



2017 LEGISLATIVE REPORT CARD

TMA made big strides forward for physicians and patients in Tennessee

during the first session of the 110th General Assembly. Laws passed, amended and defeated in 2017 will have a positive effect on healthcare in Tennessee for years to come.

The state's largest and most influential professional organization for doctors passed three bills into law and worked diligently to protect physicians and patients by amending or defeating numerous bills that would have harmed the practice of medicine, or interfered with the sacred doctor-patient relationship.

TMA's advocacy team reviewed 1,466 bills for their potential impact on physicians and patients in the state. They tracked more than 300 bills and amended more than 40 pieces of legislation to better align them with the needs of our physician members.

2017 RESULTS



REVIEWED
1,466 bills



TRACKED
+300 bills



AMENDED
+40 bills



REMOVING BARRIERS TO QUALITY CARE

TMA's top legislative priorities in 2017 helped remove barriers to providing quality care to Tennesseans.

- The General Assembly passed TMA's **Healthcare Provider Stability Act** to help level the playing field between healthcare providers and payers, and give medical practices more financial predictability. TMA fought for four years to see this first-of-its-kind legislation made into law. When it takes effect in 2019, the Act will bring increased transparency to the insurance payment process and limit how often payers can change fee schedules and payment policies and methodologies.
- TMA also took a major step toward **removing the burden of maintenance of certification** for Tennessee physicians with a new law that will prevent MOC from being required for state medical licensure. The same law creates a task force of six lawmakers who will study MOC in relation to hospital hiring practices and admitting privileges and insurance network participation and reimbursement, and make recommendations to the General Assembly in 2018.
- TMA also fought for **equal protections for doctors of osteopathy** during the 2017 legislative session. A revision of the law in 2011 inadvertently removed peer review from the DO chapter of Tennessee law. But TMA successfully put forward a bill to make sure that the error was corrected and that DOs have the same peer review protections as medical doctors.



BUDGET VICTORY FOR ONCOLOGY PRACTICES AND PATIENTS

Tennessee lawmakers and state officials must balance countless priorities when setting the state budget. TMA in 2017 continued efforts to make sure that oncologists and cancer patients were a part of those calculations. The finalized budget **includes \$1 million to cover the cost of oncology drugs** administered to dual-Medicare/TennCare eligible patients.

TMA advocated for four years to get the funding included in the state budget, and now all those years of effort are paying off for physicians and patients.

Medicare typically reimburses oncology practices only about 80 percent of the cost of drugs administered to dual-eligible patients, and practices treating dual-eligible patients absorb the remaining costs.

The new funding means that Medicare and TennCare will now cover 100 percent of cancer medications that can cost thousands of dollars per patient.



ENGAGING IN PAYMENT REFORM

As the state and federal government develop and implement value-based healthcare payment models, TMA is working to make sure that physicians have meaningful input in the process.

TMA physician leaders and staff met with representatives from the governor's office, Division of Finance and Administration and the Bureau of TennCare in early 2017 to oppose a planned expansion of the TennCare episodes of care payment model into the commercial market. Their advocacy garnered a commitment from the State not to pursue mandatory participation in episodes of care for physicians treating patients in the state employee health program or commercial insurance plans. Weeks later, state officials announced that the state employees' Benefits Administration episodes of care program will only include gainsharing and no risk (penalties) for the state employee health program in 2018. However, TennCare and Cover Kids will continue to have both an upside and penalty.

TMA continues to advocate for improvements to the design of episodes, better data transparency and consistency, and fairer treatment of physicians who serve as quarterbacks in the program.

The Group Practice Coalition, the Tennessee Orthopedic Society and the Neurospine Committee advocated with TMA on this issue.



Find the latest payment reform news and resources at tnmed.org/paymentreform.

PROTECTING APPROPRIATE SCOPE OF PRACTICE

TMA has for the past several years successfully fought against bills that would have allowed for APRN independent practice in Tennessee, and in 2017 negotiated a three-year moratorium with nursing organizations on all scope of practice bills unless all parties agree to a bill.

TMA's position remains firm in advocating for more collaboration between all healthcare providers, supporting a model where physicians serve as the clear leaders of integrated healthcare delivery teams.



You can learn more about TMA's preferred healthcare model at tnmed.org/teambasedcare.

Sen. Richard Briggs, MD (R-Knoxville) and Rep. Ryan Williams (R-Cookeville) are sponsoring a bill that would allow physician assistants with three years of practice to enroll in Lincoln Memorial University's Doctor of Medical Science program

EASING LICENSURE AND CREDENTIALING ISSUES

TMA supported a bill in 2017 adding Tennessee to a list of compact states to streamline the application process for physicians to become licensed in multiple states.

Another new law will give retired doctors an easier path to regain their license by allowing them to get a temporary license while they work toward full re-licensure.

