



**TMA**<sup>TM</sup>  
Tennessee Medical Association

# 2019 LEGISLATIVE REPORT CARD

## 2019 RESULTS

**1,549**

*bills reviewed*

**342**

*bills tracked*

**32**

*bills amended*

**11**

*bills defeated*

**6**

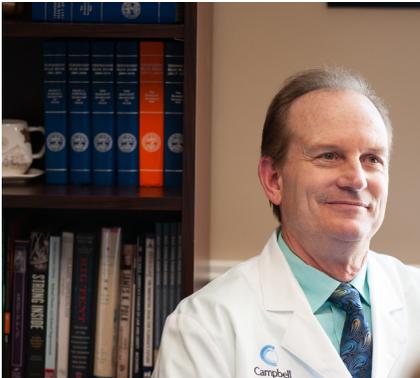
*bills passed*

The **first session of the 111th Tennessee General Assembly** brought nearly 40 new legislators and was the start of a new gubernatorial administration, so TMA entered the transitional year with an intentionally limited focus on opioids, graduate medical education funding and scope of practice.



The Tennessee Medical Association in 2019 was [named the most influential and trusted advocacy organization in the state\\*](#), not just in healthcare but across all industries. We exist to serve Tennessee physicians and advocate for public policies, rules and regulations that promote healthcare safety and quality for all Tennesseans and improve the non-clinical aspects of practicing medicine.

\*Based on an independent survey and ranking by Capitol Resources, LLC, February 2019.



## OPIOIDS

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While TMA was able to make significant improvements to Gov. Bill Haslam’s “TN Together” legislation in 2018, some of the unintended consequences doctors initially feared the new law would create manifested across the state. TMA worked with the General Assembly in 2019 to amend the law to address specific issues raised by doctors and patients, and to ensure that the laws did not unreasonably obstruct patients from accessing legitimate, effective pain management.

New amendments allow prescribers to give peer review committees at hospitals and medical group practices their Controlled Substance Monitoring Database reports to monitor and improve internal prescribing patterns, clarifies major and minor surgery definitions and defines a palliative care exemption, among other changes.

TMA developed a number of proprietary resources to educate doctors when the laws first took effect in 2018 and promptly updated them to reflect the 2019 changes. TMA members can access the materials at [tnmed.org/opioids](http://tnmed.org/opioids).

## BALANCE BILLING

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While no related bills gained traction in the 2019 session, TMA continued to work toward a reasonable solution to “surprise medical bills” that shares the burden between all parties—providers, payers and hospitals—and frees patients from unexpected charges for out-of-network treatment. TMA continues to educate lawmakers on health plans’ narrow networks as the root cause of balance billing and advocate for physicians’ rights to be compensated fairly for the services they provide.

## SCOPE OF PRACTICE

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TMA helped defeat a version of the Doctor of Medical Science bill brought by a group of students from Lincoln Memorial University. The bill would have given physician assistants a new license for independent practice in Tennessee but gained no traction because of strong

opposition from the medical community. TMA also helped defeat a measure that would have given PAs and nurse practitioners the ability to prescribe buprenorphine, which threatened patient safety and quality of care.

There were no bills in the 2019 session related to nurse independent practice, thanks to a moratorium TMA negotiated with the Tennessee Nurses Association as part of a legislative task force in 2016. The moratorium expired at the close of the 2019 session, however, and both sides laid groundwork for 2020 with the many new lawmakers on Capitol Hill who were unaware of the background.

Separately, TMA organized a coalition of the state's largest medical specialty societies to identify and promote best practices for physician-led, team-based healthcare delivery in Tennessee and develop a solution(s) to increase access across the state. The group is examining collaboration rules to identify how the state might improve the regulatory environment to support more efficient primary care, particularly in rural, underserved areas of the state, as an alternative to nurse independent practice.

TMA will continue to advocate for physician-led, team-based care as the best way to ensure patient safety and quality of care.

## GRADUATE MEDICAL EDUCATION

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Governor Bill Lee announced in his State of the State address in March that he would propose more than \$8 million in additional funding for graduate medical education in Tennessee and the legislature passed a budget in May with a total of \$8.7 million for GME. TMA for years asked the state to increase the cap on the amount of money the state could use to fund residency training slots. We worked with the new administration and General Assembly to advocate for funding in the state budget that will allow Tennessee to train and keep more doctors in Tennessee instead of exporting them to other states, and improve healthcare access in underserved areas.





## TELEMEDICINE

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TMA supported a bill to ensure telehealth services would be reimbursed at the same rates as in-office visits. The bill did not pass in 2019, but it helped advance the conversation about appropriate rules and reimbursement for telehealth services. TMA's position is that technology is critical to improving healthcare access across the state, especially in rural, underserved areas, and can be part of an efficient and effective healthcare delivery system when used as a complement to in-person care. We will continue advocating for laws, rules and regulations that support telehealth as part of coordinated, integrated healthcare delivery and bring reimbursement on par with comparable in-person services.

