EXECUTIVE SUMMARY

The second half of the 111th Tennessee General Assembly concluded early morning on June 19, 2020. This year Capitol & 5th tracked 146 bills on behalf of Tennessee Oncology Practice Society, including 57 caption bills. In what could effectively be deemed an “unprecedented” session, lawmakers were forced to pause business for eight weeks in March due to public health concerns arising from the pandemic. In a week’s time, the body passed “essential to function” legislation and an emergency budget. At that time, the fate of pending legislation was unclear.

When the legislature reconvened late May, addressing budget shortfalls was the primary objective for both the Senate and the House; however, both bodies had contrary intentions for their short return to the Capitol. While House members wanted to pursue all remaining legislation, the Senate preferred to take up only COVID-related and revenue generating bills. Naturally, the lack of consensus meant the bodies had competing goals and eventually led to contentious negotiations on large-scale initiatives like telemedicine, CON reform, and COVID-19 liability protections for businesses.

Ultimately, healthcare providers shouldered the brunt of loss this year. While the House championed provider-friendly legislation that passed almost unanimously, that momentum could not be matched by Senate counterparts. Efforts to regulate insurance companies or provide protections for patients nearly all failed or were not taken up for a final vote.

TOPS SUPPORTED LEGISLATION

SB2847/HB2178  INSURANCE GENERAL: Study of impediments to insurance for use of justifiable force.

Sponsors: Sen. Bailey, Paul
Rep. Smith, Robin

A specialty pharmacy initiative proposed by Blue Cross Blue Shield prompted the filing of SB2847/HB2178. Under the rule change, infusion drugs typically administered by a physician would now be required to go through a specialty pharmacy middleman—rather than directly from manufacturer to provider—thereby generating operational challenges for both patient and physician.

In response to the rule change, legislation was proposed that would permit patients the choice to obtain his or her infusion drug from a physician’s office or hospital outpatient infusion center, similar to the mail-order-pharmacy statute already in existence.

The bill had been worked extensively prior to the general assembly’s temporary recess in March, but the Senate sponsor indicated he would no longer like to move forward with the bill after speaking with opposition. The House had initially taken the measure up when they returned late May, but with no advancement in the other chamber it was eventually taken off notice.

SB2132/HB2162  INSURANCE HEALTH: Prohibits health carriers from limiting advanced metastatic cancer treatments.

Sponsors: Sen. Briggs, Richard
Rep. Smith, Robin
A bill reforming the insurance practice of step therapy, or “fail first” process for oncology patients gained notable support this year. As amended, the legislation would prohibit health benefit plans covering advanced metastatic cancer from requiring patients to prove that other drugs were unsuccessful before providing coverage to an FDA approved prescription drug.

Despite generating a fair amount of support in both chambers, the bill fell short of passing this session as it was not deemed high priority enough to be considered by the Senate when they returned from recess.

**SB1892/HB1699 INSURANCE HEALTH: Requires a health insurance entity to cover telehealth services.**

**Sponsors:**
Sen. Swann, Art  
Rep. Smith, Robin

The ongoing initiative to require health insurance entities to cover and reimburse healthcare services was halted again this year due to lack of compromise by the two bodies. The primary point of contention between the Senate and the House was whether to codify the payment mechanism that would allow providers to be paid equal to in-person services.

The bill was one of the few pieces of legislation voted on before the General Assembly recessed back in March, but two versions were passed and would require a conference committee to reconcile the differences. Because the legislation could not be signed by Gov. Bill Lee at that time, an Executive Order was issued which allowed telehealth to be utilized and reimbursed in the manner that HB1699 sought to codify.

After weeks of delay and behind the scenes negotiations, the 6-member joint panel convened and agreed to allow payment parity to continue for 18 months to allow the market to adjust independently as well as broaden eligibility so that more providers under title 63 could utilize telehealth. A majority report was produced and passed the House unanimously on an 89-0 vote. The measure was never taken up in the Senate for a final vote.

**SB2381/HB2623 JUDICIARY: Deadline change for responses under the Tennessee Public Participation Act.**

**Sponsors:**
Sen. Bell, Mike  
Rep. Curcio, Michael

Legislation aimed at protecting businesses and healthcare providers from lawsuits stemming from COVID-19 failed to pass due to lack of majority vote in the House. The measure, named the “Tennessee Recovery & Safe Harbor Act,” was widely considered by both parties to be the most important legislation for the General Assembly to take up in their short return to session. While both chambers agreed the legislation was needed, the dispute derived from the retrospective element of the Senate’s version which some members of the House argued was unconstitutional.

The bodies convened a 10-member conference committee to discuss the merits of retroactivity, ultimately generating a report mirroring the Senate version. Despite rigorous debate, the measure failed on the House floor on a 46-36-6 vote.

**TOPS MONITORED LEGISLATION**

**SB9/HB9**  
**LOCAL GOVERNMENT: Smoking on the grounds of a playground.**

**Sponsors:**  
Sen. Briggs, Richard  
Rep. Staples, Rick

**Summary:**  
Authorizes Knox County to prohibit smoking on the grounds of a playground owned or operated by the local government.

**Amendment Summary:**  
House amendment 1 (005418) rewrites the bill and makes it permissive for any county or city to join in prohibiting smoking on playgrounds owned or operated by a local government with a two-thirds vote by the legislative body of the local government.

**Fiscal Note:**  
(Dated January 31, 2019) Increase Local Expenditures Exceeds $4,800/One-Time/Permissive

**Senate Status:**  
05/02/19 - Senate adopted conference committee report (009311).

**House Status:**  
02/27/20 - House adopted conference committee report.

**Executive Status:**  
03/16/20 - Enacted as Public Chapter 0529 April 7, 2020.

**Priority:**  
1 - Top-tier
SB39/HB222  HEALTH CARE: Release of medical records by healthcare provider.
Summary:  Increases from ten working days to 20 working days the amount of time a healthcare provider has to furnish a copy of a patient’s medical records to the patient or the patient’s personal representative following a written request for the records from the patient or the patient’s personal representative. Broadly captioned.
Fiscal Note:  (Dated January 16, 2019) NOT SIGNIFICANT
Senate Status:  01/19/19 - Referred to Senate Commerce & Labor Committee.
House Status:  01/31/19 - Caption bill held on House clerk's desk.
Priority:  1 - Top-tier

SB160/HB491  GOVERNMENT ORGANIZATION: Sunset - board of medical examiners.
Summary:  Reduces the sunset termination date for the board of medical examiners from June 30, 2020 to June 30, 2019.
Fiscal Note:  (Dated January 28, 2019) NOT SIGNIFICANT
Senate Status:  01/30/19 - Referred to Senate Government Operations Committee.
House Status:  02/06/19 - Referred to House Government Operations Committee.

SB202  HEALTH CARE: Controlled substances to be dispensed in a lockable vial.
Sponsors:  Sen. Briggs, Richard
Summary:  Requires Schedule II opioids, Schedule II stimulants, and Schedule IV benzodiazepines that are prescribed or dispensed with more than three days of medication to be dispensed in a lockable vial. Provides exceptions to the controlled substance being dispensed in a lockable vial if the user has physical limitations that would prevent the person from opening the lockable vial or if the prescription is dispensed in an institutional healthcare setting or long-term care setting. Permits the board of pharmacy to promulgate rules to establish additional exceptions.
Senate Status:  01/29/19 - Withdrawn in Senate after being recalled from Senate Clerk's Desk.

SB254  TENNCARE: Federal waiver to establish VolunteerCare.
Sponsors:  Sen. Kyle, Sara
Summary:  Directs the commissioner of finance and administration to seek a federal waiver to allow the commissioner to enter into a contract with one or more insurers or managed care organizations to provide coverage to person who enroll in the VolunteerCare plan. Establishes the VolunteerCare plan within the TennCare program to make coverage available for any person who is not otherwise eligible for medical assistance under this part and permits persons who are 55 years of age or older to purchase healthcare coverage through the TennCare program.
Fiscal Note:  (Dated January 31, 2019) Other Fiscal Impact If the waiver amendment is approved by CMS, it is assumed the Division of TennCare would experience an increase in state expenditures to administer the program. The extent to which such expenditures will be offset with premiums and copayments from enrollees is unknown. Otherwise, any fiscal impact is considered not significant.
Senate Status:  02/22/19 - Withdrawn in Senate after being recalled from Senate Commerce & Labor Committee.

SB280/HB764  CRIMINAL LAW: Increase age restrictions for tobacco and vapor-related products.
Summary:  Increases age restrictions for tobacco and vapor-related products from 18 years of age to 21 years of age.
Fiscal Note:  (Dated February 18, 2019) Decrease State Revenue - $6,966,100 Decrease Local Revenue - $1,001,700
Senate Status:  02/26/19 - Taken off notice in Senate Commerce & Labor Committee.
House Status:  02/11/19 - Referred to House Public Health Subcommittee.
SB286/HB265  TENNCARE: Notification of material change to info provided on application.
Summary:  Decreases the amount of time an enrollee in the TennCare program has to notify the Bureau of TennCare of any material change to the information provided in the enrollee's application for TennCare benefits from 30 days to 15 days from the material change. Broadly captioned.
Fiscal Note:  (Dated January 31, 2019) NOT SIGNIFICANT
Senate Status:  04/09/19 - Taken off notice in Senate Commerce & Labor Committee.
House Status:  03/11/20 - Taken off notice in House TennCare Subcommittee.
Priority:  1 - Top-tier

SB301/HB1456  CRIMINAL LAW: Prohibits smoking and vaping in cars when a child in a safety seat is present.
Summary:  Prohibits smoking and vaping in a motor vehicle when a child who is secured in a child safety seat or required to be secured in a child safety seat is present in the vehicle.
Fiscal Note:  (Dated February 12, 2019) On February 5, 2019, a fiscal note was issued for this bill. The fiscal note is being corrected because a commerce impact statement was erroneously omitted. The estimated fiscal impact for the legislation remains unchanged. NOT SIGNIFICANT
Senate Status:  02/26/19 - Failed in Senate Commerce & Labor Committee for lack of a motion.
House Status:  02/13/19 - Referred to House Public Health Subcommittee.
Priority:  1 - Top-tier

SB315/HB338  TAXES BUSINESS: Phases out professional privilege tax.
Sponsors:  Sen. Watson, Bo , Rep. Reedy, Jay
Summary:  Declares the privilege tax is payable on June 1 of each tax year, with each tax year beginning on June 1 and ending on May 31. Decreases professional privilege tax from $400 to $300 annually for tax years ending on or after May 31, 2022. Decreases professional privilege tax from $300 to $200 annually for tax years ending on or after May 31, 2025.
Fiscal Note:  (Dated February 4, 2019) Decrease State Revenue Net Impact $23,375,600/FY20-21 $23,375,600/FY21-22 $23,375,600/FY22-23 $93,502,500/FY23-24 and Subsequent Years Decrease State Expenditures $243,600/FY20-21 $243,600/FY21-22 $243,600/FY22-23 $974,400/FY23-24 and Subsequent Years Increase Local Revenue $116,000/FY20-21 $116,000/FY21-22 $116,000/FY22-23 $464,200/FY23-24 and Subsequent Years Other Fiscal Impact To the extent the General Assembly further reduces the privilege tax rate annually through enactment of a general bill, and that such reductions are equal to $100 each year, beginning in FY20-21, the net decreases in state revenue* and increases in local revenue are estimated to be: ($23,375,600) for the state and $116,000 for the locals in FY20-21; ($46,751,300) for the state and $232,100 for the locals in FY21-22; ($70,126,900) for the state and $348,100 for the locals in FY22-23; and ($93,502,500) for the state and $464,200 for the locals in FY23-24 and subsequent years. The net decrease in state expenditures for the state is estimated to be: $243,600 in FY20-21; $487,200 in FY21-22; $730,800 in FY22-23; and $974,400 in FY23-24 and subsequent years. *net decreases in state revenue denoted parenthetically SB 315 HB 338
Senate Status:  04/30/19 - Taken off notice in Senate Finance, Ways & Means Committee.
House Status:  02/05/19 - Referred to House Finance, Ways & Means Subcommittee.

