

2021 Legislative Summary

As expected, we spent much of the 2021 legislative session dealing with pandemic-related bills, matched against our lobbying team's limited abilities to attend hearings and meet in person with legislators due to protocols and precautions. Our annual pilgrimage to the Hill was again forced to be a virtual event, but we had more than 250 participants meet with over 100 state lawmakers on our key issues. Here is a summary of how we fared on our top priorities and a list of issues we expect to face in 2022.

GRADUATE MEDICAL EDUCATION FUNDING (PC587)

Approximately \$5.5 million was placed in the state budget to fund 130 new residency spots for family practice, general pediatrics, med-peds and psychiatry in medically underserved areas and distressed rural counties of Tennessee. Funding was included in the appropriations bill, which passed both the House and Senate and was signed by the Governor.

Background: The Centers for Medicare and Medicaid Services (CMS) ruled in 2020 that Tennessee must scratch its longstanding funding formula for graduate medical education slots through TennCare. It places millions of dollars and all of Tennessee's residency programs at risk. TMA's priorities will be to obtain a seat at the table for further discussions on resident funding and advocate for a sensible funding mechanism for preserving the existing slots.

PROHIBITING CO-PAY ACCUMULATORS (PC405)

This new law requires health insurance companies to count any co-pay assistance program's share of a patient's cost of a drug towards the patient's deductible or maximum out of pocket expenses. This bill was actively supported and lobbied by the TMA.

PHARMACY BENEFIT MANAGERS REFORM (PC569)

The new law addresses five problematic Pharmacy Benefit Managers (PBMs) practices that directly harm patients: 340B discrimination, specialty pharmacy discrimination, patient steering, spread pricing and rebate retention. This is a patient consumer protection law that addresses multiple issues regarding pharmacy benefits managers, including the practice of "white-bagging." This bill was supported and actively lobbied by the TMA.

CORPORATE PRACTICE OF MEDICINE (SB1568 | HB1355)

This bill as amended would eliminate the current prohibition in law of hospitals employing radiologists, emergency physicians, anesthesiologists and pathologists. The Senate Commerce Committee referred it to a summer study committee, meaning the measure is dead for 2021. TMA actively opposed this bill.



2021
by the
numbers

1,654

bills reviewed

351

bills tracked

18

bills amended

13

bills defeated

4

bills passed

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SCOPE OF PRACTICE (PC567)

This new law preserves PA-physician collaboration and will create a semi-autonomous licensing board for physician assistants. All rules regarding physician collaboration remain in effect and will continue to be overseen by the Medical Board. The bill as amended was signed by the Governor.

Background: TMA opposed this bill as originally drafted because it would have eliminated the requirement for physician assistants to formally collaborate with physicians. TMA is a leader in efforts to preserve Tennessee physicians' ability to supervise patient care and oppose unsafe scope of practice expansion by midlevel healthcare providers. Because of our leadership, advance practice nurses and physician assistants have failed to change state laws to achieve collaborative practice in Tennessee. We joined a coalition of medical specialty societies and other healthcare organizations promoting physician-led, team-based healthcare delivery teams as the best model for patient safety and quality of care.

BALANCE BILLING (SB0001 | HB0002)

The House is planning a summer study of this issue to determine the effects of the federal balance billing law. The Senate postponed consideration of the bill until 2022.

Background: This bill would have ensured a balanced billing solution for the state-regulated health insurance market in state law. TMA leads a coalition of hospital-based physician specialty organizations working to protect patients from narrow networks created by health insurance companies. Sen. Bo Watson and Rep. Robin Smith offered a physician-friendly balance billing solution which would require patients to only pay according to their in-network responsibility if they receive a surprise medical bill. It would also allow out-of-network physicians to pursue fair payment from health insurance companies through an independent arbitration process if the initial payment was unsatisfactory. Their bill would incentivize health insurance companies to offer fair initial payments to out-of-network hospital-based physicians.

PROFESSIONAL PRIVILEGE TAX (SB884 | HB519)

TMA continues to advocate for the reduction or removal of the Tennessee professional privilege tax. The General Assembly exempted some professions in 2019, but doctors are still required to pay the \$400 annual tax. It is unfair to impose the tax on physicians when other health professionals are exempt. We will continue to fight to repeal the tax for physicians.



EXPECTED LEGISLATIVE ISSUES FOR 2022

- APRN/PA independent practice
- Issues concerning COVID-19 vaccinations
- Eliminate childhood vaccination requirements
- Telehealth
- Medical marijuana
- Motorcycle helmet repeal
- Optometrists performing laser procedures
- Repeal of rest of the professional privilege tax
- Erosion or repeal of the mature minor doctrine
- Corporate practice of medicine
- Prohibition of physician non-compete agreements (Uniform Law Commission)

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