INCREMENTAL SCOPE CREEP IN SESSION DOMINATED BY PBMs AND CON

Tennessee's medical community entered the 2026 legislative session ready to go all-in, again, fighting independent practice for nurse practitioners and physician assistants, among other scope of practice battles. TNAFP, along with almost every other medical society in the state, continues its participation in the Coalition for Collaborative Care (CCC). Through the CCC, TNAFP stood ready to defend patient safety and quality of care against inappropriate scope expansion for non-physicians as proposed by Gov. Bill Lee. In the governor's December 2025 proposal to the federal government outlining how the state will use Rural Health Transformation funding, the administration committed to legislative action to remove or loosen scope of practice regulations for nurse practitioners, physician assistants and pharmacists.

In many ways the outcome was better than expected. Legislation filed as caption bills (essentially placeholders submitted by the filing deadline to be later amended for their true purpose) never moved. Another bill that would have expanded test-and-treat authority for pharmacists was taken off notice in committee. TNAFP and the CCC told lawmakers that by committing to policy changes in its application, despite objections from the medical community, the administration would risk not only patient safety and quality of care but also risk having some portion of the more than $200 million the funds recouped if the state fails to enact the change(s) by December 31, 2027. The specific amount of funding tied to the scope of practice policy changes is unclear.

More importantly, doctors reminded lawmakers that there are better ways to invest in Tennessee's rural healthcare. Even in states that have allowed nurse practitioners to practice without a collaborative physician, there is little to no effect on healthcare access for underserved communities and populations because the data shows they do not go to rural areas as promised. TNAFP submitted a letter to the administration last fall with specific recommendations on how our state can use policies and resources to improve healthcare in rural communities. Instead of allowing providers to practice without physician supervision, the Academy noted, Tennessee should invest in ways to bolster the primary care physician workforce and implement innovative healthcare delivery and payment models. Family doctors should be at the table to participate in the conversation and contribute to the ideas that lead to practical, sustainable solutions. TNAFP encourages members to consider applying for Rural Health Transformation (RHT) program grant funding. All information regarding the RHT funding opportunities, including competitive grant application schedules and instructions, can be found at **tn.gov/health/rural**. Questions may also be directed to **ruralhealth@tn.gov**.

The legislature did pass a bill to allow optometrists to perform laser surgical procedures on the eye. Ophthalmologists, in conjunction with the CCC, cautioned lawmakers on the related risks for patients to no avail. Another bill that would have created prescribing authority for psychologists was taken off notice.

Despite sustained advocacy from physician groups, the legislature also did little to address doctors' most persistent frustrations: payment and administrative burden. A bill that would have increased TennCare payment rates for primary care never gained notable traction in committees. Another bill heavily lobbied by the Tennessee Medical Association to address downcoding and prior authorizations, among other insurance reforms, failed late in session.

Lawmakers continue to tell TNAFP they understand the payment and administrative burden issues. Finding and implementing practical solutions remains elusive. For most physicians, the day-to-day reality of navigating

Dr. Andrea Hopkins of Bristol (middle) advocates for family medicine, meeting with legislators and attending various committee meetings on Wednesday, March 11.

UT Memphis resident Dr. Sarah Powell (right) represents TNAFP during meetings on the Hill on Wednesday, February 18.

unreasonable payer requirements, appealing denials and downcoding and managing documentation burdens will remain largely unchanged in the short term.

The most controversial, closely followed bill of the session sought to break up vertical integration in the pharmacy space. The Freedom, Access, and Integrity in Registered Pharmacy, or "FAIR Rx Act," is a Republican-led effort to prohibit pharmacy benefit managers (PBMs) from owning or controlling pharmacies. Corporations and special interest groups opposing the bill reportedly spent more than $7 million in advertising alone. Retail giant CVS led the way, spending more than $4.2 million in advertising and launching an aggressive grassroots lobbying effort to try to kill the proposal. The company, which operates a retail pharmacy chain along with Aetna and CVS Caremark PBM, claims it will have to close all its 134 Tennessee pharmacy stores and lay off 2,000 employees because of the passed legislation. Similar PBM-focused legislative and legal battles are happening in Arkansas and other states.