SB322/HB278  INSURANCE HEALTH: Requires drafting of a memorandum of understanding on a comprehensive online healthcare information system.
Sponsors:  Sen. Reeves, Shane , Rep. Daniel, Martin
Summary:  Requires commerce and insurance department draft a memorandum of understanding on development of comprehensive online healthcare information system.
Amendment Summary:  House Insurance Committee amendment 1 (007837) deletes all language after the enacting clause. Requires the Executive Director of the Health Services and Development Agency (HSDA), no later than January 1, 2020, to establish an all payer claims database to support transparent public reporting of healthcare information that enables the Commissioner of the Department of Finance and
Administration (F&A), the Director of the Division of TennCare, the Commissioner of the Department of Mental Health and Substance Abuse Services (DMHSAS), the Commissioner of the Department of Intellectual and Developmental Disabilities (DIDD), the Commissioner of the Department of Health (DOH), and the Commissioner of the Department of Labor and Workforce Development (DLWD) to carry out certain duties pertaining to healthcare.

Fiscal Note:
(Dated March 24, 2019) Increase State Expenditures - $433,200/FY19-20 $866,400/FY20-21 and Subsequent Years Other Fiscal Impact To the extent individual departments are required to provide healthcare information to the system, existing databases will require modifications. The increases in state expenditures associated with such modifications cannot be quantified with reasonable certainty.

Senate Status: 02/18/20 - Senate Commerce & Labor Committee deferred to summer study.
House Status: 04/30/19 - Taken off notice in House Finance, Ways & Means Subcommittee.

SB343/HB534 HEALTH CARE: Decreases the time period a health insurance entity paid a claim and may recoup reimbursement.

Sponsors: Sen. Watson, Bo, Rep. Hill, Timothy
Summary: Decreases the time period after the date that a health insurance entity paid a claim submitted by the healthcare provider by which a health insurance entity may recoup reimbursements to the provider, other than in cases of fraud committed by the healthcare provider from 18 to 12 months.
Amendment Summary: Senate Commerce & Labor Committee amendment 1 (014690) deletes all language after the enacting clause. Requires a hospital, birthing center, community health clinic, outpatient walk-in clinic, fire department that is staffed 24 hours a day, law enforcement facility that is staffed 24 hours, or an emergency medical services facility, to receive possession of an infant left on facility premises if the infant is voluntarily left by a mother in a newborn safety incubator provided by the facility. House Children & Families Subcommittee amendment 1 (015604) deletes all language after the enacting clause. Requires a hospital, birthing center, community health clinic, outpatient walk-in clinic, fire department that is staffed 24 hours a day, law enforcement facility that is staffed 24 hours, or an emergency medical services facility, to receive possession of an infant left on facility premises if the infant was born within the preceding two week period, as determined within a reasonable degree of medical certainty.

Fiscal Note: (Dated February 11, 2019) NOT SIGNIFICANT
Senate Status: 03/11/20 - Senate Health & Welfare Committee deferred to next available calendar.
House Status: 05/26/20 - Taken off notice in House Judiciary Committee.
Executive Status: 03/25/19 - Joint Council on Pensions and Insurance released to standing committees with unfavorable comment.
Priority: 1 - Top-tier

SB348/HB610 INSURANCE HEALTH: Uniform claim forms.

Summary: Authorizes the commissioner of commerce and insurance to make available to healthcare providers on the department's website any prescribed claim form for reporting by healthcare providers. Broadly captioned.
Amendment Summary: House Life & Health Insurance Subcommittee amendment 1 (005352) deletes all language after the enacting clause. Requires a health carrier offering a health benefit plan proving individual or group health insurance coverage to issue the health benefit plan coverage to any eligible individual or employer in this state that applies for the health benefit plan coverage. Requires a health carrier offering a health benefit plan providing individual or small group health insurance coverage to develop its premium rates based on the following: 1) whether the health benefit plan covers an individual or family; 2) rating areas established by the Commissioner of the Department of Commerce and Insurance (DCI); 3) age, as long as the rate does not vary by a factor of more than five to one for adults; and 4) tobacco use, as long as the rate does not vary by a factor of more than one and one-half to one. Prohibits a health carrier providing individual or group health insurance coverage from limiting or excluding coverage for an individual by imposing a preexisting condition...
exclusion on that individual, Deletes various references to preexisting conditions. The proposed legislation applies to policies and contracts that are entered into, renewed, amended, or delivered on or after July 1, 2019.

Fiscal Note: (Dated February 8, 2019) NOT SIGNIFICANT
Senate Status: 04/09/19 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 04/03/19 - Taken off notice in House Life & Health Insurance Subcommittee after adopting amendment 1 (005352).
Priority: 1 - Top-tier

SB366/HB425 COMMERCIAL LAW: Extends deadline for lessees of certain corporations to file reports listing leased properties.
Summary: Extends the deadline to December 1 each year for a lessee or sublessee of a health, educational, and housing facility corporation to file a report listing leased properties and details of the lease and payment in lieu of tax (PILOT) agreements.
Amendment Summary: House Finance, Ways & Means Subcommittee amendment 1 (005066) establishes qualifications which must be met by certain projects in order to be eligible for payment in lieu of tax agreements with certain special purpose corporations.
Fiscal Note: (Dated February 11, 2019) NOT SIGNIFICANT
Senate Status: 04/02/19 - Taken off notice in Senate State & Local Government Committee.
House Status: 04/01/19 - Withdrawn in House.

SB371/HB974 TENNCARE: Decreases time allowed to mail certain changes to TennCare application.
Summary: Decreases time for an enrollee or applicant for medical assistance to mail documentation of a material change affecting the enrollee's or applicant's TennCare application from 30 to 15 days. Broadly captioned.
Fiscal Note: (Dated January 31, 2019) NOT SIGNIFICANT
Senate Status: 02/04/19 - Referred to Senate Health & Welfare Committee.
House Status: 02/07/19 - Caption bill held on House clerk's desk.
Priority: 1 - Top-tier

SB378/HB378 TENNCARE: Authorizes governor to make decisions regarding medical assistance programs.
Summary: Removes requirement for the governor to receive authorization from the general assembly to make decisions pertaining to expanding optional enrollment in medical assistance programs.
Fiscal Note: (Dated February 6, 2019) NOT SIGNIFICANT
Senate Status: 06/03/20 - Taken off notice in Senate Health & Welfare Committee.
House Status: 02/06/19 - Referred to House TennCare Subcommittee.

SB385/HB390 HEALTH CARE: Study on the feasibility of promoting and implementing medical interoperability.
Summary: Requires the department of health to study the feasibility of promoting and implementing medical interoperability in this state. Requires the department to report on its findings and recommendations, along with any legislative or executive actions needed, no later than December 31, 2019.
Fiscal Note: (Dated March 26, 2019) Increase State Expenditures $95,000/One-Time
Senate Status: 02/06/19 - Referred to Senate Health & Welfare Committee.
House Status: 02/06/19 - Referred to House Public Health Subcommittee.

SB387/HB517 INSURANCE HEALTH: Creation of a committee to study managed care organizations.
Summary: Creates a committee to study managed care organizations with goal to study the state expenditures on services for patients in areas of care, including Medicare programs in other states. Requires managed care organizations participating in the TennCare program to submit any information and provide assistance as may be requested by the committee for purposes of the study. Requires the study committee to report whether the expenditures are reasonable along with all other findings and recommendations from the study to the governor and the members of the general assembly by January 1, 2020.

Fiscal Note: (Dated February 8, 2019) Increase State Expenditures Exceeds $6,300/One-Time
Senate Status: 02/06/19 - Referred to Senate Commerce & Labor Committee.
House Status: 02/26/19 - Taken off notice in House Insurance Committee.

SB415/HB1208 INSURANCE HEALTH: Coverage for stem cell therapy.
Summary: Requires every insurer authorized to issue an individual or group accident and sickness insurance policy in this state that provides major medical insurance coverage to make available on an optional basis as part of or as an endorsement to each such policy that is issued or renewed in this state on or after January 1, 2020, coverage for stem cell therapy.

Fiscal Note: (Dated February 20, 2019) Increase State Expenditures - $9,432,000 Potential Impact on Health Insurance Premiums (required by Tenn. Code Ann. 3-2-111): Such legislation will result in an increase in the cost of health insurance premiums for procedures and treatments being provided by plans that do not currently offer these benefits at the proposed mandated levels. It is estimated that the increase to each individuals total premium will be less than one percent. A one percent increase in premium rates could range between $50 (single coverage) and $140 (family coverage) depending on the type of plan.

Senate Status: 02/06/19 - Referred to Senate Commerce & Labor Committee.
House Status: 02/13/19 - Referred to House Life & Health Insurance Subcommittee.

SB462/HB313 INSURANCE HEALTH: Establishes certain minimum coverage requirements for health benefit plans.
Summary: Requires that health benefit plans issued, entered into, or renewed on or after January 1, 2020, provide at a minimum coverage for certain items or services, immunizations, preventive care, and screenings.

Fiscal Note: (Dated February 27, 2019) NOT SIGNIFICANT
Senate Status: 04/09/19 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 04/03/19 - Taken off notice in House Life & Health Insurance Subcommittee.

SB464/HB1050 TENNCARE: Expands governor's authority with medicaid.
Summary: Authorizes the governor to expand medicaid pursuant to the Affordable Care Act. Authorizes the governor to negotiate with the centers for medicare and medicaid services to determine the terms of the expansion.


Senate Status: 04/16/19 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 04/10/19 - Failed in House TennCare Subcommittee.

SB475/HB364 HEALTH CARE: Dispensing of certain controlled substances in a lockable vial.
**Summary:**
Requires a Schedule II opioid, Schedule II stimulant, or Schedule IV benzodiazepine that is prescribed or dispensed with more than three days of medication to be dispensed in a lockable vial. Specifies when the prescription is dispensed in an institutional healthcare setting or long-term care setting, or the drug will be administered to the ultimate user by a healthcare professional that such drug does not have to be dispensed in a lockable vial.

**Amendment Summary:**
House Mental Health & Substance Abuse Subcommittee amendment 1 (005787) which clarifies that a pharmacist or other healthcare professional dispensing a drug shall offer to dispense the prescription in a lockable vial. Makes technical changes.

**Fiscal Note:**
(Dated February 17, 2019) NOT SIGNIFICANT

**Senate Status:**
04/10/19 - Senate Health & Welfare Committee deferred to summer study.

**House Status:**
04/02/19 - House Health Committee deferred to summer study.

**SB486/HB637**  HEATH CARE: Tennessee Medical Cannabis Act.
**Sponsors:**  Sen. Bowling, Janice , Rep. Travis, Ron
**Summary:**  Authorizes access to medical cannabis on a regulated basis for patients with qualifying medical conditions. Licenses and regulates the processes for cultivation, production, distribution, transport, selling, and acquiring cannabis for medical use and research, with cancer, epilepsy, and HIV/AIDS among the classified qualifying conditions for medical marijuana. Prohibits a person from acquiring, possessing, or using medical cannabis without a valid cannabis card. Specifies that to obtain a medical cannabis card, a patient must be 18 years old, provide proof of residency, complete a written form, pay the $65 application fee, and submit a document of recommendation from a healthcare professional or provide medical records of the diagnosis. Requires that the department of agriculture and law enforcement have access to all patient registry, and the cards will have an expiration date of two years. Establishes the medical cannabis commission for regulation of cannabis-related health care. Outlines commission role as well as qualifications for members, allowing them to issue cannabis cards by 2020. Requires commission to make information available online and to track seed-to-sale transactions. Declares a maximum of 12 urban omni licenses available in Tennessee, with a maximum of three of these in Knox, Shelby, Hamilton, or Davidson counties. Establishes a maximum of 12 RUVI licenses available in the state and the rules of operation. Defines the process of legalizing medical marijuana in your county by a two-thirds legislative vote, and the taxation of each licensure in the state (29 pp).

**Fiscal Note:**
(Dated May 22, 2020) Increase State Revenue $2,300/FY20-21/General Fund $907,000/FY21-22/General Fund $2,720,700/FY22-23/General Fund $3,627,600/FY23-24 and Subsequent Years/ General Fund $1,560,000/FY20-21/Medical Cannabis Fund $8,502,500/FY21-22/Medical Cannabis Fund $15,448,900/FY22-23/Medical Cannabis Fund $23,821,400/FY23-24/Medical Cannabis Fund $21,861,600/FY24-25 and Subsequent Years/ Medical Cannabis Fund $2,087,400/FY21-22/Department of Agriculture $6,262,100/FY22-23/Department of Agriculture $8,349,400/FY23-24 and Subsequent Years/ Department of Agriculture $100/FY20-21/Department of State $1,948,200/FY21-22/Permissive $5,844,600/FY22-23/Permissive $7,792,800/FY22-23 and Subsequent Years/Permissive Decrease Local Revenue $467,300/FY20-21 and Subsequent Years Decrease Local Expenditures - $1,794,200/FY20-21 and Subsequent Years

**Senate Status:**
03/12/20 - Set for Senate Judiciary Committee 03/17/20.

**House Status:**
02/13/19 - Referred to House Mental Health & Substance Abuse Subcommittee.

**SB528/HB1125**  HEATH CARE: Outdated provision on infections taskforce.
**Sponsors:**  Sen. Briggs, Richard , Rep. Cochran, Mark
Summary: Deletes provision of code referencing the infections taskforce whose progress reports were due to the general assembly in 2008, 2009, and 2010.

