



2026

LEGISLATIVE
REPORT CARD

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LEGISLATIVE OVERVIEW

The second session of the 114th Tennessee General Assembly adjourned on Thursday, April 23. Lawmakers were holding a slew of conference committees and shooting bills between the chambers in the final days to try to wrap up their business.

TMA and the House of Medicine endured a tough session, battling bills that increased prohibitions on physicians, the practice of medicine and tried to expand scope of practice for non-physicians. The government affairs team spent a lot of its energy lobbying against harmful legislation and successfully fended off many measures that would have impeded physicians' ability to practice evidence-based medicine and patient-centered care.

One of TMA's priority bills, the **medical necessity determination bill**, was signed into law. As amended, SB1753/HB1770 updates Tennessee statute to ensure that ALL physicians, including insurance company medical directors, are governed by the same standard of care criteria when making medical necessity determinations.

As the practice of medicine, the Board of Medical Examiners and Board of Osteopathic Examination interpret the laws, rules and regulations to determine the appropriate standards of practice to ensure the highest degree of professional conduct. The Boards will be responsible for the investigation of alleged violations. This is a groundbreaking new law which gives providers one more tool in the arsenal to fight against insurance companies if they practice medicine without a license. This legislation was sponsored by Sen. Ferrell Haile (R-Gallatin) and Rep. Brock Martin (R-Huntingdon)



BY THE NUMBERS

1,406

Bills reviewed

86

Bills supported

10

Bills defeated

266

Bills tracked

34

Bills opposed

11

Bills amended

PHYSICIAN ADVOCACY

A critical component of TMA's advocacy successes is its grassroots programs. By educating lawmakers about the impact of proposed policies, physicians from across the state helped advance the interests of the medical profession while safeguarding patient care and protecting public health.

Through TMA's **Doctor of the Day** program, members had the opportunity to advocate for a number of policy issues including prior authorization, scope of practice, and the importance of the physician-patient relationship.

At TMA's annual **Doctor's Day on the Hill**, physicians in all stages of their career lobbied legislators on critical issues affecting patient access, including prior authorization reform, prohibition of automatic downcoding, medical necessity and TennCare provider rate increases.

Eighteen component medical societies covering 52 of Tennessee's 95 counties were represented at the event. Participants attended committee hearings and held meetings with nearly 100 legislative offices.

Learn more about these vital programs and how you can get involved at tnmed.org/grassroots.



BY THE NUMBERS

8

Doctors of
the Day

216

Attended
Day on the Hill

227

Advocacy
emails sent

9

Doctors testified

105

Meetings attended

KEY ISSUES

SCOPE OF PRACTICE

As part of the federal government's Rural Healthcare Transformation Grant, the Governor's office had several proposals to increase scope of practice for pharmacists, and to create pathways for Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs) to practice without a formal physician collaboration agreement.

TMA worked with its multi-specialty partners in the Coalition for Collaborative Care (CCC) to oppose seven bills this session that would expand mid-level provider scope of practice. While all members of the care team are vital, they are not equivalent in the depth and breadth of physician education and training. Only one bill was able to move through the legislature with our opposition.

- Optometrists Performing Surgery SB2076/HB1952 *Passed
- Athletic Trainers SB502/HB658 *Amended
- Podiatrists SB2358/HB2021 *Amended
- Psychologists Prescribing SB0911/HB0996 *Failed to move
- Independent Practice for APRNs and PAs SB2245/HB2554 and SB2243/HB2555 *Failed to move
- Test and Treat for Pharmacists SB2242/HB2557 *Failed to move

PRIOR AUTHORIZATION

TMA continues to work toward reforming the onerous prior authorization process to help streamline medical care and reduce administrative burden on physician practices. Physicians know that excessive prior authorization requirements delay necessary treatment, disrupt continuity of care and in many cases, worsen patient outcomes.

Adding to the successful reforms in 2023 and 2025, this year's TMA insurance reform bill would have expanded prior authorization approval for treatment of a chronic condition from 6 months to 12 months.

This session, our coalition grew and the bill garnered strong bipartisan support but fell short by one vote in the Senate Commerce Committee.



INSURANCE REFORM

A new administrative hurdle is coming into play: downcoding, or the practice of assigning a lower-level code for a service or procedure performed in order to reduce reimbursement, typically for complex, time-intensive care. This systematic underpayment of service is forcing many physicians to divert time away from patient care to dispute improperly adjudicated claims.

A bill brought by TMA would have made comprehensive changes to various health insurance statutes to ensure companies fairly and transparently adjudicate claims. It would have prohibited a health insurance entity from automatically downcoding a claim submitted by a provider unless there was first a review of the patient's medical record.

The bill also specified that insurance contracts and payment policies must account for a patient's medical complexity and co-morbidities when determining reimbursement.

During this session, TMA educated legislators and the public, our coalition grew, and the bill garnered strong bipartisan support. We fell short by just one vote in the Senate Commerce Committee.

TENNCARE

TennCare's reimbursement rates for physicians, physician assistants and advance practice registered nurses are still significantly below those of Medicare and commercial payers, creating a persistent payment gap that threatens access to care across Tennessee. This persistent underpayment has led physicians and other providers to limit their services or withdraw from the TennCare program in order to keep their practice doors open.