In another recurring, contentious debate, the legislature voted to remove the state's longstanding certificate of need (CON) requirements for hospitals, emergency rooms and certain other healthcare facilities. Removing CON is expected to accelerate the growth of ambulatory surgery centers, freestanding emergency departments and specialty clinics. While the move may improve access and reduce wait times in suburban markets, it will also likely siphon profitable services away from small rural hospitals, further destabilizing already fragile systems and potentially accelerating hospital closures and access issues across the state. Tennessee has had one of the highest rates of rural hospital closures per capita in the past decade.

Dr. Amanda Miller and UT Murfreesboro residents meet with Sen. Dawn White on Wednesday, March 4.

Drs. Ricky Curry, Olivia Fielder and Anthony Wilson discuss key healthcare issues with Sen. Randy McNally of Knoxville on Wednesday, April 1.

WHAT YOU CAN DO

Build Relationships
Advocacy takes many forms and is a year-round effort not limited to the legislative session. In fact, sometimes the most effective advocacy happens in legislators' home districts outside of session. Reach out to your elected officials this summer and fall. Ask to meet for coffee or invite them to your clinic. Ask them questions, get to know them and help them get to know you without discussing any bills or having any specific agenda.

Need help? Find your legislators at **capitol.tn.gov.** Contact TNAFP staff for support and guidance at every step.

Already have relationships with your state legislators? Let us know! TNAFP is working to build a database of key contacts so we can call upon our physician members to act when an important bill is up for a committee vote or we need to educate a lawmaker on an important healthcare issue.

Donate to a Candidate
It is an election year, and there are contested primary and general elections in many districts around the state. While TNAFP does not have a political action committee to facilitate organized campaign contributions from the Academy, TNAFP members who want to get more politically connected should consider personally supporting campaigns of state candidates who align with their values and support good healthcare policies. Legislators always appreciate campaign contributions as a goodwill gesture that can open doors to build positive relationships. Contact TNAFP for help or to discuss if you want to get involved but are unsure how.

**Taken off notice means the bill sponsor(s) pulled it from consideration before it could be heard on an official committee agenda, typically because the sponsor(s) perceived a lack of support/low likelihood of passage.*

BILLS TNAFP SUPPORTED

Number and Sponsors	Description	Result
H.B. 2046 (Williams) S.B. 2080 (Watson)	Would have directed $150 million in tax revenues to increase TennCare payment rates for primary care up to 110 percent of Medicare rates.	taken off notice
H.B. 2619 (Howell) S.B. 2155 (Watson)	TMA-led insurance reform bill to prohibit downcoding, address unnecessary prior authorizations and establish an insurance commission to review complaints and enforce laws.	**failed** in Senate Commerce and Labor Committee
H.B. 2243 (Martin) S.B. 2070 (Watson)	Prohibits health insurance companies from financially penalizing providers in value-based care plans when patients are exempt from or decline vaccination.	**passed**
H.B. 1866 (Jones) S.B. 2010 (Kyle)	Would have prohibited payers from using AI for prior authorizations unless a licensed healthcare professional made final medical necessity determination.	taken off notice
H.B. 1959 (Scarbrough) S.B. 2040 (Harshbarger)	Prohibits pharmacy benefit managers from owning or controlling a pharmacy license.	**passed**
H.B. 1649 (Helton-Haynes) S.B. 1656 (Gardenhire)	Establishes criminal offenses for possessing, manufacturing, delivering or selling Kratom.	**passed**

The legislature passed the $58 billion state budget on April 16 after input from the Lee administration on funding priorities. The legislature reportedly cut $200 million from the governor's budget proposal but did fund $150 million to expand the state's private school voucher program, a top priority for Gov. Lee during his time in office. As usual late in session, several bills got caught behind the budget, meaning lawmakers would not consider them unless funding was available in the budget. The House had an estimated 150 bills left to consider during the final week of session, including several that were headed for conference committees where the two chambers would try to hash out differences and agree on a final version.

Each session in the Tennessee General Assembly is split between two calendar years. This year's session concluded the 114th General Assembly after business adjourned the week of April 20. The 115th session of the Tennessee General Assembly will commence in January 2027.

