



2024 LEGISLATIVE REPORT CARD

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LEGISLATIVE OVERVIEW

The second session of the 113th Tennessee General Assembly adjourned on April 25, 2024. TMA and the House of Medicine fared very well this year and passed all of its legislative priorities, including protecting physicians from assault in the workplace, stabilizing practice revenue during recoupment periods, improving efficiency of the collaborative relationship with physician assistants, and enabling physicians to seek out treatment for burnout without fear of professional retribution.

BY THE NUMBERS

1,701

Bills reviewed

115

TMA supported bills

23

TMA amended bills

576

TMA tracked

38

TMA opposed bills

7

TMA defeated bills

2024 TMA LEGISLATIVE PRIORITIES

1. Scope of Practice

SB2136 Sen. Shane Reeves (R-Murfreesboro)
HB2318 Rep. Ryan Williams (R-Cookeville)

After nearly a decade of fending off scope of practice expansions, TMA introduced legislation to create a hybrid oversight model that would allow experienced APPs to gain more autonomy in diagnosing and treating patients.

Effective January 1, 2025 | [P.C. 1042](#)

2. Physician Wellness

SB734 Sen. Richard Briggs, MD (R-Knoxville)
HB628 Rep. Tom Leatherwood (R-Arlington)

Carried over from the 2023 session, TMA worked to enact statutory protections for physicians seeking help to address workplace burnout.

Effective January 1, 2025 | [P.C. 924](#)

3. Assault on Physicians

SB1709 Sen. Joey Hensley, MD (R-Hohenwald)
HB1628 Rep. Scott Cepicky (R-Culleoka)

Dubbed the Dr. Benjamin Mauck Act in honor of the late orthopedic surgeon killed in Collierville last year, this bill sought to expand the definition of assaultive offenses to include actions taken in a healthcare facility.

Effective July 1, 2024 | [P.C. 928](#)

4. Insurer Clawbacks

SB2328 Sen. Ken Yager (R-Kingston)
HB2076 Rep. Brock Martin (R-Huntingdon)

TMA worked to reform the health insurance recoupment process to make it fairer and more transparent for physician practices.

Effective July 1, 2024 | [P.C. 861](#)

SCOPE OF PRACTICE

PRESERVING THE PHYSICIAN-LED, TEAM-BASED CARE MODEL

For nearly a decade, advanced practice providers (APPs) like nurse practitioners and physician assistants have lobbied the Tennessee General Assembly to practice medicine without the oversight of a physician. After years of trying to work in good faith to reach a compromise, TMA introduced legislation to modernize the team-based care model while ensuring physicians remain at the helm.

GOAL

Authorize medical settings to exercise greater oversight flexibility for APPs with over 6000 hours of post-graduate clinical experience while incorporating safeguards to protect patients from expansive scope of practice and misleading use of specialty designation.



RESULTS

Allows experienced PAs to be endorsed by their licensing boards after demonstrating competency. This endorsed status would allow them to have less prescriptive protocols and formularies (except scheduled II drugs and buprenorphine), enabling them to diagnose and treat patients in collaboration with a physician. This includes new authority to order tests and durable medical equipment, perform minor medical procedures, and sign death certificates.

Nothing in statute changes for PAs who have less than 6000 hours of post-graduate clinical experience. Nothing changes in statute for nurse practitioners, as they did not want their scope of practice codified and were ultimately amended out of the original bill against the advisement of TMA.

PHYSICIAN WELLNESS

DE-STIGMATIZING MENTAL HEALTH TREATMENT

In 2023, TMA introduced legislation aimed at establishing confidentiality protections for all healthcare professionals seeking help for depression, anxiety, workplace burnout, and even substance use disorder.

The bill had not been successful due to concerns raised from multiple stakeholders and state lawmakers related to physician impairment. The amended proposal filed this session was narrower in scope, applying only to physicians and only for workplace burnout.

GOAL

Enact confidentiality protections for physicians struggling with career fatigue by implementing policies that prohibit the disclosure of mental health and wellness treatment as a condition for licensure, credentialing, and pre-employment interviews.