Fiscal Note: (Dated February 10, 2019) NOT SIGNIFICANT

Senate Status: 02/07/19 - Referred to Senate Commerce & Labor Committee.

House Status: 02/11/19 - House sponsor changed from Robin Smith to Mark Cochran.

**SB539/HB698**
**INSURANCE HEALTH: Comprehensive listing of participating providers and facilities.**


Summary: Requires managed health insurance issuers to update the issuer's comprehensive listing available to covered persons and healthcare providers of participating providers and facilities at least every six months for web-based materials instead of annually for printed materials. Broadly captioned.

Fiscal Note: (Dated February 19, 2019) NOT SIGNIFICANT

Senate Status: 02/07/19 - Referred to Senate Commerce & Labor Committee.

House Status: 02/07/19 - Caption bill held on House clerk's desk.

Priority: 1 - Top-tier

**SB541/HB793**
**PROFESSIONS & LICENSURE: Adverse actions against healthcare professionals for recommending hemp-based products.**


Summary: Prohibits adverse administrative action against licenses to practice certain healthcare professions, including chiropractors, dentists, podiatrists, and others based on recommending or marketing industrial hemp-based products. Establishes contingencies for changes in terminology relating to hemp under the federal 2018 Farm Bill.

Fiscal Note: (Dated February 13, 2019) NOT SIGNIFICANT

Senate Status: 02/07/19 - Referred to Senate Health & Welfare Committee.

House Status: 03/05/19 - Returned to House clerk's desk.

**SB619/HB800**
**CRIMINAL LAW: Carrying of handgun by firefighter or emergency medical technician.**


Summary: Permits any person employed in emergency management or as a firefighter or emergency medical technician to carry a handgun while engaged in the performance of the person's official duties. Requires such person to successfully complete a firearm training program of at least eight hours duration on an annual basis.

Fiscal Note: (Dated March 9, 2019) Other fiscal impact Public employers of participating firefighters and EMTs will incur increases in liability insurance premiums; the extent and timing of any such impact cannot be determined with reasonable certainty.

Senate Status: 02/07/19 - Referred to Senate Judiciary Committee.

House Status: 03/13/19 - Taken off notice in House Constitutional Protections & Sentencing Subcommittee.

**SB660/HB755**
**ECONOMIC DEVELOPMENT: Study on recruitment of companies that focus on development of biotechnology and stem cell therapies.**

Sponsors: Sen. Watson, Bo , Rep. Smith, Robin

Summary: Requests the department of economic and community development to study the recruitment of companies that focus on the development of biotechnology and stem cell therapies, research, and development. If such study is conducted, requires the department to report its findings and recommendations on or before February 1, 2020, to the commerce and labor committee of the senate and the commerce committee of the house.

Fiscal Note: (Dated April 3, 2019) NOT SIGNIFICANT

Senate Status: 02/07/19 - Referred to Senate Commerce & Labor Committee.

House Status: 02/11/19 - Referred to House Department & Agencies Subcommittee.

**SB672/HB810**
**PROFESSIONS & LICENSURE: Graduate Physicians Act.**
Requires the board of medical examiners, in consultation with the board of osteopathic examination, to establish the process for licensure of graduate physicians. Define "graduate physician" and specifies that a graduate physician is considered a physician assistant for purposes of the regulations of the Centers for Medicare and Medicaid Services. Also specifies that graduate physicians are subject to the supervision requirements established in any controlling federal law and any supervision requirements established by the board of medical examiners. In order to remain licensed as a graduate physician, requires the graduate physician to successfully complete Step 3 of the United States Medical Licensing Exam (USMLE) no later than one year from the date that the graduate obtained a graduate physician license. Specifies that if the graduate physician does not successfully complete Step 3 of the USMLE, then the graduate physician's license must be revoked. Prohibits a graduate physician from practicing without a graduate physician collaborative practice arrangement. Defines "graduate physician collaborative practice arrangement" as an agreement between a licensed physician and a graduate physician that meets certain requirements. Establishes parameters for graduate physician collaborative arrangements. (12 pp.)

House Facilities, Licensure, & Regulations Subcommittee amendment 1 (004588) redefines "graduate physician collaborative practice arrangement" establishing that this is a one-year agreement that can only be renewed for an additional one-year period. Establishes that the supervision requirements do not apply to physicians assistants or advance practice nurses.

Increase State Revenue - $13,400/FY19-20/Board of Medical Examiners $13,400/FY20-21/Board of Medical Examiners $20,400/FY21-22 and Subsequent Years/ Board of Medical Examiners SB 672 HB 810 Increase State Expenditures Less than $69,300/FY19-20/Board of Medical Examiners Less than $65,000/FY20-21/Board of Medical Examiners Less than $72,000/FY21-22 and Subsequent Years/ Board of Medical Examiners Pursuant to Tenn. Code Ann. 4-29-121, all health related boards are required to be self-supporting over a two-year period. The Board of Medical Examiners had an annual deficit of $4,714 in FY16-17, an annual deficit of $231,445 in FY17-18, and a cumulative reserve balance of $2,467,326 on June 30, 2018.

02/07/19 - Referred to Senate Health & Welfare Committee.
04/02/19 - Taken off notice in House Facilities, Licensure & Regulations Subcommittee.

SB703/HB572 TENNCARE: Extends time for health department to notify TennCare about deaths of persons aged 55 years or older.


Extends the time in which the department of health has to notify the bureau of TennCare of the death of a person aged 55 years of age or older to 30 business days.

(Dated February 8, 2019) NOT SIGNIFICANT

02/07/19 - Referred to Senate Health & Welfare Committee.
02/07/19 - Caption bill held on House clerk's desk.

SB723/HB708 INSURANCE HEALTH: Reimbursement of medical claims.

Sen. Reeves, Shane, Rep. Helton, Esther

Decreases the number of days for a health insurance entity to pay a claim for payment that was electronically submitted from 21 to 14 days. Establishes that a claim by electronic submission for a service approved by the health insurance must be paid the total covered amount of the claim not later than 10 calendar days after receiving the claim, or if only a portion of the claim was approved to pay the approved portion within 10 days and respond to any remaining portion within 14 days.

(Dated February 25, 2019) Increase State Expenditures $398,500 Increase Federal Expenditures - $55,000

04/09/19 - Taken off notice in Senate Commerce & Labor Committee.
04/03/19 - Taken off notice in House Life & Health Insurance Subcommittee.
03/25/19 - Joint Council on Pensions and Insurance released to standing committees with unfavorable comment.
1 - Top-tier
SB738/HB1419  CRIMINAL LAW: Raises minimum age to purchase tobacco or vape products.
Summary: Increases the minimum age from 18 to 21 to purchase any tobacco or vapor products. Creates a Class C misdemeanor offense of selling or distributing any flavored electronic cigarettes. Creates a rebuttable presumption that an electronic cigarette is flavored if a manufacturer or any of the manufacturer’s agents or employees has made a statement or claim directed to consumers or to the public that the electronic cigarette has or produces a characterizing flavor, including, but not limited to, text, color, or images on the product's labeling or packaging that are used to explicitly or implicitly communicate that the electronic cigarette has a characterizing flavor. Increases the tax rate on cigarettes by 1.25 cents per cigarette.
Fiscal Note: (Dated February 24, 2019) Increase State Revenue Net Impact - $85,025,900 Increase Local Revenue Net Impact - $349,800
Senate Status: 04/09/19 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 04/03/19 - Failed in House Public Health Subcommittee.

SB767/HB765  HEALTH CARE: Prescribers of buprenorphine products.
Summary: Permits a prescriber who is not a patient's obstetrical or gynecological provider to prescribe buprenorphine products to certain patients if the prescriber is a member of the same specialty practice group as the patient's obstetrical or gynecological provider.
Fiscal Note: (Dated February 20, 2019) NOT SIGNIFICANT
Senate Status: 04/10/19 - Taken off notice in Senate Health & Welfare Committee.
House Status: 02/19/20 - Taken off notice in House Mental Health & Substance Abuse Subcommittee.

SB774/HB1106  INSURANCE GENERAL: Tennessee Preexisting Conditions Protection Act.
Summary: Prohibits a medicare supplement policy or certificate from excluding or limiting benefits for losses incurred because of a preexisting condition. Current law specifies benefits cannot be limited for losses incurred more than six months from the effective date of coverage due to a preexisting condition. Also specifies that health benefit plans covering small employers cannot impose a preexisting condition exclusion to limit or deny coverage. Prohibits a group health plan and a health insurance issuer offering group health insurance coverage from imposing a preexisting condition exclusion, with respect to a participant or beneficiary. Make various other revisions regarding preexisting conditions.
Fiscal Note: (Dated February 9, 2019) Increase State Expenditures Not Significant Other Fiscal Impact An increase in premiums for Medicare Supplement and Long-term Care plans will result in an increase in premium tax revenue. The amounts and timing of any increased revenue cannot be reasonably quantified. Potential Impact on Health Insurance Premiums (required by Tenn. Code Ann. 3-2-111): The proposed legislation could result in an increase in the cost of health insurance premiums for Medicare Supplement and Long-Term Care insurance consumers. Any increase as a result of the proposed legislation cannot be quantified due to the multiple factors equated to insurance premiums and could vary greatly within each individual plan.
Senate Status: 02/07/19 - Referred to Senate Commerce & Labor Committee.
House Status: 02/13/19 - Referred to House Life & Health Insurance Subcommittee.
Executive Status: 03/11/19 - Joint Council on Pensions and Insurance released to standing committees with unfavorable comment.

SB791/HB935  PROFESSIONS & LICENSURE: Per-encounter opioid treatment.
Summary: Clarifies that per-encounter opioid treatment by a healthcare practitioner is an exception to the prohibition on treatment of a patient with an opioid more frequently than every 10 days. Broadly captioned.
SB811/HB845  ENVIRONMENT & NATURE: Regulatory oversight regarding effluents when federal government lacks funds.


Summary: Requires state assume regulatory oversight over effluents during periods when the federal government lacks adequate funds to exercise such responsibilities.

Amendment Summary: House amendment 1 (018106) deletes all language after the enacting clause. Exempts soil intended for use or reuse as soil from being defined as discarded material constituting “waste.” Effective October 1, 2020. Senate amendment 2 (016867) deletes all language after the enacting clause. Exempts soil intended for use or reuse as soil from being defined as discarded material constituting “waste.”

Fiscal Note: (Dated March 14, 2019) NOT SIGNIFICANT

Senate Status: 06/11/20 - Senate concurred in House amendment 1 (018106).

House Status: 06/10/20 - House passed with amendment 1 (018106), which deletes all language after the enacting clause. Exempts soil intended for use or reuse as soil from being defined as discarded material constituting “waste.” Effective October 1, 2020.

Executive Status: 06/23/20 - Signed by governor.

SB849/HB1459  CRIMINAL LAW: Raises age to access or use tobacco and vape products.

Sponsors: Sen. Hensley, Joey, Rep. Gant, Ron

Summary: Raises the age to access or use tobacco and vapor products from 18 to 21 years of age.

Fiscal Note: (Dated February 24, 2019) Decrease State Revenue - $6,966,100 Decrease Local Revenue - $1,001,700

Senate Status: 01/14/20 - Senate Commerce & Labor Committee deferred to 02/04/20.

House Status: 04/16/19 - Returned to House clerk's desk.

SB884/HB1377  PROFESSIONS & LICENSURE: Doctor of Medical Science Act.


Summary: Establishes procedure for an applicant to receive a doctor of medical science license. Requires the board of medical examiners to grant an applicant such a license if the applicant meet the following criteria: (1) previously has been licensed and served in clinical practice for at least three years in one or more states as a physician assistant; (2) is a graduate of a minimum two-year doctor of medical science program accredited by a regional body under the United States department of education; (3) has successfully completed the examination on the certification of doctors of medical science, with the examination determined by the board; and (4) provides satisfactory evidence of an affiliation or association with a hospital, group practice, or a list of physicians with medical expertise outside the expertise of the person seeking licensure as a doctor of medical science. For renewal of license, requires licensees to present satisfactory evidence to the board of medical examiners' committee on doctors of medical science that the licensee in the year preceding the application for renewal successfully completed 100 hours of continuing medical education.

