-sharing tier, or from reducing the maximum coverage for prescription drugs. Changes to formularies can only be made during open enrollment periods.

Other bills that TAPA is monitoring that are of specific interest to PAs include the following. [Click here](#) for a complete list of bills being followed by TAPA.

**SB 150/HB 292** - As introduced, this bill clarifies that PAs and nurse practitioners are able treat minors with sexually transmitted diseases to the full extent of the person's authority, including the authority to prescribe and dispense drugs relating to a sexually transmitted disease.

**SB 850/ HB 696** - This bill enacts the "Doctor of Medical Science Act. It creates a process by which PAs who have been in clinical practice for three years can attend a DMS program (which is two years in length) and get a license to practice as a Doctor of Medical Science. The Board of Medical Examiners will adopt rules to regulate these licensees. They will be limited to the practice of primary care medicine. This bill has been deferred until 2018.

**SB 1217/ HB 326** - This bill creates a new procedure for review of the action of a regulatory board on a rule or other action which may constitute an unreasonable restraint of trade. The Commissioner of the Department will review the rule or action and may veto it. This bill is a response to the U.S. Supreme Court decision in the North Carolina Dental Board case.
Tuesday, Feb. 14 was an eventful and exciting day for the Tennessee PA community. More than 170 participants descended upon Legislative Plaza in downtown Nashville for TAPA’s annual PA Day on the Hill. Currently licensed PAs as well as PA students representing Bethel University, Lincoln Memorial University, South College, and the University of Tennessee Health Science Center spent the day engaging with lawmakers and exploring the State Capitol.

Participants began the morning at the downtown public library socializing and networking with one another over a casual breakfast and coffee. After breakfast, TAPA’s Executive Director Katherine Pesut Moffat addressed the large crowd; welcoming participants, giving an overview of the events of the day and explaining TAPA’s role in the legislative process. While TAPA does not have a PA specific bill this legislative session, they are an active member of the Tennessee Patient Stability Coalition who is working on the “Reliable Coverage Act” (SB 991/HB 960) sponsored by state Rep. Bryan Terry and state Sen. Mark Green.

The Reliable Coverage Act aims to prevent non-medical switching by preventing prescription coverage reductions after a consumer has purchased a plan during open enrollment. The reduction of prescription coverage by insurance companies can occur in many ways, including requiring prior authorization, increasing out of pocket costs, or simply removing the medication from the formulary all together. This bill aims to prevent these actions in hopes of ultimately keeping patients healthy and stable on the medications they have found that work best for them and their specific conditions.

After a legislative briefing by TAPA’s Lobbyist John Williams, participants spent the rest of the morning and afternoon meeting with their respective legislators and observing multiple committee meetings, including a discussion on the potential usage of medical marijuana in the state of Tennessee. Participants met with more than sixty members of the House and Senate throughout the day wherein they discussed the PA profession and were able to engage in more personal conversations with legislators.

Throughout the day, white coats could be spotted throughout the halls heading to their next meeting, in the cafeteria studying during down times, or engaging with community members around the Plaza. The participants represented both TAPA and the PA profession with great intelligence, curiosity and professionalism. Overall, it was a very successful day for TAPA and its members, and we are looking forward to continuing to build on the relationships formed and helping to advance the PA profession in Tennessee.

South College PA students meet with Rep. Jason Zachary during PA Day on the Hill.

SB 1204/HB 315 – As introduced, this bill empowers each of the health boards to issue a limited license to an applicant who has been out of clinical practice for an extended period. The license may be conditioned upon completion of educational measures or supervised practice requirements.

SB 639/HB 607 – This bill allows certain healthcare professionals who contract with the Department of Health or a government contractor to deliver volunteer services to eligible low-income patients to be considered government
employees for purposes of the Government Tort Liability Act and to receive continuing education credit, up to a maximum of eight hours of CE credit.

**SB 1295/ HB 956** - This bill requires the Tennessee Department of Health to develop opioid treatment guidelines for different medical specialties.

