

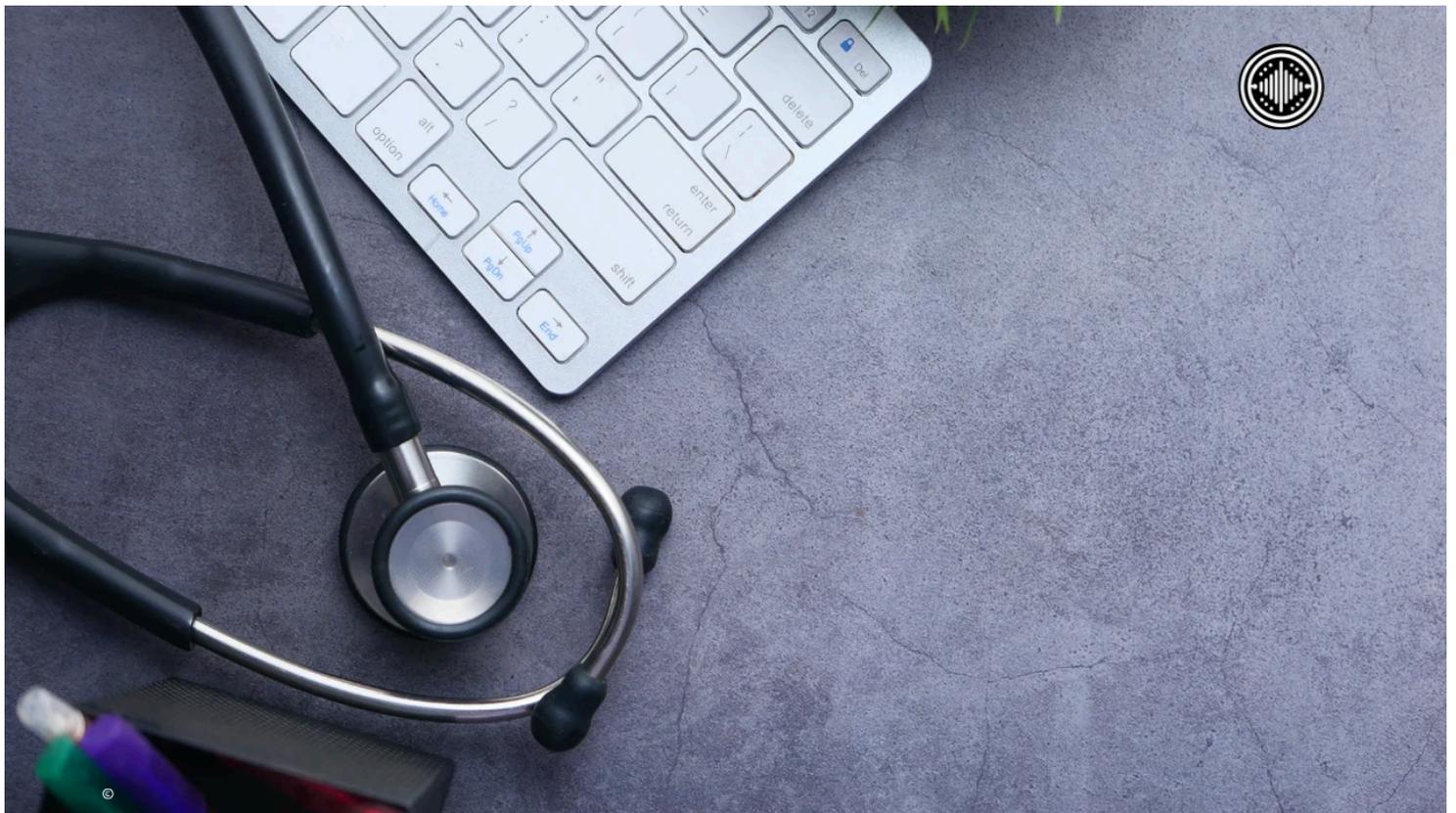
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Tennessee's Medical Ethics Defense Act Sparks Debate Over Prenatal Care Access