As the TennCare provider network has constricted, access to essential services has left many Tennesseans in rural communities with no option but to travel long distances to receive care, or forgo care altogether.

TMA's priority bill would have increased reimbursement rates to Medicare levels in three service areas: evaluation and management, maternal care and anesthesia. All of the legislative policy committees passed the bill. While the finance committee did not ultimately fund the bill, TMA garnered widespread legislative support for increased physician reimbursements. TMA will continue to fight for fair compensation for physicians.







PHYSICIAN MANDATES

As part of the Make America Healthy Again initiative, the Administration put forth a bill (SB2239/HB2562) mandating any person licensed under the Board of Medical Examiners or the Board of Osteopathic Examination to complete at least one of the required continuing education hours on topics related to nutrition every license renewal period.







TMA worked to amend the bill limiting the mandate to completing the one-hour topic of nutrition once, provided free of charge to a physician, and adding a sunset date of 2033. The law goes into effect on January 1, 2028 as Public Chapter 857.

OTHER ISSUES



LEGISLATION SUMMARY	TMA POSITION	OUTCOME
<p>Definition of Personhood/Tort Reform* SB419/HB5</p> <p>Would have increased the amount of compensation an injured plaintiff may receive in a civil suit related to alleged wrongful death claims should abortion-inducing drugs shipped from out of state lead to the death of an unborn child.</p>		<p>Defeated</p>
<p>Inquiries of Gun Ownership* SB474/HB387</p> <p>Would have prohibited healthcare providers from inquiring about a patient's ownership, possession of, or access to firearms and subject violators to disciplinary action and fines.</p>		<p>Defeated</p>
<p>Coverage for Biomarker Testing SB435/HB484</p> <p>Requires group insurance plans for public employees and TennCare to provide coverage for biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's disease or condition.</p>		<p>Passed Effective <i>May 7, 2026</i></p> <p>P.C. 929</p>
<p>Kratom Ban* SB1656/HB1649</p> <p>Creates offenses for possessing, manufacturing, delivering, or selling Kratom. Requires a treating physician that orders toxicology testing to include testing for the presence of Kratom.</p>		<p>Passed Effective <i>July 1, 2026</i></p> <p>P.C. 950</p>
<p>AI/Definition of Human Being SB837/HB849</p> <p>Establishes that the terms "person," "life," and "natural person" do not include artificial intelligence. Sought to create a new definition for human being from fertilization.</p>	 <p><i>if amended to remove human being from definition</i></p>	<p>Passed with TMA amendment Effective <i>April 23, 2026</i></p> <p>P.C. 781</p>
<p>Tennessee Stem Cell Bill SB2586/HB224</p> <p>Establishes that a physician may perform stem cell therapy that is not approved by the federal Food and Drug Administration (FDA) if the therapy is used for a treatment/procedure within the physician's scope of practice.</p>		<p>Passed Effective <i>July 1, 2026</i></p> <p>P.C. 1016</p>

*TMA has House of Delegates policy on this issue.

LEGISLATION SUMMARY	TMA POSITION	OUTCOME
<p>Nitrous Oxide Retail Ban* SB1843/HB1644</p> <p>Creates an offense for a retailer, distributor, wholesaler, or importer of vape products, who sells or offers for sale a vapor product for retail in this state to sell nitrous oxide, and establishes civil penalties for violations.</p>		<p>Passed Effective <i>July 1, 2026</i></p> <p>P.C. 702</p>
<p>Step Therapy Exemptions SB2081/HB1956</p> <p>Prohibits health insurance companies from requiring step therapy protocols for an approved prescription drug for an enrollee diagnosed with cancer.</p>		<p>Passed Effective <i>January 1, 2027</i></p> <p>P.C. 995</p>
<p>Immigration Status * SB2108/HB1711</p> <p>Would have developed a process in which entities must compile and report data reflecting the total costs for the state providing services to persons who are not lawfully present in the state, including those who received care within the state's healthcare system using data aggregated from all healthcare providers in the state.</p>		<p>Failed to Move</p>
<p>mRNA Vaccines * SB1767/HB1852</p> <p>Would have prohibited a healthcare provider from administering any vaccine that contains an mRNA vaccine and subject violators to a Class A misdemeanor, disciplinary actions, and fines.</p>		<p>Defeated</p>
<p>SHIELD Act SB2070/HB2243</p> <p>Prohibits health insurance entities from calculating quality measures, quality ratings, incentive payments, or reimbursement tiers for a healthcare provider by including any exempt patient of any vaccine-related metric.</p>		<p>Passed Effective <i>July 1, 2026</i></p> <p>P.C. 797</p>
<p>Freedom, Access, and Integrity in Registered Pharmacy (FAIR Rx) Act SB2040/HB1959</p> <p>This bill prohibits pharmacy benefit managers (PBMs) from owning pharmacies.</p>		<p>Passed Effective <i>July 1, 2028</i></p> <p>P.C. 1111</p>

*TMA has House of Delegates policy on this issue.



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