Fiscal Note: (Dated March 5, 2019) Increase State Revenue $18,000/FY19-20/Board of Medical Examiners $12,300/FY20-21/Board of Medical Examiners $22,600/FY21-22/Board of Medical Examiners $19,400/FY22-23 and Subsequent Years/Board of Medical Examiners Increase State Expenditures Less than $84,500/FY19-20/Board of Medical Examiners Less than $74,500/FY20-21/Board of Medical Examiners Less than $84,800/FY21-22/Board of Medical Examiners Less than $81,500/FY22-23 and Subsequent Years/Board of Medical Examiners Other Fiscal Impact Pursuant to Tenn. Code Ann. 4-29-121, all health related boards are required to be self-supporting over a two-year period. Any substantial increase in expenditures to the Board may result in an increase in licensure fees in order to remain self-supporting. The Board of Medical Examiners had an annual
deficit of $4,714 in FY16-17, an annual deficit of $231,445 in FY17-18, and a cumulative reserve balance of $2,467,326 on June 30, 2018. SB 884 HB 1377

Senate Status: 03/19/19 - Set for Senate State & Local Government Committee.
House Status: 02/13/19 - Referred to House Facilities, Licensure & Regulations Subcommittee.

SB905/HB721 HEALTH CARE: TACIR study regarding inspection, testing, and quarantine of property where fentanyl found.
Summary: Directs TACIR to conduct a study regarding the inspection, testing, and quarantine of property where fentanyl or its analogues are found in this state and report the findings to the health committees by January 1, 2020. Requires all appropriate state department and agencies to provide assistance to TACIR in connection with the study.
Fiscal Note: (Dated February 13, 2019) NOT SIGNIFICANT
Senate Status: 02/11/19 - Referred to Senate Health & Welfare Committee.
House Status: 02/11/19 - Referred to House Mental Health & Substance Abuse Abuse Subcommittee.

SB932/HB1335 CRIMINAL LAW: Local regulation of products containing nicotine.
Summary: Authorizes any municipality, county, airport authority, or certain utility districts to regulate the use of tobacco products in public places, places of employment, and parks. Specifies that a regulation implemented pursuant to this bill by a local government entity shall not be less restrictive than that required by state law.
Amendment Summary: Senate amendment 2, House Local Committee amendment 1 (005957) rewrites the bill to authorize municipalities, counties, or counties with a metropolitan government to prohibit the use of tobacco and vapor products in building and on property owned and leased by such entities including public sidewalks and in and around hospitals. Authorizes airport authorities and some utility districts to regulate tobacco on their property.
Fiscal Note: (Dated February 20, 2019) Increase Local Expenditures Exceeds $30,000/One-Time/Permissive
Senate Status: 04/11/19 - Senate passed with amendment 2 (005957).
House Status: 03/27/19 - House Local Committee deferred to summer study after adopting amendment 1 (005957).

Summary: Establishes that the department will submit an amendment to the medical assistance plan to permit the expansion of medical assistance eligibility for the purpose of implementing a Medicaid buy-in program for people with disabilities who are in the basic coverage group or medical improvement group. Defines the eligibility requirements and that there is no income or asset limitation for a participant in the Medicaid buy-in program. Authorizes the department to promulgate rules necessary to implement and administer the Medicaid buy-in program.
Fiscal Note: (Dated April 2, 2019) Increase State Expenditures $9,801,500 Increase Federal Expenditures - $18,506,000
Senate Status: 02/11/19 - Referred to Senate Commerce & Labor Committee.
House Status: 02/11/19 - Referred to House TennCare Subcommittee.
Priority: 1 - Top-tier

Summary: Requires the commissioner of health to examine changes in prices for essential generic drugs in prescription drug programs operated by state government for the period of the last five fiscal years. Requires the commissioner of commerce and insurance to examine issues relating to requiring price
transparency in prescription drug pricing. Both reports must be presented on or before January 15, 2020, with recommendations to legislation.

Fiscal Note: (Dated March 15, 2019) NOT SIGNIFICANT

Senate Status: 04/09/19 - Taken off notice in Senate Commerce & Labor Committee.

House Status: 02/11/19 - Referred to House Mental Health & Substance Abuse Subcommittee.

Executive Status: 03/18/19 - Joint Council on Pensions and Insurance recommended.

SB974/HB1094 TENNCARE: Federal waiver to establish VolunteerCare.


Summary: Allows the commissioner of finance and administration to enter into a contract with one or more insurers to provide coverage to those who enroll in the VolunteerCare plan and to grant a person aged 55 or older, ineligible for coverage through medicare, to purchase coverage through VolunteerCare. Requires the commissioner to establish the VolunteerCare plan within TennCare. Defines coverage granted by VolunteerCare.

Fiscal Note: (Dated February 9, 2019) Other Fiscal Impact If the waiver amendment is approved by Centers for Medicare & Medicaid Services (CMS), it is assumed the Division of TennCare would experience an increase in state expenditures to administer the program. The extent to which such expenditures will be offset with premiums and copayments from enrollees is unknown. Otherwise, any fiscal impact is considered not significant.

Senate Status: 04/09/19 - Taken off notice in Senate Commerce & Labor Committee.

House Status: 04/10/19 - Taken off notice in House TennCare Subcommittee.

SB987/HB1179 TENNCARE: Removes the use of state-funded pharmacy benefits managers.

Sponsors: Sen. Reeves, Shane, Rep. Terry, Bryan

Summary: Removes the use of state-funded pharmacy benefits managers.

Fiscal Note: (Dated March 2, 2019) Increase State Expenditures $44,580,700 Increase Federal Expenditures $3,533,600 Increase Local Expenditures $6,750,000*

Senate Status: 04/02/19 - Taken off notice in Senate Commerce & Labor Committee.

House Status: 04/03/19 - Taken off notice in House Life & Health Insurance Subcommittee.

Executive Status: 03/04/19 - Joint Council on Pensions and Insurance released to standing committees with unfavorable comment.

SB1023/HB1457 HEALTH CARE: Deletion - obsolete health department recommendations.

Sponsors: Sen. Reeves, Shane, Rep. Ramsey, Bob

Summary: Deletes an obsolete provision for the health department to make certain recommendations by January 10, 2010. Broadly captioned.

Fiscal Note: (Dated February 10, 2019) NOT SIGNIFICANT

Senate Status: 02/11/19 - Referred to Senate Health & Welfare Committee.

House Status: 02/11/19 - Caption bill held on House clerk's desk.

SB1029/HB1430 TENNCARE: Medicaid expansion.

Sponsors: Sen. Yarbro, Jeff, Rep. Stewart, Mike

Summary: Authorizes the governor to expand medicaid pursuant to the Affordable Care Act. Authorizes the governor to negotiate with the centers for medicare and medicaid services to determine the terms of the expansion.


Senate Status: 04/16/19 - Taken off notice in Senate Commerce & Labor Committee.

House Status: 04/10/19 - Taken off notice in House TennCare Subcommittee.
SB1033/HB1191 INSURANCE GENERAL: Effective date of a commercial risk insurance policy cancellation.

Summary: Extends the effective date of a commercial risk insurance policy cancellation from 15 days after notice is mailed. Broadly captioned.
Amendment: House Insurance Committee amendment 1, Senate Commerce & Labor Committee amendment 1 (015100) deletes all language after the enacting clause. Allows an employer to pre-enroll an employee in a group disability income protection policy and commence payroll deduction to pay a premium without obtaining affirmative agreement in certain circumstances. Requires that any tax payer doing business in Tennessee who has a tax liability be allowed a tax credit against the excise tax imposed. Establishes credit schedule for this purpose.
Fiscal Note: (Dated February 11, 2019) NOT SIGNIFICANT
Senate Status: 06/02/20 - Senate Finance, Ways & Means Committee deferred to 12/01/20.
House Status: 06/15/20 - House Calendar & Rules Committee deferred to last calendar.
Priority: 1 - Top-tier

SB1034/HB1114 JUDICIARY: Passive investors in healthcare liability actions.

Summary: Redefines "passive investor" as an individual or entity with an ownership interest of under five percent in a licensee.
Fiscal Note: (Dated February 22, 2019) NOT SIGNIFICANT
Senate Status: 04/09/19 - Taken off notice in Senate Judiciary Committee.
House Status: 02/13/19 - Referred to House Civil Justice Subcommittee.

SB1049/HB1259 TENNCARE: Medicaid expansion for residents with opioid addictions.

Summary: Requires the TennCare bureau submit to the federal health and human services department a Section 1115 waiver that would expand medicaid eligibility to residents who suffer from an opioid addiction and earn less than 138 percent of the federal poverty level if eligibility only lasts for the duration of the person's involvement in a substance abuse treatment program. Broadly captioned.
Fiscal Note: (Dated March 26, 2019) Increase State Expenditures - $111,285,400/FY19-20 $64,319,400/FY20-21 and Subsequent Years Increase Federal Expenditures - $210,116,500/FY19-20 $121,440,600/FY20-21 and Subsequent Years
Senate Status: 04/02/19 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 02/13/19 - Referred to House TennCare Subcommittee.
Priority: 1 - Top-tier

SB1050/HB1019 PUBLIC FINANCE: Grant payments under grant assistance program for nursing home care.

Sponsors: Sen. Watson, Bo, Rep. Lynn, Susan
Summary: Authorizes grant payments under the grant assistance program for nursing home care to be made either monthly or quarterly. Broadly captioned.
Fiscal Note: (Dated February 8, 2019) NOT SIGNIFICANT
Senate Status: 04/30/19 - Taken off notice in Senate Finance, Ways & Means Committee.
House Status: 02/13/19 - Referred to House Finance, Ways & Means Subcommittee.
Priority: 1 - Top-tier

SB1070/HB1109 HEALTH CARE: Study of healthcare access and status in certain areas.

Sponsors: Sen. Dickerson, Steven, Rep. Powell, Jason
Summary: Requires health commissioner study healthcare access and healthcare status of populations affected by the implementation of Chapter 1043 of the Public Acts of 2016. Broadly captioned.
Fiscal Note: (Dated March 26, 2019) NOT SIGNIFICANT
Senate Status: 02/11/19 - Referred to Senate Commerce & Labor Committee.
SB1081/HB752 HEALTH CARE: Recipient of organ transplant can examine genetic records of donor.
Sponsors: Sen. Dickerson, Steven, Rep. Smith, Robin
Summary: Permits the recipient of an organ transplant and referral hospital to examine all genetic records of the donor or prospective donor unless prohibited by law.
Fiscal Note: (Dated February 20, 2019) NOT SIGNIFICANT
Senate Status: 03/11/20 - Senate Health & Welfare Committee deferred to summer study.
House Status: 05/27/20 - Taken off notice in House Public Health Subcommittee.

SB1091/HB573 HEALTH CARE: Forms for unlawful attempts to gain controlled substances.
Sponsors: Sen. Dickerson, Steven, Rep. Terry, Bryan
Summary: Eliminates deadline for the controlled substance database advisory committee to develop a form that health care providers can use to make reports which had formerly been no later than August 1, 2010. Broadly captioned.
Fiscal Note: (Dated February 10, 2019) NOT SIGNIFICANT
Senate Status: 02/11/19 - Referred to Senate Judiciary Committee.
House Status: 04/10/19 - Returned to House clerk's desk.
Priority: 1 - Top-tier

SB1121/HB1341 HEALTH CARE: Meetings to allow public discussion of new developments in the practice of polysomnography.
Summary: Deletes an obsolete provision requiring the polysomnographic professional standards committee to conduct a meeting each year between 2007 and 2010 to allow public discussion of polysomnography. Broadly captioned.
Fiscal Note: (Dated February 8, 2019) NOT SIGNIFICANT
Senate Status: 02/11/19 - Referred to Senate Commerce & Labor Committee.
House Status: 02/11/19 - Caption bill held on House clerk's desk.

