

SUPPORTED BILLS

***TEMPORARY TENNCARE BENEFITS PROGRAM – FAILED**

SB164 Sen. Jeff Yarbrow (D-Nashville) | HB18 Rep. Charlie Baum (R-Murfreesboro)

Would have allowed individuals under the age of 21 with an income level of less than 138% of the total poverty level to be eligible for temporary coverage under the TennCare program. Specified that the benefits program would include coverage for a 12-month period out of 24 months, with a cumulative maximum of 60 months allowed under the person's lifetime. The bill failed in the House Insurance Committee.

**TMA has House of Delegates policy on this issue (Res. 4-21 and 14-21).*

TENNESSEE MEDICAID MODERNIZATION AND ACCESS ACT OF 2025 – OFF NOTICE

SB334 Sen. Rusty Crowe (R-Johnson City) | HB372 Rep. Bud Hulse (R-Kingsport)

Would have established a process to update TennCare reimbursement for obstetrics-gynecology, primary care, outpatient mental health and substance use disorder services. Would have allowed these providers to receive additional incentive payments based on metrics for quality of care and improved patient access, particularly in rural and underserved areas of the state. Due to its fiscal impact to the state, this bill stalled in the finance committees of both chambers.

***PRIVATE ADVOCACY ORDERS – PASSED**

SB359 Sen. Richard Briggs, MD (R-Knoxville) | HB1203 Rep. Sabi Kumar, MD (R-Springfield)

Allows the Board of Medical Examiners and Board of Osteopathic Examination to issue conditional licenses to new state applicants who disclose past mental health diagnoses during a confidential preliminary interview without reporting the applicant to the National Practitioner Data Bank. Under this "private advocacy order," the applicant must participate in and successfully complete a peer assistance program. The order is confidential, privileged and not public record unless the applicant fails to fulfill his or her program obligation and disciplinary proceedings are initiated.

**TMA has House of Delegates policy on this issue (Res. 2-23).*

***PSYCHIATRIC COLLABORATIVE CARE MODELS – PASSED**

SB437 Sen. Shane Reeves (R-Murfreesboro) | HB654 Rep. Tim Hicks (R-Gray)

Requires health insurance companies to provide coverage of and reimbursement for mental health and substance abuse services offered through a psychiatric collaborative care model (PCCM). Specifies that such coverage is mandated through TennCare and provided that treatment is deemed medically necessary. PCCMs are a type of integrated care where primary care providers, behavioral health providers and psychiatrists work together to address patient mental health needs within a primary care setting.

**TMA has House of Delegates policy on this issue (Res. 2-11).*

COVERAGE FOR BIOMARKER TESTING – DEFERRED TO 2026

SB435 Sen. Shane Reeves (R-Murfreesboro) | HB484 Rep. Brock Martin (R-Huntingdon)

Would have required health insurance companies and TennCare to provide coverage for biomarker testing for purposes of diagnosis, treatment, appropriate management or ongoing monitoring to guide treatment decisions for an enrollee's disease or condition when the test is supported by medical and scientific evidence. Would not require coverage of biomarker testing for the purpose of screening asymptomatic individuals.

***FERTILITY TREATMENT AND CONTRACEPTIVE PROTECTION ACT – PASSED**

SB449 Sen. Becky Massey (R-Knoxville) | HB533 Rep. Iris Rudder (R-Winchester)

Codifies protections for and access to contraceptives and fertility treatments.

Contraceptives are defined as “any device, medication, biological product or procedure intended for use in the prevention of pregnancy, whether specifically intended to prevent pregnancy or for other health needs and is legally marketed under the federal Food, Drug and Cosmetic Act.” Fertility treatment includes:

- The preservation of human oocytes, sperm or embryos for later reproductive use;
- Artificial insemination, including intravaginal, intracervical and intrauterine insemination;
- Assisted reproductive technology, including in vitro fertilization;
- Genetic testing of embryos;
- Medication prescribed or obtained over-the-counter, as indicated for fertility; and
- Gamete donation

**TMA has House of Delegates policy on this issue (Res. 7-24).*

***PRIVILEGE TAX ON TOBACCO AND VAPOR PRODUCTS – PASSED**

SB763 Sen. Ken Yager (R-Kingston) | HB968 Rep. David Hawk (R-Greeneville)

Levies a privilege tax of seven cents per milliliter of consumable material contained in a closed-system vapor product, and a privilege tax of 10% of the wholesale cost price on an open-system vapor product.