## PARITY FOR MEDICATION-ASSISTED TREATMENT

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TMA worked with the General Assembly to pass a resolution encouraging health insurance companies to include Medication-Assisted Treatment in patients' health plans and reimburse specialists who provide MAT services at rates comparable to other treatments. TMA has long advocated for more accessible and well-funded treatment options for patients struggling with substance abuse. Using medications in combination with counseling and behavioral therapies is a necessary strategy in the ongoing fight against Tennessee's opioid abuse epidemic.

## DOCTORS ON THE HILL

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TMA boasts some of the most effective lobbyists on Capitol Hill, but we're only as strong as the number of physicians we represent and only as visible as the number of doctors who actively participate in our grassroots advocacy efforts.

- More than 350 physicians and healthcare advocates gathered in Nashville on March 26 to bring the voice of medicine to Tennessee legislators at TMA's annual **Day on the Hill**. The event sends a loud message from TMA to the legislature and shows strength in numbers from Tennessee physicians. [tnmed.org/dayonthehill](https://tnmed.org/dayonthehill)
- Each week, a Tennessee physician serves as **Doctor of the Day** at the General Assembly for legislators and their staff. Volunteers have the opportunity to interact with lawmakers on the House and Senate floors, attend committee hearings and meet one-on-one with legislators to discuss issues most important to physicians in Tennessee. [tnmed.org/doctoroftheday](https://tnmed.org/doctoroftheday)
- TMA works continually to build a **grassroots network** that yields mutually beneficial relationships between legislators and their physician constituents. One-on-one meetings, written correspondence and phone calls let lawmakers know where doctors stand on important issues, and TMA occasionally calls on doctors to contact legislators en masse when a key bill is up for vote in a committee or chamber floor. [tnmed.org/grassroots](https://tnmed.org/grassroots)
- **IMPACT**, TMA's non-partisan, independent political action committee, has had overwhelming success in electing and keeping friends of medicine in the General Assembly. TMA continued building and maintaining relationships with new legislators during the session but the General Assembly also substantially increased the amount of money candidates can accept for election and re-election campaigns. IMPACT needs more doctors to contribute so we can continue supporting candidates who understand healthcare issues and respect TMA's positions. [tnmed.org/impact](https://tnmed.org/impact)



BILL	TMA POSITION	OUTCOME
<p><b>LIMITS ON USING VAPE PRODUCTS</b>  <i>SB26/HB97 sponsored by Sen. Todd Gardenhire and Rep. Dan Howell</i></p> <p>Adds products that can be used to produce or emit a visible or non-visible vapor to the definition of “vapor product,” and limits where vapor products can be used.</p>	 <b>SUPPORT</b>	<p>Signed by Governor on April 17</p>
<p><b>PUNISHMENT FOR SPECIFIC OFFENSES INVOLVING ELDERLY ADULTS</b>  <i>SB265/HB257 Sponsored by Sen. Kerry Roberts and Rep. Mary Littleton</i></p> <p>Bill was amended to not interfere with physicians providing telehealth services to elderly patients.</p>	 <b>SUPPORT, AS AMENDED</b>	<p>Signed by Governor on May 21</p>
<p><b>EXEMPTION FOR ARMED FORCES MEMBERS AND THEIR SPOUSES FOR LICENSURE</b>  <i>SB384/HB304 Sponsored by Sen. Jon Lundberg and Rep. Rush Bricken</i></p> <p>Exempts members of the armed forces stationed within Tennessee and their spouses from licensure requirements to practice professions regulated by the Department of Health and others, subject to being governed by the appropriate licensing board.</p>	 <b>SUPPORT, AS AMENDED</b>	<p>Signed by Governor April 25</p>
<p><b>MESSAGE LICENSURE EXEMPTION</b>  <i>SB467/HB296 Sponsored by Sen. Kerry Roberts and Rep. Matthew Hill</i></p> <p>Removes regulation for physicians to obtain a message therapy license if they employ masseuses.</p>	 <b>SUPPORT</b>	<p>Signed by Governor May 21</p>
<p><b>REPORTING SEXUAL ABUSE OF A MINOR</b>  <i>SB487/HB574 Sponsored by Sen. Janice Bowling and Rep. Jeremy Faison</i></p> <p>Changes the age that triggers the requirement of a physician to report suspected sexual abuse of a minor who is seeking an abortion from under 13 years old to under 18 years old.</p>	 <b>NEUTRAL, AS AMENDED</b>	<p>Signed by Governor May 21</p>