SB1132/HB1155 INSURANCE GENERAL: Assumption of risk by a captive insurance company.
Summary: Designates the assumption of risk by a captive insurance company under a service contract issued by a parent or affiliate as reinsurance. Broadly captioned.
Fiscal Note: (Dated March 11, 2019) NOT SIGNIFICANT
Senate Status: 02/11/19 - Referred to Senate Commerce & Labor Committee.
House Status: 02/11/19 - Caption bill held on House clerk's desk.
Priority: 1 - Top-tier

SB1133/HB727 INSURANCE HEALTH: External review in cases where a person has received a cancer diagnosis.
Summary: Specifies that if the aggrieved person does not receive notification of the decision of the expedited external review within 72 hours after the receipt of the request for the expedited external review, the recommended healthcare services or treatment is deemed to be approved and the health carrier's decision is reversed. Requires there to be no event where the aggrieved person be notified of eligibility determination and external review more than 72 hours after the health carrier receives the notice of the request for expedited external review. Requires any request relating to a covered person's diagnosis of cancer must be treated as an urgent care request.
Fiscal Note: (Dated February 19, 2019) NOT SIGNIFICANT
Senate Status: 02/11/19 - Referred to Senate Commerce & Labor Committee.
SB1142/HB1121 PROFESSIONS & LICENSURE: Annual report of board of examiners in psychology submitted to governor.

Summary: Authorizes the board of examiners in psychology to submit its annual report to the governor in electronic form. Broadly captioned.
Amendment Summary: Senate amendment 1, House Health Committee amendment 1 (003646) deletes all language after the enacting clause. Creates the Psychology Interjurisdictional Compact Act to authorize and regulate telepsychological practice across state lines. Authorizes temporary, in-person, face-to-face psychology services for 30 calendar days within a year in a state in which a psychologist is not licensed to practice psychology. Defines a "Home State" as the Compact State where a psychologist is licensed to practice psychology. Defines a "Distant State" as the Compact State where a psychologist is physically present to provide temporary, in-person, face-to-face psychological services. Defines a "Receiving State" as the Compact State where the client/patient is physically located when the telepsychological services are delivered. Requires a Home State's Psychology Regulatory Authority to investigate and take appropriate action, when inappropriate conduct by a licensee practicing telepsychology which occurred in a Receiving State is reported, in the same manner as it would if such conduct had occurred within the Home State. In such cases, the Home State's law is used in determining any adverse action against a psychologist's license. Requires a Distant State's Psychology Regulatory Authority to investigate and take appropriate action, when inappropriate conduct engaged in by a psychologist practicing under Temporary Authorization Practice which occurred in a Distant State is reported, in the same manner as it would if such conduct had occurred within the Home State. In such cases, Distante State's law is used in determining any adverse action against a psychologist's Temporary Authorization to Practice. Establishes the Psychology Interjurisdictional Compact Commission (Commission) to govern and oversee the practice of telepsychology and temporary practice of psychology in all Compact States. Requires one voting representative be appointed by each state. Authorizes the Commission to levy and collect an annual assessment from each Compact State to cover the costs of the operations, activates and staff in its annual budget as approved each year. Requires the Commission to secure adequate funding for and prior to incurring any obligation. Establishes that this Compact will become effective on the date which the Compact is enacted into law in the seventh Compact State.

Fiscal Note: (Dated February 7, 2019) NOT SIGNIFICANT
Senate Status: 02/10/20 - Senate passed with amendment 1 (003646).
House Status: 06/16/20 - Set for House Finance, Ways & Means Subcommittee Calendar 2 06/16/20.
Priority: 1 - Top-tier

SB1187/HB769 EDUCATION: Annual report on self-administered medications and healthcare procedures.

Summary: Changes from October 31 to October 1 the date by which the departments of education and health are required to jointly compile an annual report to the governor and the general assembly of self-administered medications and healthcare procedures. Broadly captioned.
Amendment Summary: Senate Education Committee amendment 1, House Education Committee amendment 1 (006601) requires the education department create a literacy coach pilot program to begin in the 2019-2020 school year and conclude at the end of the 2022-2023 school year for the purpose of awarding grants to eligible districts for the provision of school-based coaches in literacy and math for teachers in pre-kindergarten through grade three that focus on improving instructional quality and coherence in Tennessee's lowest performing elementary schools. Requires the department develop a grant application program and requires that eligible districts match the grant, totaling $39,000, on a dollar-for-dollar basis. Requires that the school-based coaches possess a valid license to teach and serve for 3 academic years providing in-depth coaching on high-literacy practices, and in the third year of the program, provide in-depth coaching in mathematics. Requires that school-based coaches have experience as a highly effective teacher, demonstrated knowledge of child development, and the
ability to pass a foundations of reading test. Requires the department contract with a high-quality vendor with experience in coaching classroom teachers on curricula and formative assessments, using data to analyze and improve instruction, on conducting instructional reviews, classroom observations, and student work analysis, to create a training program for school-based coaches, which each school-based coach must participate in. Requires the department create a coaching network for school-based coaches which, at least twice yearly, will provide school-based coach evaluations that reflect progress for each grade level. Requires the department report their findings and recommendations to the education committees of both legislative houses by July 1, 2024.

Fiscal Note: (Dated February 21, 2019) NOT SIGNIFICANT
Senate Status: 04/30/19 - Taken off notice in Senate Finance, Ways & Means Committee.
House Status: 04/30/19 - Taken off notice in House Finance, Ways & Means Subcommittee.
Priority: 1 - Top-tier

SB1200/HB1454 CRIMINAL LAW: Raises age limit of persons allowed to use tobacco and vape products.
Sponsors: Sen. Reeves, Shane , Rep. Ramsey, Bob
Summary: Increases age of persons allowed to use tobacco and vapor products from 18 years of age to 21 years of age.
Amendment Summary: House Public Health Subcommittee amendment 1 (003974) expands the definition of smoking devices to include vapor devices, and remove penalties for purchasers under the age of 21 and increase penalties for vendors selling to individuals under the age of 21. Requires persons who sell tobacco products to obtain a retail tobacco license from the department before engaging in the sales. Orders the commissioner to promulgate the rules to establish the qualifications for the issuance of a retail tobacco license including the establishment of a fee in order to ensure the department's enforcement and licensing activities are fully funded. Allows suspension of licenses by the commissioner and during such suspension, a person must not sell any tobacco products.
Fiscal Note: (Dated February 22, 2019) Decrease State Revenue - $3,483,000/FY19-20 $6,966,100/FY20-21 and Subsequent Years Decrease Local Revenue - $500,800/FY19-20 $1,001,700/FY20-21 and Subsequent Years
Senate Status: 04/09/19 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 03/13/19 - Returned to House clerk's desk after adopting amendment 1 (003974).

SB1204 LABOR LAW: Continuing education requirements of healthcare prescribers.
Sponsors: Sen. Crowe, Rusty ,
Summary: Creates an exception to the two-hour biennial continuing education requirement for controlled substance prescriptions for licensed prescribers in medical education program teaching roles who do not examine patients or prescribe controlled substances.
Fiscal Note: (Dated March 27, 2019) NOT SIGNIFICANT
Senate Status: 02/11/19 - Referred to Senate Health & Welfare Committee.

SB1208/HB685 HEALTH CARE: Requires report on incidence of sudden infant death syndrome.
Summary: Requires the commissioner of health to report to the senate health and welfare committee and the health committee of the house of representatives concerning the incidence of sudden infant death syndrome and any other unexplained causes of infant and child death in the state since the passage of the Sudden, Unexplained Child Death Act. Broadly captioned.
Fiscal Note: (Dated February 7, 2019) NOT SIGNIFICANT
Senate Status: 03/17/20 - Set for Senate Health & Welfare Committee 03/18/20.
House Status: 02/07/19 - Caption bill held on House clerk's desk.
Priority: 1 - Top-tier

SB1215/HB1010 INSURANCE HEALTH: Restrictions on coverage of off-label drugs by insurers.
**Summary:**
Removes that some insurers will deny payment for drugs approved by the FDA when used for off-label use, while other insurers do pay for off-label use. Deletes clause of coverage of off-label drugs will not apply to a governmentally funded health care program, if the program requires the provision of medically necessary services. Deletes definitions of medical literature and standard reference compendia, in regards to insurance coverage on off-label drugs. Deletes clause on an insurer excluding coverage on an FDA non-approved drug if the drug is recognized for treatment of the indication in one of the standard reference compendia, or in the medical literature. Deletes clause that coverage for off-label uses of approved drugs shall not be constructed to alter existing law with regard to provisions limiting the coverage of drugs that have not been approved by the FDA.

**Amendment Summary:**
House Life & Health Insurance Subcommittee amendment 1 (007523) deletes and rewrites the bill. Establishes that reimbursement for a drug pursuant to a health insurance policy or prescription drug benefit must not be denied on the basis that the drug is not indicated for use with the covered patient’s medical condition or disease if the drug is prescribed to the patient to treat or manage the symptoms of a rare disease by a licensed physician acting in good faith medical judgement. Defines "rare disease or condition" as affecting less than 200,000 people in the United States or affecting more than 200,000 people and for which there is no reasonable expectation that the cost of developing and making available in the United States a drug for the disease or condition will be recovered from sales of the drug in the United States.

**Fiscal Note:**
(Dated March 9, 2019) Increase State Expenditures - $15,685,400 Increase Federal Expenditures - $101,300 Increase Local Expenditures Exceeds $2,462,900*

**Senate Status:**
04/16/19 - Taken off notice in Senate Commerce & Labor Committee.

**House Status:**
04/15/19 - Returned to House clerk's desk.

**Executive Status:**
03/25/19 - Joint Council on Pensions and Insurance released to standing committees with unfavorable comment.

**SB1222/HB1376 INSURANCE HEALTH: Informing patients about health insurance acceptance.**

**Sponsors:**

**Summary:**
Requires healthcare providers and healthcare facilities, prior to providing a healthcare service to any patient, to inform the patient or the patient’s legal representative whether any insurance policy the patient may have is accepted by the provider and if the provider is in-network. Provides an exception for patients experiencing medical emergencies.

**Fiscal Note:**
(Dated February 28, 2019) NOT SIGNIFICANT

**Senate Status:**
02/11/19 - Referred to Senate Commerce & Labor Committee.

**House Status:**
03/27/19 - Taken off notice in House Life & Health Insurance Subcommittee.

**SB1228/HB1254 GOVERNMENT CONTRACTS: Discrimination on the basis of second amendment-related activity.**

**Sponsors:**

**Summary:**
Prohibits the state or any executive branch state agency from entering into a contract for goods or services or awarding grants or tax subsidies to a business entity that engages in discrimination on the basis of second amendment-related activity.

**Fiscal Note:**
(Dated April 5, 2019) NOT SIGNIFICANT

**Senate Status:**
02/11/19 - Referred to Senate State & Local Government Committee.

**House Status:**
02/13/19 - Referred to House Department & Agencies Subcommittee.

**Priority:**
1 - Top-tier

**SB1274/HB1237 JUDICIARY: Excusing a physician from jury service.**

**Sponsors:**
Sen. Pody, Mark , Rep. Griffey, Bruce

**Summary:**
Requires a judge or jury coordinator upon request to excuse any practicing physician from jury service upon request. A physician making a request to be excused from jury service must provide the court with documentation verifying that the person is a physician licensed to practice medicine.

**Fiscal Note:**
(Dated March 14, 2019) NOT SIGNIFICANT

**Senate Status:**
03/19/19 - Taken off notice in Senate Judiciary Committee.
SB1296/HB962  INSURANCE HEALTH: Website mechanism enabling enrollee to request info on carrier’s payments to network entities or providers.

Summary: Requires a health insurance carrier to establish an interactive mechanism on its publicly accessible website that enables an enrollee to request and obtain the payments made by the carrier to network entities or providers for comparable healthcare services, as well as quality data for those providers. The interactive mechanism must allow an enrollee seeking information about the cost of a particular healthcare service to compare allowed amounts among network providers, estimate out-of-pocket costs applicable to that enrollee's health plan, and the average paid to a network provider for the procedure or service under the enrollee's health plan within a reasonable time frame within one year. The out-of-pocket estimate must provide a good faith estimate of the amount the enrollee will be responsible to pay out-of-pocket for a proposed non-emergency procedure or service that is a medically necessary covered benefit from a carrier’s network provider, including any copayment, deductible, coinsurance, or other out-of-pocket amount for any covered benefit, based on the information available to the carrier at the time the request is made. Orders sufficient information regarding the proposed non-emergency admission, procedure, or service for the patient to receive a cost estimate from the patient's insurance carrier to identify out-of-pocket costs which could be through an applicable toll-free telephone number or website upon request within two working days. Specifies compliance for a carrier offering a health plan by January 1, 2020.

Fiscal Note: (Dated March 13, 2019) NOT SIGNIFICANT

Senate Status: 02/11/19 - Referred to Senate Commerce & Labor Committee.
House Status: 02/11/19 - Referred to House Life & Health Insurance Subcommittee.