RESULTS

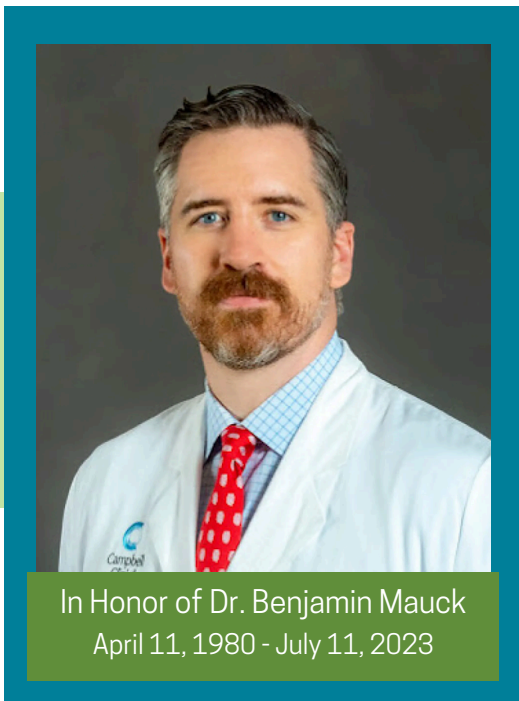
As passed, allows physicians to seek behavioral health services for career fatigue without having to disclose such communications to their licensure board, employer, or insurance carriers as part of a credentialing application. The law defines “career fatigue” as a work-related, psychological disorder that manifests in emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment. The law does not provide similar protections for mental health conditions like anxiety and depression, nor for substance use disorder.



DR. BENJAMIN MAUCK ACT

PROTECTING PHYSICIANS IN THE WORKPLACE

Last year, Tennessee’s medical community tragically lost the life of beloved orthopedic surgeon, Dr. Benjamin Mauck, in a senseless act of violence in Collierville. A week prior, the perpetrator verbally threatened his life and the lives of his fellow colleagues. While this attack was unprecedented, it was not the first time a medical professional has been a victim of workplace violence. This growing trend has helped make healthcare one of the nation’s most violent fields.



GOAL

Align Tennessee with 40 other states that have already established laws creating or increasing penalties for violence against healthcare workers. Specifically, this bill expands the definition of assaultive offenses to include actions taken in a healthcare facility. A simple assault is a Class A misdemeanor punishable by 30 days in jail and a \$5,000 fine, and an aggravated assault is a Class C felony punishable by 90 days in jail and a \$15,000 fine.

RESULTS

While the measure faced some opposition in the Senate Judiciary Committee, it was by and large well-received by members of the general assembly, easily passing both the Senate and House floors. Despite having a small fiscal impact to state and local expenditures, the legislation was fully funded.



INSURER CLAWBACKS

MAINTAINING MEDICAL PRACTICE VIABILITY

Health insurers often attempt to correct payment errors (known as recoupment) made as a result of failing to install claim edits that correctly correspond to health plan policies. These recovery requests require physicians and their staff to revisit claims to determine the validity of alleged overpayments, diverting significant time away from patient care and resulting in lost practice revenue.

Because physicians generally collect the majority of their revenue from health insurers, the recoupment process must be more transparent to ensure health plans are properly adjudicating their claims and practices can remain financially viable.

GOAL

Update the state's health insurance overpayment and recovery statute to limit the timeframe in which insurers can recoup from 18 months to six months; increase transparency and notice requirements to allow physicians ample time to determine the validity of the alleged overpayment; and provide physicians with greater due process to ensure practices can retain disputed claims revenue until all appeals are exhausted.

RESULTS

After months of negotiation with the health insurance industry, TMA was able to reduce the timeframe in which a health plan may recoup overpayments on claims from 18 months to 15 months. However, the bill retains almost all of TMA's original language, including requiring insurers to give advance notice (30 days) of the intent to recoup and provide detailed information on the basis of recoupment; prohibiting insurers from recouping any monies before all appeals are exhausted; prohibiting insurers from collecting the entire contested claim amount versus just the overpayment amount; and restricting insurers from basing a recoupment on the extrapolation of other claims from an audit.