**SB 1041/ HB 1207** – As introduced, this bill requires the Tennessee Department of Health to submit to licensing boards the names of all prescribers of opioids who are in the top 20 percent for the prior year. The board must then require these prescribers to participate in certain continuing education, to make literature available in waiting rooms that inform patients of the dangers of opioids, and to send letters warning patients who reach 40 MME of daily use of the dangers of opioids.

**SB 1309/ HB 1067** - This bill allows the Department of Health to issue an emergency order suspending the license of a healthcare professional that fails a drug test when the professional does not have a prescription or legitimate medical reason for using the drug.

**SB 1425/ HB 1325** - This bill requires a prescriber to check the Controlled Substance Database every time a listed controlled substance is prescribed (not just at the beginning of a new episode of care, as is currently required).

**SB 709/ HB 746** - This bill requires the Commissioners of Health and of Mental Health to develop treatment guidelines for use by prescribers as a guide for caring for patients. This legislation has passed both houses and is on its way to the governor for his signature.

**SB 491/ HB 437** – As introduced, this bill requires a person performing utilization review to have a Tennessee license as a physician, PA, or nurse. If the patient is in the hospital, the person performing utilization review must have staff privileges at the hospital.

**SB 437/ HB 498** - This bill is the culmination of three years of discussions between the TMA and insurers regarding changes made by insurers during the term of a contract. The bill requires 60 days’ notice by the insurer to a provider before a material change is made that affects reimbursement policy and 90 days' notice before a change is made to the fee schedule. Only one change to the fee schedule may be made during a 12-month period. Within 10 business days of a written request from a provider, an insurer must provide to that provider his/her fee schedule.

**SB 298/ HB 413** - This bill was introduced at the request of the TMA. Under its provisions, a MD or DO cannot be required, as a condition of license renewal, to maintain specialty board certification in a particular area of medicine. A hospital shall not deny staff privileges based solely on the physician’s decision not to maintain specialty board certification. A health insurer shall not deny reimbursement to, or refuse to admit to its network, a physician who decides not to maintain specialty board certification.

**SB 523/ HB 756** - The caption of this bill states that it is “relative to the relationship between physicians and advanced practice registered nurses.” It substitutes the work “collaborating physician” for “physician supervisor” and for “supervising physician” in T.C.A. § 68-1-128 (the section that governs high volume prescribers of controlled substances). This change applies to the physicians who supervise PAs as well as the physicians who supervise APRNs. There will likely be amendments to this bill to change the word “supervision” to “collaboration” in the Nurse Practice Act (specifically, in T.C.A. § 63-7-123).

Like TAPA’s Facebook page and join your TAPA region’s Facebook group to network with fellow PAs and keep abreast of important TAPA business.
2017 TAPA PAC Donors
Donations received as of 3/31/2017

TAPA would like to thank the following individuals for contributing to TAPA’s Political Action Committee (PAC). By contributing to TAPA’s PAC, PAs can bundle resources in order to make larger contributions to the campaigns of candidates who support the PA profession and the work that PAs do caring for Tennesseans. Click here to make an online contribution, or mail checks made out to “TAPA PAC” to P.O. Box 150785, Nashville, TN 37215.

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Pathology Partners Network is an anatomic pathology laboratory that is physician owned and directed. Dr. Melissa Chiles, Dr. Neil Coleman, Dr. Roy King, Dr. Dawn Nichols, and Dr. Robert Page have been providing diagnostic services to physicians and health care providers throughout the region for over 50 years of combined service.

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Our physicians are Board Certified in their specialties and are Fellows of the College of American Pathologists. The laboratory is CLIA certified and adheres to the highest standards of quality.

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Our group is pleased to be affiliated with the Department of Pathology at the University of Tennessee, Graduate School of Medicine, Knoxville, TN. We actively participate in resident education and research.

Mission
Our expertise is pathology, and our goal is to provide prompt and accurate diagnoses to the clinicians and patients we serve.

Our Services:
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