SB1306/HB78  CRIMINAL LAW: Increases fine for failing to report abortion requests on minors.

Summary: Increases the fine on physicians who fail to report illegal abortions on children younger than 13 from $500 to $1,000 for the first offense and from $1,000 to $1,500 for the second offense.

Fiscal Note: (Dated February 2, 2019) NOT SIGNIFICANT

Senate Status: 02/11/19 - Referred to Senate Judiciary Committee.
House Status: 04/16/19 - Taken off notice in House Health Committee.
Priority: 1 - Top-tier

SB1369/HB910  INSURANCE HEALTH: Prohibits HMO payment denial for preventative and diagnostic services.

Summary: Prohibits an HMO from denying payment for preventative and diagnostic services provided by primary care providers or through a provider’s supervision of auxiliary personnel. Requires insurance, health and accident commissioner report violations to the general assembly.

Amendment Summary: House TennCare Subcommittee amendment 1 (007417) deletes and replaces language un the original bill that changes, from the 30th day following the Commissioner of DCI's report to the General Assembly, to the 180th day following the Commissioner of DCI's report to the General Assembly, that timeframe in which an HMO is to be automatically expelled from the TennCare program if found guilty of a violation.

Fiscal Note: (Dated February 27, 2019) NOT SIGNIFICANT

Senate Status: 04/01/19 - Referred to Senate Calendar Committee.
House Status: 01/22/20 - Withdrawn in House.

SB1390/HB541  HEALTH CARE: Revises certain requirements for obtaining a certificate of need.

Sponsors: Sen. Bell, Mike, Rep. Hall, Mark
Summary: Removes the establishment of a satellite emergency department facility by a hospital at location other than the hospital's main campus from the requirement to obtain a certificate of need. Removes cardiac catheterization as a healthcare service requiring a certificate of need.
Fiscal Note: (Dated February 28, 2019) Decrease State Revenue -- $89,700/Health Services and Development Agency Other Fiscal Impact Pursuant to Tenn. Code Ann. 68-11-1623(b), the Health Services Development Agency (HSDA) is required to be self-sufficient. As of February 22, 2019, the HSDAs account balance is estimated to be approximately $400,000 with an additional reserve fund balance of approximately $1,100,000. The HSDA may increase fees for other certificate of need applicants in the future, if necessary, to remain self-sufficiency.

Senate Status: 02/11/19 - Referred to Senate Commerce & Labor Committee.
House Status: 03/05/19 - Taken off notice in House Facilities, Licensure & Regulations Subcommittee.

SB1431/HB520 PROFESSIONS & LICENSURE: Education requirements for licensure for funeral directors, embalmers, and apprentices.
Summary: Allows a HiSET diploma to fulfill education requirements for licensure or registration of funeral directors, embalmers, and their apprentices.
Fiscal Note: (Dated February 13, 2019) NOT SIGNIFICANT
Senate Status: 04/16/19 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 02/07/19 - Caption bill held on House clerk's desk.

Summary: Establishes that committees must submit recommendations to the governor and the general assembly no later than February 1 after their annual review of the Tennessee Act of 2006.
Fiscal Note: (Dated February 7, 2019) NOT SIGNIFICANT
Senate Status: 04/16/19 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 01/24/19 - Caption bill held on House clerk's desk.

SB1436/HB65 INSURANCE HEALTH: Time frame for HMO to request a hearing.
Summary: Increases the days within a respondent may request a hearing on the question of whether acts or practices were in violation of the Health Maintenance Organization Act of 1986 from 15 days to 30 days.
Fiscal Note: (Dated February 7, 2019) NOT SIGNIFICANT
Senate Status: 04/16/19 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 01/24/19 - Caption bill held on House clerk's desk.
Priority: 1 - Top-tier

SB1444/HB720 HEALTH CARE: Reimbursement of healthcare providers.
Summary: Requires a written request for a hospital to provide a more detailed statement of services received and expenses incurred by a patient be received by the hospital within one year of the patient's discharge in order for the hospital to be required to respond. Broadly captioned.
Amendment Summary: House Life & Health Insurance Subcommittee amendment 1 (007390) entitles LEAs to bill for medically necessary services. A plan of care establishes medical necessity and qualifies for prior authorization for all covered services described in the plan of care. If a covered service is provided by an employee of an LEA or by a third party, then the LEA is entitled to the prevailing federal financial participation (FFP) rate multiplied by the in-network fee schedule published by the payer. Requires the payer to provide the fee schedule to the LEA upon request. Orders the LEA to execute a provider agreement with the payer to be eligible for payment. The payer must not deny an LEA request to become a registered provider and to be included in the payer network unless the LEA fails to satisfy reasonable credentialing requirements. Requires a payer not use calculations that determine the adequacy of payer networks or network sufficiency to prohibit or effectively prohibit the enrollment of an LEA as a provider.
SB1466/HB300 HEALTH CARE: Encourages finance and administration commissioner consult with TennCare advisory committee about impact of policies.
Summary: Encourages the commissioner of finance and administration to consult the TennCare advisory commission concerning the impact of policies and procedures on providers with respect to home- and community-based services.

SB1469/HB1175 TENNCARE: Reports on use of technical assistance groups of healthcare providers in developing episodes of care.
Summary: Clarifies that the bureau of TennCare and the health care finance and administration of the department of finance and administration may submit by electronic means the quarterly reports on the use of technical assistance groups of healthcare providers in developing episodes of care. Broadly captioned.
Amendment Summary: House amendment 4 (017392) rewrites this bill and requires the bureau of TennCare to reimburse an ambulance service provider that provides a covered service to a TennCare recipient at a rate not less than 67.5 percent of the federal medicare program's allowable charge for participating providers. This amendment specifies that: it does not affect the Ground Ambulance Service Provider Assessment Act; and funds described under this amendment and under the Act may not be used to fund the other. This amendment requires the bureau of TennCare to seek an intergovernmental transfer of funds for the sole purpose of increasing the rate of reimbursement to ambulance service providers that provide covered services to TennCare recipients at a rate greater than 67.5 percent of the federal medicare program's allowable charge for participating providers.

SB1472/HB1031 HEALTH CARE: Removes expired health commissioner report requirement.
Summary: Removed expired language from code regarding requirement that the commissioner of health report on the effectiveness of the 12-month demonstration project involving disabled nursing home volunteers to the health committees of the senate and the house of representatives by March 1, 2006. Broadly captioned.

SB1502/HB1366 INSURANCE HEALTH: Changes the days for insurance premiums to be deposited.
Sponsors: Sen. Hensley, Joey, Rep. Sparks, Mike
Summary: Establishes the time period in which insurance premiums deducted from the salaries of participating employees to be deposited into the county insurance fund as three calendar days rather than three business days.

Amendment Summary: Joint Council on Pensions and Insurance amendment 1 (005922) deletes all language after the enacting clause. Requires the State Insurance Committee, beginning in the 2020 plan year, to contract with an entity that provides each enrollee with online information on the cost and quality of healthcare services and providers, allows an enrollee with online information on the cost and quality of healthcare services and providers, allows an enrollee to shop for healthcare services and providers in accordance with the plan, and rewards an enrollee by sharing savings generated by the enrollees' choice of healthcare services or providers. Requires the basic health plan, beginning in the 2020 plan year, to establish an alternate allowable charges schedule that allows an enrollee to utilize the services of any licensed medical provider in the United States without being penalized with out-of-network cost sharing charges except as provided in the alternate allowable charges schedule. House State Committee amendment 1 (016541) deletes and replaces all language after the enacting clause. Requires, by beginning of the 2021 plan year, the basic health plan establish an alternate allowable charges schedule that allows an enrollee to utilize the services of any medical provider in the U.S. without being penalized with out of network costs. Requires the plan to be modified to have a preferred tier and non-preferred tier and that providers who agree to accept charges below the maximum to be in the preferred tier. Authorizes the state insurance committee to promulgate rules in accordance with this law.

Fiscal Note: (Dated February 13, 2019) NOT SIGNIFICANT
Senate Status: 03/12/20 - Set for Senate Commerce & Labor Committee 03/17/20.
Executive Status: 03/25/19 - Joint Council on Pensions and Insurance released to standing committees with unfavorable comment after adopting amendment 1 (005922).

SB1556 COMMERCIAL LAW: Warning labels on vapor products.
Sponsors: Sen. Gilmore, Brenda
Summary: Makes it an unfair and deceptive act or practice under the Tennessee Consumer Protection Act of 1977 for a person engaged in the sale or distribution of vapor products to not include a warning label stating certain health and safety risks on vapor products sold to customers in this state. Broadly captioned.

Fiscal Note: (Dated January 21, 2019) NOT SIGNIFICANT
Senate Status: 01/16/20 - Referred to Senate Commerce & Labor Committee.

SB1584/HB2012 PROFESSIONS & LICENSURE: Dentists entering into direct primary care agreements.
Summary: Expands direct primary care agreements to allow a dentist to enter into an agreement with an individual patient. Broadly captioned.

Fiscal Note: (Dated January 21, 2020) NOT SIGNIFICANT
Senate Status: 03/10/20 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 03/10/20 - Taken off notice in House Facilities, Licensure & Regulations Subcommittee.

SB1600/HB1700 HEALTH CARE: Injuries resulting from vapor products - reporting requirements.
Summary: Requires every physician or other medical professional working in a hospital who makes a diagnosis of, or prescribes a course of treatment for, injuries resulting from the use of a vapor product to report the case to the department of health on forms supplied by the department. Requires the department to annually report on the number of persons suffering injuries resulting from the use of a vapor product by March 1 of each year.

Fiscal Note: (Dated January 24, 2020) NOT SIGNIFICANT
Senate Status: 02/05/20 - Taken off notice in Senate Health & Welfare Committee.
House Status: 01/23/20 - Referred to House Public Health Subcommittee.
SB1654/HB1732 GOVERNMENT ORGANIZATION: Sunset - board of medical examiners.
Summary: Extends the board of medical examiners to June 30, 2023.
Fiscal Note: (Dated January 17, 2020) NOT SIGNIFICANT
Senate Status: 02/13/20 - Senate passed.
House Status: 03/02/20 - House passed.
Executive Status: 03/24/20 - Enacted as Public Chapter 0541 effective March 19, 2020.

SB1697/HB1775 GOVERNMENT ORGANIZATION: Sunset - state palliative care and quality of life council.
Summary: Extends the state palliative care and quality of life council to June 30, 2027.
Fiscal Note: (Dated January 20, 2020) NOT SIGNIFICANT
Senate Status: 02/24/20 - Senate passed.
House Status: 03/02/20 - House passed.
Executive Status: 03/24/20 - Enacted as Public Chapter 0561 effective March 19, 2020.

SB1718/HB1832 HEALTH CARE: Caps cost of insulin for covered patient with diabetes.
Summary: Caps cost a health insurance carrier can set for a 30-day supply of insulin for a covered patient with diabetes at $100. Requires the department of health and the division of consumer affairs to study and investigate the pricing of prescription insulin drugs and report findings no later than November 1, 2020.
Amendment Summary: Joint Council on Pensions and Insurance amendment 1 (013257) deletes and replaces language of the original bill such the only substantive change is requiring a health insurance carrier that provides coverage for prescription insulin drugs pursuant to the terms of a policy, program, or contract of insurance shall cap the total amount that a covered patient with diabetes is required to pay for covered prescription insulin drugs at an amount not to exceed $100 per thirty-day supply of insulin, regardless of the amount, type, or number of insulin prescriptions needed to fill the monthly insulin prescriptions of the covered patient with diabetes.
Fiscal Note: (Dated February 5, 2020) Increase State Expenditures - $25,000/FY20-21
Senate Status: 03/12/20 - Set for Senate Commerce & Labor Committee 03/17/20.
House Status: 05/28/20 - Taken off notice in House Life & Health Insurance Subcommittee.
Executive Status: 02/20/20 - Joint Council on Pensions and Insurance released to standing committees with unfavorable comment after adopting amendment 1 (013257).

SB1744/HB1859 INSURANCE GENERAL: Rebuttable presumption for person signing insurance contract or paying premium.
Summary: Clarifies that the rebuttable presumption that a person signing an insurance contract or application has read, understands, and accepts the contents of the contract, and the rebuttable presumption that an insured accepts coverage under an insurance contract through the payment of an insurance premium apply in all actions against insurance agents, producers, brokers, administrators, and companies, and the employees and contractors of insurance companies.
Fiscal Note: (Dated February 18, 2020) NOT SIGNIFICANT
Senate Status: 03/12/20 - Set for Senate Commerce & Labor Committee 03/17/20.
House Status: 03/10/20 - Taken off notice in House Property & Casualty Subcommittee.