The Republican supermajority is firmly entrenched in the state government, so the certainty in ideological direction provides some clarity as to how to advocate for family medicine next year and beyond. Even with a new governor to be elected later this year, TNAFP expects in the foreseeable future to interact with a state government that closely aligns itself with the Trump administration and shapes its healthcare policy around a set of free-market political priorities. New, one-time investments from the Rural Health Transformation funding may create sustainable innovation or fall flat. Ongoing regulatory changes, especially in politically sensitive areas, and frustrating administrative complexity are certainties.

TNAFP is leading the charge to raise awareness among policymakers about what family medicine means for real rural healthcare transformation. We will continue advocating for public policies that support family doctors and primary care, but it is imperative for family doctors in any political environment to also engage through TNAFP and individually. Collectively, family doctors must increase their profiles, influence decisions and help shape an accurate, powerful narrative about the indisputably direct relationship between preventive medicine and public health outcomes in Tennessee.

Dr. Trae Bates testifies against S.B. 2242, a harmful scope bill intended to allow pharmacists to practice medicine, on Wednesday, March 18.

BILLS TNAFP OPPOSED

Number and Sponsors	Description	Result
H.B. 1952 (Williams) S.B. 2076 (Watson)	Redefines the practice of optometry to allow optometrists to perform laser eye procedures.	**passed**
H.B. 2315 (Martin) S.B. 2570 (Haile)	Would have created prescribing authority for psychologists.	taken off notice
H.B. 2557 (Lamberth) S.B. 2242 (Johnson)	Would have expanded pharmacists' scope of practice with more test-and-treat authority.	taken off notice
H.B. 2554 (Lamberth) S.B. 2245 (Johnson)	Would have expanded authority for APRNs pursuant to governor's Rural Health Transformation funding legislative agenda.	taken off notice
H.B. 2555 (Lamberth) S.B. 2243 (Johnson)	Would have expanded authority for PAs pursuant to governor's Rural Health Transformation funding legislative agenda.	taken off notice
H.B. 1852 (Fritts) S.B. 1767 (Bowling)	Would have prohibited mRNA vaccines and established fines and penalties for providers administering them up to license revocation.	**failed** in House Population Health Subcommittee

OTHER HEALTHCARE BILLS OF INTEREST

Number and Sponsors	Description	Result
H.B. 819 (Garrett) S.B. 1369 (Watson)	Removes Certificate of Need requirements to build new acute care hospitals, freestanding ERs and cardiac catheterization labs beginning in 2028.	**passed**
H.B. 658 (Hicks) S.B. 502 (Haile)	Expands scope of practice for athletic trainers by authorizing treatment of certain conditions rather than just treatment of injuries; clarifies new procedures. CCC was neutral.	**passed**
H.B. 2021 (Martin) S.B. 2358 (Massey)	Expands scope of practice for podiatrists from foot and ankle to include soft tissue of the lower leg distal to the tibial tuberosity, instead of the soft tissue structures extending no higher than the distal tibial metaphyseal flair. CCC was neutral.	**passed**
H.B. 2044 (Marsh) S.B. 2548 (Reeves)	Authorizes PAs who are collaborating with a physician to delegate certain tasks to MAs.	**passed**
H.B. 2569 (Kumar) S.B. 1584 (Haile)	Requires hospitals to offer a flu vaccine to inpatients 50+ between October 1 and March 1 each year prior to discharge.	**passed**
H.B. 638 (Carringer) S.B. 1389 (Watson)	Prohibits healthcare providers from requiring their TennCare patients to be immunized to be seen as a patient in their practice.	**passed**
H.B. 867 (Hicks) S.B. 898 (Massey)	Creates a pilot program to provide pregnant TennCare recipients with improved maternal healthcare through remote patient monitoring for maternal hypertension and maternal diabetes.	did not advance out of committees in either chamber
H.B. 1101 (Salinas) S.B. 851 (Lamar)	Would have authorized the governor to expand Medicaid pursuant to ACA.	**failed** in House Tenn-Care Subcommittee
H.B. 1104 (Salinas) S.B. 316 (Yarbro)	Would have removed the requirement that the governor receive authorization from the legislature before expanding Medicaid.	taken off notice
H.B. 1393 (Pearson) S.B. 1356 (Akbari)	Would have directed the governor to seek a new TennCare waiver to provide medical assistance coverage for individuals whose gross annual income is equal to or less than 138 percent of the federal poverty level.	**failed** in House Tenn-Care Subcommittee