The first year of the 110th Tennessee General Assembly completed its work in April 2017. 1,466 bills were introduced. Over 300 bills were closely tracked by Tennessee Medical Association’s (TMA) government affairs team because they directly impacted, or potentially impacted, the practice or business of medicine. TMA was instrumental in obtaining physician-friendly amendments to a record 40 plus bills.

TMA’s legislative package for 2017 consisted of two bills plus a considerable fight to preserve physician-led team-based care in our state. Efforts by advance practice nurses to attain independent practice failed and earned TMA a moratorium on such legislation from the nurses’ associations until 2020. Otherwise:

• **Provider Stability Act** – After four years, success was achieved by the passage of the Provider Stability Act. Effective January 1, 2019, the bill amends TCA 56-7-3302 and 56-7-1013 to address provider agreement fee schedule changes and payment policy changes made by health insurance entities. The Act requires a health insurance entity to give 90-days’ notice to a health care provider if it will change the provider’s fee schedule. Health insurance entities can make up to one fee schedule change to a provider’s fee schedule during a 12-month period. After a fee schedule change, the health care entity cannot make another fee schedule change to the provider’s fee schedule for a consecutive 12-month period. The Act also requires health insurance entities to give health care providers 60-days’ notice if the insurer makes a change in its provider manual or a reimbursement rule or policy. Changes shall be reflected in the provider manual using bold print and by disclosing the change and effective date through a separate communication to the provider. This can be on the health insurance entity’s provider access website or written communication to a dedicated email address designated by the provider. Health insurance entities must provide a copy of a health care provider’s fee schedule within 10 days of written request by the provider in an exportable format. The Act does not apply to any government programs such as TennCare or Medicare or the state employee health plan.
• **Physician Maintenance of Certification/Licensure** – Public Chapter 438 prohibits the boards of medical examiners and osteopathic medical examination from denying a physician medical licensure or renewal to a physician who refuses to participate in any form of maintenance of licensure, including requiring any form of maintenance of licensure tied to maintenance of certification. It set up a task force of legislators to study maintenance of certification as it applies to requirements for hospital staff privileges and network participation and reimbursement by health insurance entities. The task force met at the end of 2017 and into 2018.

• **Budget Amendment** – TMA fights to secure funding in the form of one million dollars to TennCare patients who are dual enrolled but unable to receive a benefit for certain cancer drugs. The inclusion of this money into the state’s budget as a recurring item means that both cancer patients and cancer physicians in the TennCare program can provide and receive the care they need.

TMA’s legislative team spent a significant time fighting several issues – once again, a proposal to reform the medical malpractice tort system was introduced. The out-of-state group, Patients for Fair Compensation, brought back legislation to carve medical malpractice out of the civil court system. While it may sound like an interesting proposal, it has never been implemented anywhere in the country, and TMA has concerns about the constitutionality of the program and its financial solvency. TMA expressed these concerns multiple times through committee testimony and aggressive one-on-one lobbying. The bill did not advance and because of tenacious advocacy by TMA and SVMIC during the last four years, no bill was introduced in 2018.

**TMA Amendment Activity.** TMA made significant impacts on several matters of priority to TMA. A TMA amendment was approved to do away with automatic licensure suspensions for physicians who test positive or refuse an employer drug screen; deletion of a mandatory suicide prevention CME requirement provision; securing a one million dollar budget line item for dual-eligible cancer patient medication; closing a loophole in the credentialing law to allow for surgeon prior authorizations; and erasing entry barriers for physicians with gaps in practice history with the creation of a temporary license.

TMA also worked tirelessly to succeed on a multitude of other priority issues including legislation addressing high volume opioid prescribers, a medical licensure compact, the makeup of workers’ compensation panels, osteopathic peer review equality, opposing a Doctor of Medical Science license bill, the defeat of an APRN concussion bill, corporate practice opposition on behalf of hospital-based physicians, and an attempt to raise the caps on non-economic damages for pain management specialists.
Thank you to committee members for sharing your knowledge and offering guidance to TMA staff during the first half of the 110th General Assembly and to the physicians who volunteered their time to participate in grassroots efforts for and against legislation.

Respectfully Submitted,

Ronald H. Kirkland, MD, Chair

2017-2018 Committee on Legislation
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