



AMERICAN COLLEGE of CARDIOLOGY®

ACC Biography and Position Statement

Please submit to chapters@acc.org by **August 4th, 2025**

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Please limit the word count to 500 for each section.

BIOGRAPHY:

Amit Keswani has been a practicing Interventional cardiologist in the state of TN since 2015 and has served on the board of governors for the ACC from 2018-2024. Dr Keswani is board certified in Internal Medicine, General Cardiology, Interventional Cardiology and Nuclear Cardiology. He has been a FACC for 10 years.

He works for Ascension St Thomas and works at Williamson Medical Center, Maury Regional Medical Center, and Ascension St Thomas West in June of 2022. He is also involved in fellow education as faculty at UTHSC COM-Nashville, as an Assistant Professor. He is currently the accredited Chest Pain Center director at Williamson Medical Center and involved in several hospital committees as well. Previously he was employed by Vanderbilt. During his tenure at Vanderbilt and Maury Regional Medical Center, he was the director of the ACC accredited chest pain center from 2015-2022, director of the Cardiovascular Rehabilitation program from 2018-2022, and director of the PERT program from 2019-2022. He also served on the MEC at Maury Regional Medical Center for 2 years as a representative from the internal medicine committee. At Vanderbilt he was a member of the Interventional faculty for their fellowship program and involved in fellow education and career mentorship as well as didactic lectures.

He has been involved in the ACC since 2015 and has served in various roles within the ACC. He served on the early career ACC editorial board from 2017-2021 and served as an early career social media ambassador. He is also the current chair of the TN ACC meeting subcommittee. Dr. Keswani is very enthusiastic about expanding his involvement with the ACC.

POSITION STATEMENT:

Healthcare is rapidly changing, and recently TN has been affected by the same staffing challenges that the entire country is facing. Even more so, outdated state legislation in regards to physician restrictive covenants, certificate of need laws, and other medical legal issues have restricted Tennessee's ability to grow and truly deliver care in communities of need. Despite being business friendly to other industries, ironically Tennessee has not been traditionally business friendly to unique healthcare innovation that is specifically physician led and physician driven. This has created a lack of growth with healthcare initiatives like other similar states.

My unique perspective of being a mid-career cardiologist (with a diverse training and educational background) and have

worked in urban, suburban and rural settings within the state of TN for the last 10 years. I also strongly believe that healthcare disparities affect Tennesseans more so than many other states, as the data also suggests. Being governor of the ACC would allow us to advocate more effectively for two simple focuses that would improve the healthcare of all Tennesseans.

If elected, I would focus on two core priorities that I believe are essential to the future of cardiology in Tennessee:

1. Expanding Access Through Physician-Led Innovation:

By advocating for decreased legislative and regulatory barriers, I hope to champion federal and state-backed initiatives that expand telemedicine, eradicate certificate of needs laws, increase support for rural practices, and promote new models of care. Our patients deserve access to life-saving therapies and services regardless of their ZIP code. I would champion physician-led care.

2. Reducing Administrative Burden to Improve Care Delivery:

Clinicians today face mounting paperwork and non-clinical obstacles that limit our time with patients. Fragmented electronic medical records, lack of interoperability, and unnecessary red tape prevent us from delivering the coordinated, team-based care that has been proven to improve outcomes—especially in cardiovascular medicine. I will advocate for systemic improvements that return the focus to where it belongs: the patient, and continued emphasis on the patient-doctor relationship.

Over the past several years in Tennessee, rural hospitals have closed at an alarming rate and our current critical access hospitals lack the financial support to sustain appropriate patient care. Patients in these communities live in healthcare deserts where they are unable to access high quality affordable healthcare. As governor I would hope to improve access to rural healthcare through novel initiatives and help drive healthcare growth in these areas as the population to mirror the growth of that state of TN. As our population and community grow, TN healthcare is struggling to keep up. This is a pivotal time for cardiovascular medicine—and for Tennessee. We need strong leadership that prioritizes innovation, equity, and sustainability. I would be honored to serve in this role and humbly ask for your support.

With respect and gratitude,
Amit Keswani, MD, FACC