TMA was also able to resolve a surgeon credentialing loophole without a need for legislation. A 2016 credentialing law allows physicians to receive reimbursement for services performed

and obtain a doctorate-level degree. Doctors of Medical Science would be allowed to practice in primary care, but would be required to be affiliated with a group practice or hospital. TMA opposed the measure — expressing concerns including the name of the proposed designation— and convinced the sponsors to delay consideration of the bill until 2018, agreeing to work closely with the legislators and LMU to facilitate statewide education efforts during the remainder of 2017.

Education sessions for TMA members will take place in Jackson, Memphis, Nashville and Chattanooga.

TMA worked with the Tennessee Orthopedic Society on two more scope of practice-related bills. One proposal would have allowed nurses to return student athletes who had suffered a concussion to play, though they don't have the appropriate training to do so. TMA and TOS helped defeat the bill. TMA and TOS also collaborated to amend language in a bill that would have inadvertently expanded scope of practice for chiropractors.

between a credentialing application being completed and being approved by a health insurer. But the law didn't always work for surgeons because much of their services require prior authorizations, and those were being denied because they had pending applications and were not yet in network. TMA worked behind the scenes with Sen. Richard Briggs and state health insurers to resolve the issue, with each health plan submitting a workaround solution to Dr. Briggs to address prior authorizations for surgery while a credentialing application is pending.



OPPOSING AND DEFEATING BAD BILLS

Just as “Do No Harm” is a foundational tenant of the medical profession, TMA strives to make sure that legislation approved by the General Assembly does not harm Tennessee physicians or patients. The bills we prevent from becoming law are often just as important to our members as the bills we proactively support.

- In 2017, TMA helped **prevent a corporate practice of medicine bill** from moving forward in the legislature. The bill would have allowed hospitals to employ radiologists, pathologists, anesthesiologists and emergency room physicians. It was filed as an attempt to force TMA and other organizations representing healthcare providers to move forward with balance billing legislation that would have created unnecessary slowdowns in care and additional administrative hassles. Though the corporate practice of medicine bill was filed without notice to TMA, staff lobbyists identified it during their meticulous monitoring of newly filed bills and quickly contacted sponsors to explain the negative ramifications of the bill. It eventually died in committee.
- For the second year in a row, TMA, in collaboration with SVMIC, was also able to stop a bill brought forward by Atlanta-based Patients for Fair Compensation **to replace Tennessee’s existing medical malpractice system with a government-run administrative patient compensation system**. TMA questioned the constitutionality of the bill and the impact it would have on Tennessee’s practice environment, which is currently one of the best in the country.
- TMA was also able to successfully defend against two bills that would have negatively impacted **pain clinics and pain management physicians**. The bills — a product of House Speaker Beth Harwell’s opioid task force — would have raised existing tort reform cap limits when a provider is required to be licensed as a pain management clinic, and required referrals to pain management clinics to come only from emergency physicians or primary care physicians. TMA watched for legislation based on those recommendations and worked quickly to make sure the damaging legislation wouldn’t go forward. They were withdrawn by the sponsor until 2018 thanks to efforts from TMA and the Neurospine Committee.



ENGAGING THE GRASSROOTS NETWORK

Lawmakers are influenced most by personal interactions with their constituents, and TMA's legislative success in 2017 was due in large part to the hundreds of member physicians who lobbied senators and representatives on behalf of their practices, their profession and their patients.




- Many doctors volunteered their time to come to Capitol Hill throughout the session to serve as **Doctor of the Day**, where they served the medical needs of lawmakers and spoke to them about the issues important to their practice and their patients.
- It was also a landmark year for TMA's biggest annual advocacy event, **Day on the Hill**. A record number of participants — more than 300 in all — came to Legislative Plaza in March to meet with legislators about TMA's legislative priorities and the challenges that physicians face in the current healthcare environment.

- Hundreds of physician members also responded to TMA **calls to action** by writing emails and calling senators and representatives to ask them to support TMA legislation at critical junctures.
- Many physicians also support TMA's legislative efforts by contributing to **IMPACT**, the non-partisan political action committee established by TMA. Donations support the important goal of making sure friends of medicine are elected to state political office. During the 2016 election, **IMPACT** contributed nearly \$150,000 to friends of medicine, and more than \$100,000 in contributions have been approved for 2017.




» Learn more about IMPACT and donate at tnimpact.com.





GET INVOLVED IN TMA ADVOCACY AT TNMED.ORG/GRASSROOTS.





TMA Bills




BILL	TMA POSITION	OUTCOME
<p>Healthcare Provider Stability Act SB 437/ HB 498 sponsored by Sen. Bo Watson (R-Hixson) and Rep. Cameron Sexton (R-Crossville)</p> <p>Provides increased transparency to the insurance payment process and limits how often payers can change payment policies and methodologies.</p>		<p>Signed into law by governor on April 5.</p>
<p>Maintenance of Certification SB 298/ HB 413 sponsored by Sen. Richard Briggs, MD (R-Knoxville) and Rep. Ryan Williams (R-Cookeville)</p> <p>Prevents MOC from being required for state licensure and creates a task force to study MOC as it relates to hospital hiring practices, admitting privileges and insurance networks.</p>		<p>Signed into law by governor on May 25.</p>
<p>Peer Review SB 369/ HB 378 sponsored by Sen. Doug Overbey (R-Maryville) and Rep. Andrew Farmer (R-Sevierville)</p> <p>Ensures that osteopathic physicians have the same protections as other physicians for peer reviews.</p>		<p>Signed into law by governor on March 15.</p>