BILL	TMA POSITION	OUTCOME
<p><b>TENNESSEE RIGHT TO SHOP ACT</b>  <i>SB510/HB419 Sponsored by Sen. Kerry Roberts and Rep. Robin Smith</i></p> <p>Requires health insurance carriers to implement an incentive program for enrollees who receive healthcare services from network providers that are paid less than the average allowed amount paid by the carrier for comparable healthcare services.</p>	 <b>NEUTRAL, AS AMENDED</b>	<p>Signed by Governor May 21</p>
<p><b>GRADUATE PHYSICIAN ACT</b>  <i>SB672/HB810 Sponsored by Sen. Joey Hensley, MD and Rep. Sabi Kumar, MD</i></p> <p>Defines a “graduate physician” as a medical school graduate who has completed Step 1 and 2 of the United States Medical Licensing Examination (USMLE) within the set time restrictions, but has not completed an approved postgraduate residency.</p>	 <b>DEFERRED TO SCOPE OF PRACTICE COALITION</b>	<p>Deferred to 2020</p>
<p><b>DOCTOR OF MEDICAL SCIENCE ACT</b>  <i>SB884/HB1377 Sponsored by Sen. Frank Niceley and Rep. Jerry Sexton</i></p> <p>Would have created a new license as Doctor of Medical Science under the BME if applicant has been a licensed and working PA for three years, is a graduate of a minimum two-year DMS program, and has successfully completed the DMS certification exam.</p>	 <b>OPPOSE</b>	<p>Deferred to 2020</p>
<p><b>CHART REVIEW FOR PRACTICE SITE VISITS AT COMMUNITY MENTAL HEALTH CENTERS</b>  <i>SB972/HB1135 Sponsored by Sen. Ed Jackson and Rep. Paul Sherrell</i></p> <p>Allows Community Mental Health Centers to electronically review charts through HIPPA-compliant means.</p>	 <b>NEUTRAL, AS AMENDED</b>	<p>Signed by Governor April 23</p>
<p><b>NURSE-PRESCRIBED BUPRENORPHINE</b>  <i>SB1060/HB656 Sponsored by: Sen. Steve Dickerson and Rep. Matthew Hill</i></p> <p>Caption bill rewritten to allow nurses to prescribe buprenorphine.</p>	 <b>OPPOSE</b>	<p>Deferred to 2020</p>

BILL	TMA POSITION	OUTCOME
<p><b>TENNESSEE RESPONSIBLE USE OF MEDICINAL PLANTS ACT</b>  <i>SB1091/HB573 Sponsored by Sen. Steve Dickerson and Rep. Bryan Terry</i></p> <p>Would allow the dispensing of medicinal marijuana through licensed PharmD after receiving diagnosis for a qualifying condition.</p>		<p>Deferred to 2020</p>
<p><b>PATIENT NOTIFICATIONS FOR OUT-OF-NETWORK PHYSICIANS</b>  <i>SB1120/HB1342 Sponsored by Sen. Jon Lundberg and Rep. Jason Zachary</i></p> <p>Requires insured patients be notified by insurer or hospital about the potential out-of-network status of physicians who will be treating them at a facility at least three days before receiving services from the out-of-network facility-based physician.</p>		<p>Signed by Governor April 30</p>
<p><b>AEDS IN SCHOOLS</b>  <i>SB1135/HB776 Sponsored by Sen. Art Swann and Rep. Bob Ramsey</i></p> <p>Requires all public elementary and middle schools to have one or more automated external defibrillator devices on premises.</p>		<p>Signed by Governor May 10</p>
<p><b>FEMALE GENITAL MUTILATION PROSECUTION</b>  <i>SB1166/HB1364 Sponsored by Sen. Joey Hensley and Rep. Terry Weaver</i></p> <p>Rewrites the criminal offense of female genital mutilation and extends the statute of limitations for criminal prosecutions or civil actions for female genital mutilation. TMA amended the bill to ensure standard of care was not in statute.</p>		<p>Signed by Governor April 30</p>



BILL	TMA POSITION	OUTCOME
<p><b>TELEHEALTH EXPANSION</b>  <i>SB1169/HB753 Sponsored by Sen. Art Swann and Rep. Robin Smith</i></p> <p>Adds a patient's residence and place of employment, if equipped to engage in telehealth communications, as locations a patient can receive telehealth services covered by health insurance.</p>	 <b>SUPPORT</b>	<p>Deferred to 2020</p>
<p><b>PATIENT COMMUNICATION FOR INSURANCE ACCEPTANCE</b>  <i>SB1222/HB1376 Sponsored by Sen. Frank Niceley and Rep. Jerry Sexton</i></p> <p>Requires providers and healthcare facilities to inform a patient prior to providing service whether any health insurance policy carried by the patient is accepted and if the services provided are considered in-network.</p>	 <b>OPPOSE</b>	<p>Deferred to 2020</p>
<p><b>ABORTION PROHIBITION AFTER HEARTBEAT DETECTED</b>  <i>SB1236/HB77 Sponsored by Sen. Mark Pody and Rep. James VanHuss</i></p> <p>Prohibits abortions after a fetal heartbeat is detected unless there is a medical emergency necessitating the procedure.</p>	 <b>NEUTRAL, AS AMENDED</b>	<p>Failed to receive a constitutional majority and died in Senate Judiciary committee</p>
<p><b>COMMEMORATIVE CERTIFICATE FOR NONVIALE BIRTH</b>  <i>SB1389/HB966 Sponsored by Sen. Mike Bell and Rep. Mark Cochran</i></p> <p>Authorizes the development and use of a commemorative certificate of nonviable birth.</p>	 <b>DEFERRED TO ACOG</b>	<p>Signed by Governor April 18</p>





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