



2025 LEGISLATIVE REPORT CARD

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LEGISLATIVE OVERVIEW

The first session of the 114th Tennessee General Assembly adjourned on Tuesday, April 22, concluding a relatively quick legislative process that saw committees closing down in record time and passage of the budget before Easter.

The House of Medicine endured one of its most grueling sessions to date, battling increased skepticism toward physicians, the practice of medicine and public health more broadly.

Due to this, the government affairs team spent most of its energy lobbying against harmful legislation. One of TMA's priority bills, Prior Authorization Notice, passed this year, while another was partially addressed in a separate piece of legislation and the third completely scrapped. TMA's effort to obtain a budget appropriation that would give TennCare providers one-time bonuses to help offset practice losses was stymied due to uncertainty about federal funding for Medicaid programs.

Still, the association's defensive approach was productive. No bill the government affairs team actively opposed this session passed. While some were delayed until 2026 and others simply taken off notice, efforts to reduce harm to Tennessee physicians were effective.



BY THE NUMBERS

1,744

Bills reviewed

276

Bills tracked

50

Bills supported

20

Bills opposed

11

Bills defeated

5

Bills amended

PHYSICIAN ADVOCACY

BY THE NUMBERS

7

Doctors of
the Day

12

Doctors
testified

122

Advocacy
emails sent

138

Meetings
attended

212

Attended
Day on the Hill

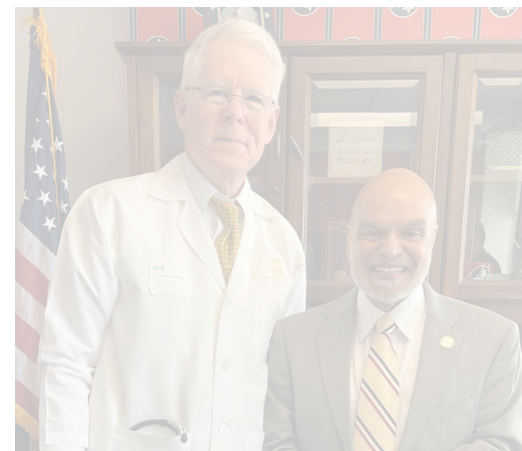
A core component of TMA's advocacy efforts is its grassroots programs. By educating lawmakers about the impact of proposed policies, physicians from across the state helped advance the interests of the medical profession while safeguarding patient care and protecting public health.

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, maternal health and access to mental health and addiction services.

At TMA's annual **Day on the Hill**, physicians in all stages of career lobbied legislators on critical issues affecting patient access, including TennCare payment reform, prior authorization and pregnancy termination exceptions for lethal fetal anomalies.

Fifteen component medical societies covering 47 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



KEY ISSUES

MATERNAL HEALTH

Ongoing efforts to clarify the state's abortion laws and improve reproductive access were again at the forefront of issues this session.

While TMA was successful in expanding the lists of maternal conditions that qualify as legal pregnancy terminations to save a mother's life or fertility, exceptions for lethal fetal anomalies were rejected. Lawmakers did, however, approve legislation codifying protections for fertility and contraceptive treatments, while also voting down a measure that would have placed unnecessary restrictions on In Vitro Fertilization (IVF) clinics and prospective parents.

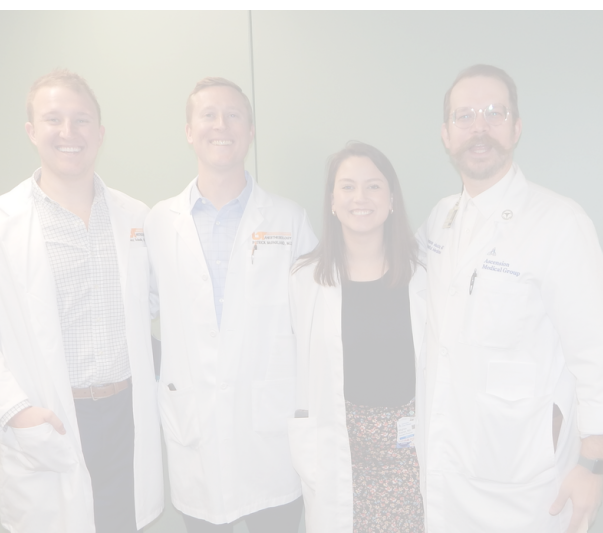
Other proposals, such as a maternal health pilot program, garnered strong bipartisan support but ultimately stalled due to the fiscal impact to the state.

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.