Other Legislation

BILL	TMA POSITION	OUTCOME
<p>Nurse Independent Practice SB 1056/ HB 1177 sponsored by Sen. Janice Bowling (R-Tullahoma) and Rep. Jeremy Faison (R-Cosby)</p> <p>Would authorize advanced practice registered nurses to prescribe and practice without physician supervision.</p>		<p>Died in committee.</p>
<p>Doctor of Medical Science Act SB 850/ HB 696 sponsored by Sen. Briggs and Rep. Williams</p> <p>Would allow physician assistants with a doctor of medical science degree to practice in primary care as part of a group practice or hospital.</p>		<p>Delayed until 2018 while education on bill is provided to TMA members.</p>
<p>Student Athlete Head Injuries SB 1055/ HB 1099 sponsored by Sen. Bowling and Rep. Timothy Hill (R-Blountville)</p> <p>Would allow nurse practitioners to authorize a student athlete to return to play after a head injury.</p>		<p>Died in Committee.</p>

BILL	TMA POSITION	OUTCOME
<p>Board of Chiropractic Examiners SB 313/ HB 387 sponsored by Sen. Ed Jackson (R-Jackson) and Rep. Williams</p> <p>In addition to making changes to the board of chiropractic examiners, the original bill would have expanded the scope of practice for chiropractors in Tennessee. Amendments prevented it from doing so.</p>	 as amended	<p>Amended and signed into law by governor on May 25.</p>
<p>Interstate Medical Licensure Compact SB 595/ HB 664 sponsored by Sen. Watson and Rep. Matthew Hill (R-Jonesborough)</p> <p>Streamlines the application process for physicians to become licensed in multiple states.</p>		<p>Signed into law by governor on May 11.</p>
<p>Physician Temporary Licenses SB 1204/HB 315 sponsored by Sen. Mark Norris (R-Collierville) and Rep. David B. Hawk (R-Greeneville)</p> <p>Allows retired physicians to get a temporary license while they work toward full licensure.</p>		<p>Signed into law by governor on May 2.</p>
<p>Corporate Practice of Medicine SB 425/ HB 465 sponsored by Sen. John Stevens (R-Huntingdon) and Rep. Ron Travis (R-Dayton)</p> <p>Would have allowed hospitals to employ radiologists, pathologists, anesthesiologists and emergency room physicians.</p>		<p>Died in committee.</p>

BILL	TMA POSITION	OUTCOME
<p>Patients for Fair Compensation SB 744/ HB 1150 sponsored by Sen. Jack Johnson (R-Franklin) and Rep. Glen Casada (R-Franklin)</p> <p>Would have established a government-run administrative system to replace Tennessee’s current medical malpractice liability system for physicians only.</p>		<p>Died in committee.</p>
<p>Tort Reform Cap Change SB 474/ HB 613 sponsored by Sen. Jackson and Rep. Curtis Johnson (R-Clarksville)</p> <p>Would have raised existing tort reform cap limits when a provider is required to be licensed as a pain management clinic.</p>		<p>Withdrawn until 2018.</p>
<p>Pain Management Referrals SB 777/ HB 717 sponsored by Sen. Jackson and Rep. Johnson</p> <p>Would have required referrals to pain management clinics to come only from emergency physicians or primary care physicians.</p>		<p>Withdrawn until 2018.</p>
<p>72 Hour Bill SB 943/ HB 967 sponsored by Sen. Bill Ketron (R-Murfreesboro) and Rep. Matthew Hill (R-Jonesborough)</p> <p>Would have required a physician supervising a mid-level provider to review at least 20 percent of charts within 72 hours of the patient being seen.</p>		<p>Died in committee.</p>

BILL	TMA POSITION	OUTCOME
<p>Suicide Prevention Training Act SB 489/ HB 948 sponsored by Sen. Briggs and Rep. Sam Whitson (R-Franklin)</p> <p>Requires specified professionals to complete suicide prevention training every two years. The bill was amended to exempt physicians.</p>	 <p>with amendment</p>	<p>Signed into law by governor May 19.</p>
<p>Workers' Compensation Reform SB 297/ HB 666 sponsored by Sen. Briggs and Rep. Matthew Hill</p> <p>In addition to other changes to the workers' compensation system, requires that at least one physician on a workers' comp panel be from a different practice. TMA worked to amend the bill. It originally would have required for all three physicians on a panel to be from different practices.</p>	 <p>as amended</p>	<p>Signed into law by governor May 19.</p>
<p>Surgical Assistant Practice Act SB 789/ HB 1370 sponsored by Sen. Steve Dickerson (R-Nashville) and Rep. Charles Sargent (R-Franklin)</p> <p>Requires surgical assistants to register with the Tennessee Board of Medical Examiners.</p>		<p>Signed into law by governor May 18.</p>



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