SB1758/HB1701 INSURANCE GENERAL: Requires limitation of risk to policy holders and implements gold card program.
Sponsors: Sen. Reeves, Shane, Rep. Hall, Mark
**Summary:** Limits the risk to the assured and offers the best outcome for the assured based on the assured's informed choice given full disclosure to the assured of cost information by the other party by the insurance contracts. Implements a gold card program that waives certain prior authorization requirements or processes for entities using utilization review agents. Broadly captioned.

**Fiscal Note:** (Dated February 21, 2020) Increase State Expenditures - $1,992,500/FY20-21 $3,985,000/FY21-22 and Subsequent Years Increase Federal Expenditures - $3,102,900/FY20-21 $6,205,800/FY21-22 and Subsequent Years Increase Local Expenditures Exceeds $75,000/FY20-21* Exceeds $150,000/FY21-22 and Subsequent Years* Other Fiscal Impact The proposed legislation will likely impact the contracts the Division of TennCare and the Division of Benefits Administration have with multiple insurance providers; however, due to multiple unknown factors, an exact fiscal impact cannot be reasonably determined.

**Senate Status:** 03/12/20 - Set for Senate Commerce & Labor Committee 03/17/20.

**House Status:** 05/28/20 - Taken off notice in House Life & Health Insurance Subcommittee.

**Executive Status:** 03/02/20 - Joint Council on Pensions and Insurance released to standing committees with unfavorable comment.

**SB1771/HB1796 CRIMINAL LAW: Signage regarding age restriction for sale of vaping products.**

**Sponsors:** Sen. Southerland, Steve , Rep. Marsh, Pat

**Summary:** Requires that signage concerning minimum age to purchase tobacco products that is posted or replaced by retailers on or after July 1, 2020, must also specify that the age restriction applies to sales of vaping products.

**Fiscal Note:** (Dated February 19, 2020) NOT SIGNIFICANT

**Senate Status:** 03/12/20 - Set for Senate Commerce & Labor Committee 03/17/20.

**House Status:** 05/27/20 - Taken off notice in House Public Health Subcommittee.

**SB1803/HB2033 PUBLIC FINANCE: Report on federal block grants and funds expended by each state agency.**

**Sponsors:** Sen. Gilmore, Brenda , Rep. Love Jr., Harold

**Summary:** Requires each state agency to submit, on or before December 1 of each year, a report to members of the finance, ways and means committees of the house and senate summarizing amounts of federal block grants and purposes for which funds were expended, including any unexpended or returned portions.

**Amendment Summary:** House amendment 1 (016758) deletes and rewrites all language after the enacting clause such that the only change is requiring the written report to be submitted on or before February 1 of each year instead of December 1 of each year.

**Fiscal Note:** (Dated January 26, 2020) NOT SIGNIFICANT

**Senate Status:** 01/27/20 - Referred to Senate State & Local Government Committee.

**House Status:** 06/17/20 - House passed with amendment 1 (016758), which deletes and rewrites all language after the enacting clause such that the only change is requiring the written report to be submitted on or before February 1 of each year instead of December 1 of each year.

**SB1812/HB1680 TRANSPORTATION VEHICLES: Certain professions exempt from the prohibition on using hand-held devices while operating a motor vehicle.**

**Sponsors:** Sen. Hensley, Joey , Rep. Haston, Kirk

**Summary:** Adds physicians and nurse practitioners, when working in the capacity of their profession, to the types of people exempt from the ban on using hand-held telecommunication devices while operating a motor vehicle.

**Fiscal Note:** (Dated January 16, 2020) NOT SIGNIFICANT

**Senate Status:** 01/29/20 - Referred to Senate Transportation.

**House Status:** 02/04/20 - Taken off notice in House Safety & Funding Subcommittee.

**SB1827/HB2089 HEALTH CARE: Requires report on impact of opioid legislation.**

**Sponsors:** Sen. Haile, Ferrell , Rep. Terry, Bryan
Summary: Requires the commissioner of health and the commissioner of mental health and substance abuse services to report to the speaker of the senate and house of representatives, the health committee of the house, and the health and welfare committee of the senate regarding the impact of recent legislation aimed at reducing opioid use in Tennessee. Broadly captioned.

Fiscal Note: (Dated January 29, 2020) NOT SIGNIFICANT

Senate Status: 01/29/20 - Referred to Senate Health & Welfare Committee.

House Status: 02/05/20 - Caption bill held on House clerk's desk.

SB1852/HB2390 HEALTH CARE: Reporting increased pricing of prescription drugs.
Summary: Requires the commissioner of the department of health report to the health and welfare committee of the senate and the health committee of the house of representatives any prescription drugs having increased more than two hundred percent (200%) during a fiscal year. Requires report be submitted to committees electronically by October 1 the following fiscal year that report was made. Broadly captioned.

Fiscal Note: (Dated January 29, 2020) NOT SIGNIFICANT

Senate Status: 03/11/20 - Taken off notice in Senate Health & Welfare Committee.

House Status: 03/11/20 - Taken off notice in House Mental Health & Substance Abuse Subcommittee.

SB1888/HB1875 HEALTH CARE: Determination of charity care for medical debt.
Sponsors: Sen. Reeves, Shane , Rep. Vaughan, Kevin
Summary: Changes definition of indigence income from an amount no greater than 100 percent of the federal poverty guidelines, to income determined by provider's posted charity care policy. If provider determines indigence and observes no improvement in beneficiary's financial situation, debt must be deemed uncollectable and determined to be charity care without application of the bad debt collection criteria.

Fiscal Note: (Dated February 4, 2020) NOT SIGNIFICANT

Senate Status: 02/24/20 - Senate passed.

House Status: 03/16/20 - House passed.

Executive Status: 03/26/20 - Enacted as Public Chapter 0619 effective March 25, 2020.

SB1894/HB2726 LOCAL GOVERNMENT: Prohibits license renewal of delinquent licensee by health related boards.
Summary: Prohibits boards under the division of health related boards from renewing the license of a licensee who has not paid the licensee's renewal fee and is currently incarcerated. Broadly captioned.

Amendment Summary: House amendment 1 (016019) rewrites this bill and revises present law provisions regarding disciplinary action reports for hospitals and other healthcare facilities. Present law requires the chief administrative official of each hospital or other health care facility to report to the respective licensing board, committee, council, or agency any disciplinary action taken concerning a licensed healthcare provider or healthcare facility when such action is related to professional ethics, professional incompetence or negligence, moral turpitude, or drug or alcohol abuse. This amendment removes the specific reference to "healthcare" in regard to the facilities to which the law applies and additionally requires the official to report any information that the chief administrative official reasonably believes indicates that a licensee: (A) Inappropriately prescribed a controlled substance; (B) Diverted a controlled substance; (C) Engaged in sexual activity with a patient; (D) Has a mental or physical impairment that prevents the person from safely practicing the licensed profession; (E) Acted with incompetence; or (F) Engaged in unethical or unprofessional conduct. Present law requires the official to make the report within 60 days of the date of the action. This amendment instead requires the official to make the report within 60 days of: (1) The date of a disciplinary action; or (2) The date the chief administrative official first obtains the information described in (A)-(F).

Fiscal Note: (Dated February 13, 2020) NOT SIGNIFICANT
Senate Status: 03/11/20 - Senate Health & Welfare Committee deferred to next available calendar.

House Status: 06/11/20 - House passed with amendment 1 (016019), which rewrites this bill and revises present law provisions regarding disciplinary action reports for hospitals and other healthcare facilities. Present law requires the chief administrative official of each hospital or other health care facility to report to the respective licensing board, committee, council, or agency any disciplinary action taken concerning a licensed healthcare provider or healthcare facility when such action is related to professional ethics, professional incompetence or negligence, moral turpitude, or drug or alcohol abuse. This amendment removes the specific reference to “healthcare” in regard to the facilities to which the law applies and additionally requires the official to report any information that the chief administrative official reasonably believes indicates that a licensee: (A) Inappropriately prescribed a controlled substance; (B) Diverted a controlled substance; (C) Engaged in sexual activity with a patient; (D) Has a mental or physical impairment that prevents the person from safely practicing the licensed profession; (E) Acted with incompetence; or (F) Engaged in unethical or unprofessional conduct. Present law requires the official to make the report within 60 days of the date of the action. This amendment instead requires the official to make the report within 60 days of: (1) The date of a disciplinary action; or (2) The date the chief administrative official first obtains the information described in (A)-(F).

SB1912/HB1917 HEALTH CARE: Requires healthcare professionals to disclose the use of interventional procedures as an alternative to opioids.

Sponsors: Sen. Reeves, Shane, Rep. Vaughan, Kevin

Summary: Adds interventional procedures or treatments to the list of alternatives to opioids that must be explained by a healthcare practitioner to a patient or the patient’s legal representative in order to obtain informed consent to treatment with an opioid.

Amendment Summary: Senate amendment 1 (014911) deletes all language after the enacting clause. Adds nonopioid medicinal drugs or drug products, occupational therapy, and interventional procedures or treatments to the list of alternative treatments a healthcare practitioner is required to disclose and explain to a patient or the patient’s legal representative before consent may be obtained for treatment with an opioid.

Fiscal Note: (Dated February 1, 2020) NOT SIGNIFICANT

Senate Status: 02/24/20 - Senate passed with amendment 1 (014911).

House Status: 03/05/20 - House passed.

Executive Status: 03/24/20 - Enacted as Public Chapter 0573 effective March 19, 2020.

SB1935/HB1866 INSURANCE HEALTH: Required notifications of contract changes.


Summary: Extends the amount of time a covered entity or pharmacy benefits manager must notify a pharmacy or pharmacist in its network of contract changes from 30 to 45 days. Broadly captioned.

Amendment Summary: House Life & Health Insurance Subcommittee amendment 1 (014664) deletes all language after the enacting clause. Requires, if coverage of a prescription drug for the treatment of any medical condition is restricted for use by an insurer, health plan, or utilization review organization through the use of a step therapy protocol, the patient and prescribing practitioner to have access to a clear, readily accessible, and convenient process to request a step therapy exception. Requires an insurer, health plan, or utilization review organization to grant a step therapy exception within 72-hours of receipt or within 24-hours of receipt in an emergency medical condition, if certain criteria are met. The proposed legislation takes effect January 1, 2021 and applies to agreements for health insurance or health plans entered into, amended, or renewed on or after that date.

Fiscal Note: (Dated January 29, 2020) NOT SIGNIFICANT

Senate Status: 03/12/20 - Set for Senate Commerce & Labor Committee 03/17/20.

House Status: 06/01/20 - Taken off notice in House Insurance Committee.

Executive Status: 03/09/20 - Joint Council on Pensions and Insurance released to standing committees with unfavorable comment after adopting amendment 1 (014664).


Summary: Requires department of health develop and publish guidance assisting prescribers of opioids for free on the department of health’s website.

