



Modernizing Scope of Practice in Tennessee:

Issue

Tennessee faces a growing healthcare access crisis, particularly in rural and underserved communities. More than 80 of 95 counties are designated Health Professional Shortage Areas, limiting timely access to primary and preventive care.

Current Law (Status Quo)

APRNs and physician assistants are required to practice under restrictive statutory and supervisory frameworks. These requirements limit where and how care can be delivered, even when providers are fully trained, licensed, and already embedded in rural communities.

Proposed Modernization

Update Tennessee law to allow APRNs and physician assistants to practice to the full extent of their education and training, consistent with evidence-based national standards and workforce best practices.

Evidence from Other States

More than half of U.S. states have already modernized scope of practice laws. Peer-reviewed evidence shows improved access to care, stronger rural workforce recruitment and retention, high patient satisfaction, and no reduction in quality or safety.

Impact on Rural Tennessee

Modernization allows existing providers to deliver more care locally, reduce wait times, stabilize rural clinics and hospitals, and decrease unnecessary emergency department utilization.

Fiscal & System Impact

Scope modernization does not require new workforce pipelines or long-term training investments. It maximizes existing workforce capacity, supports efficient use of the \$200 million Rural Health Transformation Program award, and improves system sustainability.



Why Now

Federal investment, worsening shortages, and bipartisan executive leadership create a clear window for action. Delaying reform prolongs access gaps and undermines rural health transformation goals.