This year, the association was successful in repealing a 2022 law which required physicians to notify a patient when additional information is needed to approve a prior authorization request. The measure is a small, but meaningful, addition to the prior authorization overhaul TMA achieved in 2023 that took effect in January of this year.





TENNCARE

Several bills aimed at reforming and expanding TennCare percolated in the legislature this year, including one bipartisan effort that would have extended temporary benefits to individuals under the age of 21. Despite its Republican sponsor, the measure was ultimately rejected in the lower chamber early on this session.

Other bills looked to improve reimbursement for providers who accept TennCare patients. One sought to increase payment for primary care providers based on quality metrics, while TMA's bill hoped to increase rates for all contracted providers. Another bill would have allowed providers to claim unreimbursed TennCare costs for tax purposes.

Despite a clear desire to improve financial policies, high fiscal notes in a year of federal budget uncertainty proved to be insurmountable for such measures.

VACCINES






The debate over immunizations continues to be a hot-button issue in the legislature, with multiple proposals introduced this session targeting vaccine requirements.

One such measure would have enshrined such exemptions into the Tennessee Constitution. The so-called Right to Forgo Medical Treatment would have prohibited the state from requiring residents to undergo medical treatment without due process of law, even in declared states of emergency. In effect, students would no longer be required to be immunized prior to enrolling in school, and patients who present a danger risk to themselves or others could not be involuntarily committed. While the bill successfully cleared the health committees, it was eventually held up in the finance committees due to its fiscal impact to the state.






Another major bill TMA opposed this session would have prohibited health care providers who participate in TennCare from refusing to treat a patient based solely upon his or her vaccination status. Competing House and Senate amendments and failure for both sponsors to agree on bill language left the proposal in legislative limbo. It was deferred to 2026 but is likely to be revisited next session.

OTHER ISSUES



LEGISLATION SUMMARY	TMA POSITION	OUTCOME
Defines Personhood Would have expanded the Tennessee Constitution to confer rights of due process and equal protection to zygotes and fetuses.		Taken off notice
Private Advocacy Orders* Allows medical boards to issue conditional licenses to new state applicants who disclose past mental health diagnoses without reporting the applicant to the National Practitioner Data Bank.		Passed <i>Effective May 2, 2025</i> <u>P.C. 317</u>
Psychiatric Collaborative Care Models* Allows medical boards to issue conditional licenses to new state applicants who disclose past mental health diagnoses without reporting to the National Practitioner Data Bank.		Passed <i>Effective Jan. 1, 2026</i> <u>P.C. 168</u>
Abortion-Inducing Drugs* Would have made companies who mail or deliver abortion-inducing drugs to patients liable for wrongful death claims and doubled the caps on non-economic damages.		Deferred to 2026
Inquiries of Gun Ownership Would have prohibited health care providers from inquiring about a patient's possession of or access to firearms and subjected violators to disciplinary action and fines.		Deferred to 2026

*TMA has House of Delegates policy on this issue.

LEGISLATION SUMMARY	TMA POSITION	OUTCOME
Step Therapy Exemptions* Prohibits health insurance companies from requiring step therapy protocols for stage 4 advanced metastatic cancer and associated conditions.		Passed <i>Effective Jan. 1, 2026</i> <u>P.C. 505</u>
Corporate Practice of Medicine Allows hospitals in counties with fewer than 105,000 residents to employ radiologists, anesthesiologists, pathologists and emergency physicians under certain conditions.		Passed <i>Effective May 21, 2025</i> <u>P.C. 509</u>
Privilege Tax on Tobacco Vapor Products* Levies a privilege tax on closed-system and open-system tobacco vapor products.		Passed <i>Effective July 1, 2025</i> <u>P.C. 324</u>
Psychologists Prescribing* Would have expanded the scope of practice for psychologists to allow them to prescribe controlled substances, order lab tests, devices or treatment without physician oversight.		Deferred to summer study
Medical Ethics Defense Act Allows health care providers to refuse treatment or services to a patient if it violates his or her conscience. Does not apply to treatment or services governed by federal law, including EMTALA, or to individuals who are an imminent threat to themselves or others.		Passed <i>Effective April 24, 2025</i> <u>P.C. 266</u>
Coverage for Biomarker Testing Would have required commercial health insurance plans to provide coverage for biomarker testing when ordered by a health care provider for the purposes of diagnosis, treatment, appropriate management or ongoing monitoring of a patient's disease or condition.		Taken off notice

*TMA has House of Delegates policy on this issue.



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