**TMA has House of Delegates policy on this issue (Res. 3-21 and 3-23).*

***CORPORATE PRACTICE OF MEDICINE REFORM – PASSED**

SB764 Sen. Paul Bailey (R-Sparta) | HB979 Rep. Ryan Williams (R-Cookeville)

Authorizes hospitals in counties with fewer than 105,000 residents, and children's hospitals, to employ radiologists, anesthesiologists, pathologists and emergency physicians.

Specifies that these physicians are allowed to work for a specific rural hospital rather than the entire health system. Specifies that the hospital shall not restrict or interfere with these physicians medically appropriate treatment or referral decisions. Establishes a licensure pathway for certified anesthesiology assistants and clarifies their scope of practice.

Both TMA and the specialty societies affected by this legislation supported its passage.

**TMA has House of Delegates policy on this issue (Res. 1-02 and 2-22).*

MATERNAL HEALTH PILOT PROGRAM – OFF NOTICE

SB898 Sen. Becky Massey (R-Knoxville) | HB867 Rep. Tim Hicks (R-Gray)

Would have established a pilot program under the Division of TennCare to authorize remote patient monitoring devices for pregnant patients in order to collect data related to maternal hypertension and maternal diabetes. The program is designed to provide early intervention and better maternal outcomes. Due to its fiscal impact to the state, this bill stalled in the finance committees of both chambers.

***PREGNANCY TERMINATION EXCEPTIONS – PASSED**

SB1004 Sen. Richard Briggs, MD (R-Knoxville) | HB990 Rep. Bryan Terry, MD (R-Murfreesboro)

Expands the list of affirmative defenses to criminal abortion to include inevitable abortions and terminations done to prevent serious risk of substantial and irreversible impairment of major bodily function. These terms are defined as follows:

- Inevitable abortion - “dilation of the cervix prior to the viability of the pregnancy, either by preterm labor or cervical insufficiency”
- Serious risk of substantial and irreversible impairment of major bodily function - “any medically diagnosed condition that so complicates the pregnancy as to directly or indirectly cause the substantial and irreversible impairment of major bodily function,” including:
 - Previa preterm rupture of membranes
 - Severe preeclampsia
 - Mirror syndrome associated with fetal hydrops
 - Infection that could result in uterine rupture or loss of fertility

**TMA has House of Delegates policy on this issue (Res. 27-23 and 11-24).*

PRIOR AUTHORIZATION NOTICE – PASSED

SB1063 Sen. Shane Reeves (R-Murfreesboro) | HB1074 Rep. Johnny Garrett (R-Goodlettsville)

Repeals a 2022 law which required both physicians and health insurance entities to notify patients when additional information is required to make a prior authorization determination.

***STEP THERAPY EXEMPTIONS – PASSED**

SB1382 Sen. Bo Watson (R-Hixson) | HB858 Rep. Rebecca Alexander (R-Jonesborough)

Prohibits health insurance companies from requiring step therapy protocols for stage 4 advanced metastatic cancer, blood cancer and associated conditions. Specifies that health benefit plans may require patients to use AB-rated generic equivalent products, interchangeable biological product or biosimilar product prior to covering equivalent branded prescription drugs. Specifies that drugs prescribed under these circumstances must be on the carrier’s formulary.

**TMA has House of Delegates policy on this issue (Res. 20-19).*

OPPOSED BILLS

DEFINING PERSONHOOD – OFF NOTICE

HJR7 Rep. Gino Bulso (R-Brentwood)

Would have expanded the constitutional rights of due process and equal protection to “every human being from fertilization to natural death,” effectively conferring liberties and privileges to zygotes and fetuses. The resulting policy would have caused confusion among health care providers, disrupt access to contraceptives and infertility treatments such as IVF and raise complex legal questions that could criminalize physicians for treating patients with pregnancy complications.

RIGHT TO FORGO MEDICAL TREATMENT – OFF NOTICE

HJR28 Rep. Gino Bulso (R-Brentwood)

Would have prohibited the state from requiring residents to undergo medical treatment without due process of law– even in declared states of emergency. Defines medical treatment as “any procedure, drug administration, vaccination or other intervention intended to diagnose, treat, prevent or mitigate any physical or mental condition.” The proposed resolution would have effectively invalidated decades-long precedent affirming the state’s compelling interest to protect public health. This includes requiring students to be vaccinated prior to enrolling in school. Due to its fiscal impact to the state, this bill was taken off notice in the final weeks of session.

