

TALKING POINTS

ONE BIG BEAUTIFUL INSURANCE BILL (SB2155/HB2619)

WHAT THE BILL DOES:

The bill makes comprehensive changes to various health insurance statutes to ensure companies fairly and transparently adjudicate claims. Expands prior authorization approval for treatment of a chronic condition from 6 months to 12 months. Prohibits a health insurance entity from automatically downcoding a claim submitted by a provider unless there is first a review of the patient's medical record.

WHY THE BILL IS NEEDED:

Despite recent advances in health insurance reform, Tennessee physicians and medical practices continue to experience significant administrative burden and payment issues that constrain their ability to run a practice and care for patients. The systematic underpayment of complex, time-intensive care undermines the physician-patient relationship by forcing physicians to spend more time disputing claims.

MEDICAL NECESSITY (SB1753/HB1770)

WHAT THE BILL DOES:

The bill adds three new medical specialties to the list of persons engaged in the practice of medicine. The bill clarifies that both medical doctors and osteopathic physicians may determine the appropriateness of treatments or procedures for patient conditions and that all doctors making medical necessity decisions be governed by their respective medical boards.

WHY THE BILL IS NEEDED:

This is an important update that strengthens patient care, supports physicians, and improves access to care across Tennessee.

TENNCARE PROVIDER RATE INCREASES (SB2080/HB2046)

WHAT THE BILL DOES:

Increases reimbursement rates to Medicare levels in three service areas: primary care and behavioral health, maternal care, and anesthesia.

WHY THE BILL IS NEEDED:

TennCare's reimbursement rates to physicians, physician assistants, and advance practice registered nurses remain significantly below those of Medicare and commercial payers, creating a persistent payment gap that threatens access to care across Tennessee. In rural regions, where health care provider shortages are most acute, low reimbursement rates make it increasingly difficult to recruit and retain clinicians. Rural providers operate on thin margins, and TennCare's rates often fall short of covering the actual cost of care delivery. Without targeted rate increases, these communities risk losing access to critical services, forcing patients to travel long distances or forgo care altogether.

EXPANDING NON-PHYSICIAN SCOPE OF PRACTICE

WHAT THE BILL DOES:

There are multiple bills this session that expand non-physician scope of practice.

- Optometrists Performing Surgery SB2076/HB1952
- Independent Practice for APRNs and PAs SB2245/HB2554 and SB2243/HB2555
- Psychologists Prescribing SB0911/HB0996
- Test and Treat for Pharmacists SB2242/HB2557

WHY WE OPPOSE:

Patient safety should not be compromised. Healthcare decisions should be based on outcomes, quality and safety, not workforce substitution. Limitations on scope are not the cause of access issues. Healthcare deserts and specialist shortages are driven by payment models, infrastructure and market incentives. Tennessee must focus on these issues to improve workforce distribution. Expanded scope without collaboration increases costs through more referrals, more testing and duplicated care. Any short-term savings are offset by higher downstream healthcare costs. Different healthcare roles are designed for different levels of responsibility. While all members of the care team are vital, they are not equivalent in the depth and breadth of physician education. Lower training costs do not equal equivalent care quality.