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In a recent town hall in Jonesborough, Tennessee, a 35-year-old woman, who wished to remain anonymous due to fears of retaliation, shared a troubling experience. She was denied prenatal care by her doctor, who cited her unmarried status as conflicting with their moral or religious beliefs. Despite being in a committed 15-year relationship and mother to a 13-year-old, she was told to seek care elsewhere. “I’m fortunate to live near the Virginia border, so I’m travelling there for prenatal care, but I’m terrified of delivering in Tennessee

with a provider who might prioritise a foetus over my life,” she said in an interview with the Nashville Banner. This case, the first reported instance of a woman being denied prenatal care in Tennessee for being unmarried, Enacted on April 24, 2025, the Medical Ethics Defense Act permits Tennessee healthcare providers—including doctors, nurses, hospitals, and insurers to refuse non-emergency medical services that conflict with their personal, moral, or religious beliefs. The law, which exempts federally mandated care like emergency treatment, shields providers from legal or professional repercussions and includes protections for whistleblowers reporting ethical violations. It also mandates that state agencies promptly inform providers of complaints that could affect their licensure, with violations potentially leading to legal action and compensation for affected parties.

Introduced on 5 February 2025, the act was championed by Sen. Ferrell Haile (R-Gallatin) and Rep. Bryan Terry (R-Murfreesboro), a physician. During a 12 March session, Rep. Terry, addressing a national shortage of doctors, argued that the legislation protects healthcare professionals from “moral injury” caused by performing procedures they deem harmful. He suggested the act would bolster Tennessee’s ability to attract and retain medical talent while allowing providers to advocate for patients without compromising their principles. “The cornerstone of healthcare is the patient-provider relationship. Providers shouldn’t sacrifice their rights to serve patients effectively,” Terry stated on 25 March. Erica Steinmiller-Perdomo, an attorney with the Alliance Defending Freedom, supported the act, noting it safeguards professionals who object to procedures like voluntary abortions.

Dr. Jonathan Shaw, an OB-GYN who relocated to Tennessee from New England, praised the act during a House Health Committee session. Having felt “pushed out” of his previous practice for refusing to comply with policies like announcing pronouns or performing transgender surgeries, Shaw argued that Tennessee’s law fosters “common sense” policies. “Physicians guided by God-given conscience aren’t erecting barriers but seeking to help patients,” he said, adding that such protections make Tennessee an attractive destination for healthcare professionals.

Not all voices support the act. Dr. Amy Gordon Bono, a Middle Tennessee primary care physician, criticised its broad scope during a House Health Committee meeting, warning of unintended consequences. “Legislation that isn’t patient-centered is morally compromised from the start,” she said, expressing concern that the act could erode trust in healthcare providers. Bono disputed claims that it would address physician shortages, suggesting it might drive professionals away from Tennessee or the medical field entirely. She argued

that true moral injury stems from failing to meet patients' needs consistently. The American Civil Liberties Union of Tennessee echoed these concerns, highlighting risks to vulnerable groups, including LGBTQ+ patients and those seeking reproductive healthcare.

Tennessee's healthcare landscape is already strained, with the highest maternal mortality rate in the U.S. at over 41 deaths per 100,000 live births and a high infant mortality rate, according to the Centers for Disease Control and Prevention. The state's total abortion ban, effective since 2022, has led to a decline in OB-GYNs, with a 2024 study showing a 20.9% drop in obstetrics residency applications. Critics argue that the Medical Ethics Defense Act exacerbates these challenges, particularly in rural areas with limited healthcare options, where patients may struggle to find alternative providers.

The woman's experience underscores a growing tension between individual freedoms and access to care. While supporters view the act as a vital protection for providers' consciences, opponents warn it risks deepening healthcare disparities. As Tennessee navigates this divisive law, the debate over balancing personal beliefs with patient needs remains far from settled.