*ABORTION-INDUCING DRUGS – DEFERRED TO 2026

SB419 Sen. Joey Hensley, MD (R-Hohenwald) | HB5 Rep. Gino Bulso (R-Brentwood)

Would subject companies that mail or deliver abortion-inducing drugs to a patient in this state strictly liable for \$5 million in damages for wrongful death injury claims should the drug lead to the death of an unborn child. TMA offered an amendment that changes the cap to a catastrophic damage, allowing up to \$1 million judgment. This amendment was accepted and passed by the Senate sponsor but not by the House sponsor. The bill was dual-referred to the House Health Committee and was effectively defeated this session.

**TMA has House of Delegates policy on this issue (Res. 29-23).*

INQUIRIES OF GUN OWNERSHIP – DEFERRED TO 2026

SB474 Sen. Janice Bowling (R-Tullahoma) | HB387 Rep. Ed Butler (R-Rickman)

Would have prohibited health care providers from inquiring about patients’ ownership, possession of or access to firearms and ammunition, and denying treatment based upon the patient’s response. Violations for this offense would have subjected practitioners to disciplinary action by their licensing board and a fine of 1,000 per violation. TMA, along with the Tennessee Chapter of the American Academy of Pediatrics, actively lobbied against this bill. It has been postponed to 2026.

***RESTRICTIONS ON IN VITRO FERTILIZATION – FAILED**

SB793 Sen. Paul Bailey (R-Sparta) | HB945 Rep. Ryan Williams (R-Cookeville)

Would have set forth new guidance on assisted reproductive technology and embryology laboratories by requiring treating physicians and prospective parents to enter into “model agreement.” These agreements would have consisted of three criteria: 1) a prohibition on genetic testing for the selection of embryo transfer; 2) a prohibition on fertilization of more than four times the number of children a prospective parent hopes to have; and 3) a clear understanding of the custodial care of unused or abandoned embryos.

**TMA has House of Delegates policy on this issue (Res. 7-24).*

PSYCHOLOGISTS PRESCRIBING – SUMMER STUDY

SB911 Sen. Ferrell Haile (R-Gallatin) | HB996 Rep. Brock Martin (R-Huntingdon)

Would have established a new licensure certificate for psychologists to allow them prescribe controlled substances (except opiates and narcotics) and order lab tests, devices or treatment. Would have set forth certain educational requirements a psychologist must meet in order to obtain this prescribing authority. Due to the limited educational and collaboration requirements proposed in the bill, TMA, the Tennessee Psychiatric Association and the Coalition for Collaborative Care (CCC) actively opposed. It was deferred to summer study for further review and discussion, but is expected to return next session.

**TMA has House of Delegates policy on this issue (Res. 29-23).*

***CHILDHOOD IMMUNIZATIONS – SUMMER STUDY**

SB1030 Sen. Janice Bowling (R-Tullahoma) | HB1156 Rep. Susan Lynn (R-Mt. Juliet)

Would have eliminated the responsibility of parents or legal guardians to ensure children in their care receive immunizations recommended by the Centers for Disease Control and Prevention or the American Academy of Pediatrics. TMA offered an amendment that would have deferred vaccine recommendations to the state commissioner of health as advised by a statewide advocacy organization representing multi-specialty physicians (or TMA). This amendment was not accepted by the House sponsor.

**TMA has standing House of Delegates policy on this issue.*

TENNCARE COVERAGE BASED ON VACCINATION STATUS – DEFERRED TO 2026

SB1389 Sen. Bo Watson (R-Hixson) | HB638 Rep. Michele Carringer (R-Knoxville)

Would have prohibited a health care provider who participates in the TennCare from refusing to treat an enrollee based solely upon the enrollee’s refusal to obtain a vaccine or immunization, provided the patient has a religious or moral objection. As amended in the House, the bill exempts oncologists, organ transplant services and treating patients who are immunocompromised because of a disease or treatment of a disease. The Senate amendment does not exempt oncologists or organ transplant services. Due to a disagreement between the two versions, this bill was delayed until 2026.

NEUTRAL BILLS

REIMBURSEMENT FOR RURAL HOSPITALS – OFF NOTICE

SB185 Sen. Ed Jackson (R-Jackson) | HB173 Rep. Brock Martin (R-Huntingdon)

Would have established minimum and maximum TennCare reimbursement rate levels for rural hospitals and require such rate is based on the hospital's current federal fiscal year. Provides that, for routine, nonspecialized inpatient services at rural hospitals, the minimum level of reimbursement is 100% and the maximum level is 120%. Since the legislation has only an ancillary impact on physicians, TMA remained neutral.