KEY ISSUES

ABORTION

Nearly two years after the reversal of *Roe v. Wade*, abortion continues to be a prevalent issue on the Hill. Dozens of bills were filed this year aimed at clarifying or carving out exceptions to the state's abortion ban, including for pregnancies resulting from rape or incest or when a fatal fetal anomaly is diagnosed. None of these proposals gained enough support to pass; however, legislators did advance an "abortion trafficking" measure that criminalizes adults who help pregnant minors procure an abortion within state lines without parental consent. TMA offered the sponsors an amendment to clarify that a medical diagnosis or consultation regarding pregnancy care does not constitute abortion trafficking of a minor.

CERTIFICATE OF NEED

Following a three-year moratorium on certificate of need (CON) legislation, a bill introduced this session seeks to phase out requirements for certain healthcare providers and facilities to obtain a CON with the goal of moving toward a total licensing structure by 2029. As passed, the bill exempts several entities from the CON process beginning in 2025, including burn units and neonatal intensive care units, MRIs and PET in counties with fewer than 175,000 residents. Free-standing emergency departments will also be permitted to open in counties that have no hospital.

CORPORATE PRACTICE OF MEDICINE

The common law doctrine known as the corporate practice of medicine was under renewed scrutiny this session following the 2023 bankruptcy of a Tennessee-based private equity hospital staffing agency which left many counties across the state without a sufficient physician workforce. The bill introduced this year would have repealed the prohibition to allow counties federally designated as medically underserved to employ radiologists, anesthesiologists, pathologists and emergency physicians. Although the bill made significant progress in the Senate, opposition from both chairmen in the House health committees was insurmountable and the bill was taken off notice.

FIREARM SAFETY

A slate of gun-related bills were filed this session, but very few made it across the legislative finish line. Among those voted down by members of the general assembly include prohibitions on the sale and manufacture of semi-automatic rifles and high-capacity magazines, civil penalties for failing to safely store firearms, extreme risk protection orders, and expanding permitless carry for concealed handguns. Lawmakers did advance legislation to authorize school personnel to carry firearms on school property under certain conditions, and in a rare bipartisan move, passed a bill requiring the Department of Health to annually report the number of gun injuries and deaths occurring in the state.

INTERNATIONAL MEDICAL GRADUATES

In 2023, lawmakers passed a measure that would allow international medical graduates (IMG) to practice in the U.S. without first having completed a U.S.-based residency training program. While the Board of Medical Examiners was authorized to implement additional standards and requirements to effectuate the law, many worried that IMGs practicing in Tennessee would be less qualified and undercut U.S.-trained physicians in hospital employment. This session, two bills passed which clarified eligibility for IMGs applying for limited duration medical licenses to ensure satisfactory competency of skills and U.S.-based clinical training experience. It also allowed these trainees to “moonlight” after completing one year of residency. Taken together, Tennessee’s IMG laws are now being used as a model around the country.

MATURE MINOR DOCTRINE

The Mature Minor Doctrine has become a perennial target in the legislature as lawmakers look to give parents exclusive rights to direct all facets of their children’s lives, including health care. This session was no different, as no less than four bills were filed that directly or indirectly impacted physicians’ ability to treat minor children without parental consent in certain circumstances. TMA worked with the Tennessee Chapter of the American Academy of Pediatrics to limit the scope of these bills to exclude health care or carve out exceptions specifically for the Mature Minor Doctrine. Ultimately, only one bill was successful in passing and the sponsors agreed to accept TMA’s amendment, preserving the integrity of the doctrine for another year. Unfortunately, one proposal filed as a fix to last session’s Mature Minor Doctrine Clarification Act was taken off notice in the final days of session without explanation. The bill would have deleted the requirement that a minor child’s parent or adult guardian be present to give informed consent to vaccination and instead would have allowed another adult to accompany the minor to receive the vaccine.