TENNCARE PROVIDER UNREIMBURSED COSTS – OFF NOTICE

SB264 Sen. Joey Hensley, MD (R-Hohenwald) | HB385 Rep. Ed Butler (R-Rickman)

Would have required TennCare to certify an eligible healthcare provider's unreimbursed costs as charitable contributions in order to qualify for tax credits. Due to unanswered questions about how the customary charges would be determined, as well as the fear of reduced rates by MCOs prompted the legislative committee to take a neutral position.

INDIVIDUALIZED INVESTIGATIONAL TREATMENT ACT – PASSED

SB282 Sen. Bo Watson (R-Hixson) | HB192 Rep. Bryan Terry, MD (R-Murfreesboro)

Authorizes a manufacturer operating within an eligible facility to provide individualized investigative treatment available to eligible patients. Requires physicians who participate in such programs to do the following:

- Attest to a patient's life-threatening or severely debilitating illness;
- Consult with the patient about alternative treatment options approved by the FDA; and
- Document that the patient meets all requirements under the law

BUPRENORPHINE PRESCRIBING – PASSED

SB421 Sen. Shane Reeves (R-Murfreesboro) | HB1239 Rep. Esther Helton-Haynes (R-East Ridge)

Authorizes physician assistants and advance practice registered nurses to prescribe buprenorphine for medication-assisted treatment of opioid use disorder if such provider is employed with a state correctional facility or municipal jail. Caps the number of patients these providers may treat at 50, and requires supervision from a licensed physician.

RIGHT TO DIE – FAILED

SB640 Sen. Heidi Campbell (D-Nashville) | HB598 Rep. Bob Freeman (D-Nashville)

Would have created a process whereby an adult suffering from a terminal illness may request medication for purposes of ending his or her life in a humane and dignified manner. Specifies that physicians who provide such medication are not subject to civil or criminal liability or disciplinary action from their respective licensing boards. TMA has members on both sides of this issue so remained neutral on the bill.

CME COURSE ON MATERNAL MENTAL HEALTH – PASSED

SB849 Sen. London Lamar (D-Memphis) | HB960 Rep. Harold Love, Jr. (D-Nashville)

Requires the Board of Medical Examiners, the Board of Osteopathic Examination and the Board of Examiners in Psychology to each develop and offer an optional course in maternal mental health to satisfy continuing medical educational requirements.

MEDICAL ETHICS DEFENSE ACT – PASSED

SB955 Sen. Ferrell Haile (R-Gallatin) | HB1044 Rep. Bryan Terry, MD (R-Murfreesboro)

Provides that a health care provider must not be required to participate in or pay for a procedure, treatment or service that violates his or her conscience. Clarifies that the refusal to participate does not apply to procedures, treatments or services governed by federal law, including the Emergency Medical Treatment and Active Labor Act (EMTALA), or for individuals who are in imminent danger of harming themselves or others. Prohibits government entities from retaliating against health care providers who choose not to participate unless there is clear and convincing evidence that the provider's actions contributed to patient harm. Given that the bill has limited impact on the current practice of medicine, TMA's Legislative Committee opted to remain neutral.

PHYSICIAN TREATMENT OF SELF OR FAMILY – DEFERRED TO 2026

SB1153 Sen. Rusty Crowe (R-Johnson City) | HB1205 Rep. Sabi Kumar, MD (R-Springfield)

Would have codified Board of Medical Examiners rules governing the authority for physicians to treat, prescribe or administer medication for themselves or an immediate family member. Specifies that physicians and podiatrists may treat themselves or their family in the short-term, minor or acute emergency situations. Authorizes a collaborating physician's supervisee to treat or administer medication in the physician or immediate family if there is an established provider-patient relationship. Requires all parties to keep records of any treatment provided under these circumstances.

DISCRIMINATION AGAINST 340B ENTITIES – PASSED

SB1414 Sen. Richard Briggs, MD (R-Knoxville) | HB1242 Rep. Esther Helton-Haynes (R-East Ridge)

Prohibits health insurance companies and pharmacy benefit managers (PBMs) from denying, restricting, prohibiting, discriminating against or otherwise limiting the acquisition or delivery of a 340B drug to a 340B entity or an authorized location. Specifically, the bill does the following:

- Prohibits insurers from reimbursing at a lower rate than non-340B entities;
- Prohibits insurers from assessing a fee not equally assessed on non-340B entities;
- Prohibits insurers from excluding 340B entities from network; and
- Prohibits insurers from requiring modifiers to indicate that a drug is a 340B drug