PRIOR AUTHORIZATION

As hospitals and medical practices await implementation of the Prior Authorization Fairness Act set to take effect in 2025, more bills were filed this session aimed at reducing disruptions and delays in care resulting from utilization protocols. Among them, a measure brought by Vanderbilt University Medical Center which sought to restrict health insurers from requiring prior authorization as a condition of continuing treatment until 72 hours after a patient is stabilized in an emergency room. However, a hefty fiscal note halted the bill in its tracks before it could ever be considered.

VACCINES

As the concept of parental freedom continues to trend in the general assembly, vaccines remain a controversial topic with some legislators. This year, a proposal was introduced to eliminate the requirement that children receive vaccinations recommended by the CDC or the American Academy of Pediatrics. Fortunately, the bill was taken off notice in the final weeks of session due to dissent between the Senate and House sponsors on amendatory language offered by TMA.

OTHER ISSUES

BILL	TMA POSITION	OUTCOME
<p>Healthcare Provider Advertising Law</p> <p>Prohibits non-physicians from utilizing specialty designations in printed, electronic, or oral advertisements.</p>		<p>Passed - Effective April 22, 2024</p> <p><u>P.C. 893</u></p>
<p>White Bagging</p> <p>Would have prohibited insurance companies from restricting or refusing to cover specialty infusion drugs obtained through an out-of-network pharmacy.</p>		<p>Failed on the Senate floor</p>
<p>Anesthesiology Assistants</p> <p>Would have established a licensure process for certified anesthesiologist assistants (CAAs) to practice in Tennessee.</p>		<p>Taken off notice</p>
<p>Operation of Tanning Facilities</p> <p>Would have authorized tanning facilities to operate without the oversight of a trained professional if the bed has a self-service function.</p>		<p>Taken off notice</p>
<p>Coverage for Contraceptives</p> <p>Requires TennCare and CoverKids to cover a twelve-month supply of contraceptives obtained in a single visit by an insured person.</p>		<p>Passed - Effective January 1, 2025</p> <p><u>P.C. 732</u></p>

BILL	TMA POSITION	OUTCOME
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Telemedicine Requirements

Removes the requirement that an in-person visit occur with the patient every 16 months in order to receive payment parity for provider-based telemedicine. TMA’s amendment clarifies that a patient-provider relationship is still required for the visit to qualify for reimbursement.



Passed - Effective April 24, 2024

P.C. 1027

Independent Psychiatric APRNs

Would have authorized APRNs with a psychiatric mental health designation to diagnose, create a plan of care, issue orders, and prescribe drugs and other treatments without a collaborating physician.



Taken off notice

Timeframe to Sign Death Certificates

Increases from 48 hours to two business days the time by which a medical examiner or physician must sign a death certificate.



Passed - Effective April 22, 2024

P.C. 648

Buprenorphine Treatment for OUD

Adds outpatient opiate treatment facilities and teaching hospitals to the list of entities that may employ PAs and APRNs to prescribe buprenorphine for medication assisted treatment.



Passed - Effective April 19, 2024

P.C. 857

Mental Health Parity Coverage

Requires TennCare MCOs to cover and reimburse for mental health services and treatment to the same level as treatment for substance use disorder and alcohol dependence.



Passed - Effective July 1, 2024

P.C. 949

PHYSICIANS ON THE HILL



More than 150 gather in Nashville for TMA's annual Day on the Hill.

Over a hundred physicians, students, residents, and healthcare advocates traveled to the State Capitol on Tuesday, March 5 to meet with legislators about TMA's legislative priorities and advocate for improved healthcare policies.

Participants attended committee hearings and held individual and group meetings with nearly 80 legislative offices before enjoying an afternoon reception with lawmakers at the Nashville City Center.

Physician members lend their time and expertise to state lawmakers.

Physicians were well represented at the legislature this session through TMA's weekly Doctor of the Day program. Ten volunteers met with legislators to discuss a range of policy topics, including issues like scope of practice, opiate harm reduction, prior authorization, vaccine access, and reproductive healthcare.





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