Amendment Summary: Senate Health and Welfare Committee amendment 1 (016639) rewrites the bill. Deletes all language after the enacting clause. Allows a registered nurse or physician assistant to prescribe a buprenorphine product for use in recovery or medication-assisted treatment in a variety of cases. Requires a healthcare prescriber of a buprenorphine product for use in recovery or medication-assisted treatment, or a nonresidential office-based opiate treatment facility to only accept a check, money order, or debit card or credit card that is linked to a bank or credit card account from a financial institution, in payment for services provided by the healthcare prescriber or facility. Prohibits a healthcare provider licensed under the Title 63 or a nonresidential office-based opiate treatment facility from knowingly treating any beneficiary of TennCare with buprenorphine products for use in recovery or medication-assisted treatment unless that provider directly bills or seeks reimbursement from TennCare or TennCare’s MCOs for services provided to the TennCare beneficiary. House amendment 1 (017857) deletes all language after the enacting clause. Allows a registered nurse or physician assistant to prescribe a buprenorphine product for use in recovery or medication-assisted treatment if: 1) The provider works in a nonresidential office-based opiate treatment facility, as defined in Tenn. Code Ann. § 33-2-402, that is licensed by the Department of Mental Health and Substance Abuse Services (DMHSAS) and that does not have authority to dispense buprenorphine products; 2) The provider practices under the direct supervision of a physician who is licensed under Title 63, Chapter 6 or Chapter 9, holds an active Drug Addiction Treatment Act of 2000 (DATA 2000) waiver from the United States Drug Enforcement Administration (DEA); and is actively treating patients with buprenorphine products for recovery or medication-assisted treatment at the same nonresidential office-based opiate treatment facility as the provider; 3) The facility and its healthcare providers are contracted and credentialed with TennCare and TennCare’s managed care organizations (MCO) to treat opioid use disorder with buprenorphine products for use in recovery or medication-assisted treatment; 4) The facility or its healthcare providers are directly billing TennCare and TennCare’s MCOs for the services provided within the facility; 5) The facility or its healthcare providers are accepting new TennCare enrollees or patients for treatment of opiate addiction; 6) The provider does not write any prescription for a buprenorphine product that exceeds a 16 milligram daily equivalent; 7) Except as provided in Tenn. Code Ann. § 53-11-311(h)(2)(H), the provider does not prescribe or dispense a mono product or buprenorphine without naloxone; 8) The provider uses injectable or implantable buprenorphine formulations in accordance with Tenn. Code Ann. § 55-11-311(b)(1)(D); 9) The provider has practiced as a family, adult, or psychiatric nurse practitioner or physician assistant in this state; 10) The provider obtains a waiver registration from the United States DEA that authorizes the provider to prescribe buprenorphine products under federal law and regulations; 11) The provider prescribes buprenorphine products only to patients who are treated through a nonresidential office-based opiate treatment facility that employs or contracts with the provider; 12) The provider writes prescriptions of buprenorphine products that can only be dispensed by a licensed pharmacy to ensure entry into the controlled substance monitoring database; 13) The provider writes prescriptions of buprenorphine products to 100 or fewer patients at any given time; 14) The physician does not oversee more than two providers licensed under Title 63, Chapter 7 or 19 at one time during clinical operations when providing direct supervision; and 15) The supervising physician ensures all rules or operation for a nonresidential office-based opiate treatment facility are followed. Requires a healthcare prescriber of a buprenorphine product for use in recovery or medication-assisted treatment, or a nonresidential office-based opiate treatment facility to only accept a check, money order, or debit card or credit card that is linked to a bank or credit card account from a financial institution, in payment for services provided by the healthcare prescriber or facility. Allows the healthcare prescriber or facility to accept payment for services provided to a patient in cash for a co-pay, coinsurance, or deductible if the prescriber or facility submits the remainder of the bill for the services provided to the patient’s insurance plan for reimbursement. Prohibits a healthcare provider licensed under Title 63, Chapters 6, 7, 9, or 19 from being compensated or receiving payment for services related to buprenorphine treatment by which the provider receives an amount per patient that is treated within the office or
other setting; or by any means in which the provider receives a percentage of a payment that is
directly received by a patient to the office, nonresidential office-based opiate treatment facility or
other provider. Prohibits a healthcare provider licensed under Title 63 or a nonresidential office-
based opiate treatment facility from knowingly treating any TennCare enrollee with buprenorphine
products for use in recovery or medication-assisted treatment unless that provider directly bills or
seeks reimbursement from TennCare or TennCare’s MCOs for services provided to the TennCare
enrollee. Requires a person to disclose to the healthcare provider or nonresidential office-based
opiate treatment facility that the person is a TennCare enrollee seeking treatment with
buprenorphine products for use in recovery or medication-assisted treatment. Effective date of
August 1, 2020.

Fiscal Note:
(Dated February 5, 2020) NOT SIGNIFICANT

Senate Status: 06/11/20 - Senate passed.
House Status: 06/09/20 - House passed with amendment 1 (017857), which deletes all language after the enacting
clause. Allows a registered nurse or physician assistant to prescribe a buprenorphine product for use
in recovery or medication-assisted treatment if: 1) The provider works in a nonresidential office-
based opiate treatment facility, as defined in Tenn. Code Ann. § 33-2-402, that is licensed by the
Department of Mental Health and Substance Abuse Services (DMHSAS) and that does not have
authority to dispense buprenorphine products; 2) The provider practices under the direct
supervision of a physician who is licensed under Title 63, Chapter 6 or Chapter 9; holds an active
Enforcement Administration (DEA); and is actively treating patients with buprenorphine products
for recovery or medication assisted treatment at the same nonresidential office-based opiate
treatment facility as the provider; 3) The facility and its healthcare providers are contracted and
credentialled with TennCare and TennCare’s managed care organizations (MCO) to treat opioid use
disorder with buprenorphine products for use in recovery or medication-assisted treatment; 4) The
facility or its healthcare providers are directly billing TennCare and TennCare’s MCOs for the services
provided within the facility; 5) The facility or its healthcare providers are accepting new TennCare
enrollees or patients for treatment of opiate addiction; 6) The provider does not write any
prescription for a buprenorphine product that exceeds a 16 milligram daily equivalent; 7) Except as
provided in Tenn. Code Ann. § 53-11-311(h)(2)(H), the provider does not prescribe or dispense a
mono product or buprenorphine without naloxone; 8) The provider uses injectable or implantable
buprenorphine formulations in accordance with Tenn. Code Ann. §55-11-311(b)(1)(D); 9) The
provider has practiced as a family, adult, or psychiatric nurse practitioner or physician assistant in
this state; 10) The provider obtains a waiver registration from the United States DEA that authorizes
the provider to prescribe buprenorphine products under federal law and regulations; 11) The
provider prescribes buprenorphine products only to patients who are treated through a
nonresidential office-based opiate treatment facility that employs or contracts with the provider; 12)
The provider writes prescriptions of buprenorphine products that can only be dispensed by a
licensed pharmacy to ensure entry into the controlled substance monitoring database; 13) The
provider writes prescriptions of buprenorphine products to 100 or fewer patients at any given time;
14) The physician does not oversee more than two providers licensed under Title 63, Chapter 7 or 19
at one time during clinical operations when providing direct supervision; and 15) The supervising
physician ensures all rules or operation for a nonresidential office-based opiate treatment facility are
followed. Requires a healthcare prescriber of a buprenorphine product for use in recovery or
medication-assisted treatment, or a nonresidential office-based opiate treatment facility to only
accept a check, money order, or debit card or credit card that is linked to a bank or credit card
account from a financial institution, in payment for services provided by the healthcare prescriber or
facility. Allows the healthcare prescriber or facility to accept payment for services provided to a
patient in cash for a co-pay, coinsurance, or deductible if the prescriber or facility submits the
remainder of the bill for the services provided to the patient’s insurance plan for reimbursement.
Prohibits a healthcare provider licensed under Title 63, Chapters 6, 7, 9, or 19 from being
compensated or receiving payment for services related to buprenorphine treatment by which the
provider receives an amount per patient that is treated within the office or other setting; or by any
means in which the provider receives a percentage of a payment that is directly received by a patient
to the office, nonresidential office-based opiate treatment facility or other provider. Prohibits a
healthcare provider licensed under Title 63 or a nonresidential office-based opiate treatment facility from knowingly treating any TennCare enrollee with buprenorphine products for use in recovery or medication-assisted treatment unless that provider directly bills or seeks reimbursement from TennCare or TennCare’s MCOs for services provided to the TennCare enrollee. Requires a person to disclose to the healthcare provider or nonresidential office-based opiate treatment facility that the person is a TennCare enrollee seeking treatment with buprenorphine products for use in recovery or medication-assisted treatment. Effective date of August 1, 2020.

Executive Status: 06/11/20 - Sent to the speakers for signatures.

SB1939/HB1931 HEALTH CARE: Creates a $100 cap on insulin costs.
Summary: Creates caps of $100 for the amount a health insurance carrier can require a covered patient with diabetes to pay for a 30-day supply of insulin, no matter how many prescriptions or the types of insulin are needed, and for the total price that a person who supplies prescription insulin drugs into or within this state for use by a patient with diabetes can charge for a 30-day supply of insulin. Broadly captioned.
Fiscal Note: (Dated February 18, 2020) Decrease State Expenditures - $12,038,300/FY20-21 and Subsequent Years Decrease Federal Expenditures - $108,100/FY20-21 and Subsequent Years Decrease Local Expenditures - $1,349,600/FY20-21 and Subsequent Years
Senate Status: 03/12/20 - Set for Senate Commerce & Labor Committee 03/17/20.
House Status: 06/01/20 - Taken off notice in House Insurance Committee.
Executive Status: 03/02/20 - Joint Council on Pensions and Insurance released to standing committees with unfavorable comment.

SB1942/HB1890 INSURANCE HEALTH: Prohibits pharmacy benefit managers from discriminating against certain pharmacies.
Summary: Prohibits a pharmacy benefit manager, or any third party that makes payment for the drugs, from discriminating against the following with respect to a patient eligible to receive drugs subject to a federal drug discount agreement between the secretary of health and human services and a drug manufacturer: (1) A 340B entity (described below) in a manner that prevents or interferes with the patient’s choice to receive those drugs from the 340B entity; (2) A pharmacy participating in a health plan as an entity authorized to participate under a federal drug discount program in a manner that prevents or interferes with the patient’s choice to receive those drugs from the pharmacy; or (3) A 340B entity regarding reimbursement for pharmacy-dispensed drugs by reimbursing at a rate lower than that paid for the same drug to pharmacies that are not 340B entities. This bill also prohibits a pharmacy benefit manager from assessing any fee or other adjustment upon the 340B entity or excluding a 340B pharmacy from the pharmacy benefit manager's or third party's pharmacy network, on the basis that the 340B entity participates in the drug discount program. A "340B entity" is an entity participating in the federal 340B drug discount program, including the entity’s pharmacy or pharmacies, or any pharmacy or pharmacies contracted with the entity to dispense drugs purchased through the program. This bill states that it creates a private cause of action for a pharmacy or 340B entity against a pharmacy benefit manager or third party who violates this bill.
Amendment Summary: Senate Commerce and Labor Committee amendment 1, House Insurance Committee amendment 1 (015717) adds language to the original bill that exempts the TennCare program, CoverKids and Cover RX programs. House Insurance Committee amendment 2 (017056) deletes the provision that creates a private cause of action for a pharmacy or 340B entity against a PBM or third party who violates this section.
Fiscal Note: (Dated February 27, 2020) Increase State Expenditures - $10,620,500/FY20-21 and Subsequent Years Increase Federal Expenditures - $20,504,500/FY20-21 and Subsequent Years Other Commerce Impact The proposed legislation will likely impact the contracts the Division of TennCare and the Division of Benefits Administration have with providers; however, due to multiple unknown factors, an exact fiscal impact cannot be reasonably determined.
Senate Status: 06/09/20 - Senate Commerce & Labor Committee deferred to summer study.
SB1968/HB2118 TAXES BUSINESS: Exempts certain retired physicians from professional privilege tax.
Summary: Exempts retired physicians with active licenses used solely for the purpose of free healthcare services from the professional privilege tax.
Fiscal Note: (Dated February 11, 2020) NOT SIGNIFICANT
Senate Status: 03/11/20 - Taken off notice in Senate Finance Revenue Subcommittee.
House Status: 02/05/20 - Referred to House Finance, Ways & Means Subcommittee.

Sponsors: Sen. Stevens, John, Rep. Gant, Ron
Summary: Clarifies definitions of tobacco products and cigarettes to not include smokeless nicotine products. Excludes smokeless nicotine products from the tax on tobacco products and cigarettes.
Fiscal Note: (Dated January 29, 2020) NOT SIGNIFICANT
Senate Status: 03/12/20 - Set for Senate Finance, Ways & Means Committee 03/17/20.
House Status: 03/05/20 - House passed.

Summary: Requires each hospital with surgical services and each ambulatory surgical treatment center operating in this state to adopt and implement a policy by July 1, 2021, that prevents human exposure to surgical smoke by the use of a surgical smoke evacuation system during any planned surgical procedure that is likely to generate surgical smoke.
Fiscal Note: (Dated February 11, 2020) NOT SIGNIFICANT
Senate Status: 03/11/20 - Senate Health & Welfare Committee deferred to summer study.
House Status: 03/10/20 - House Facilities, Licensure & Regulations Subcommittee deferred to summer study.

Summary: Requires the bureau of TennCare to establish an alternative benefit plan for eligible individuals, which include an individual with a modified adjusted gross income that is at or below 133 percent of the federal poverty level, is at least 19 years of age but less than 65 and not entitled to certain Medicare benefits. Broadly captioned.
Fiscal Note: (Dated February 18, 2020) Increase State Expenditures $167,947,500/FY20-21 and Subsequent Years Increase Federal Expenditures $1,511,527,700/FY20-21 and Subsequent Years
Senate Status: 02/06/20 - Referred to Senate Finance, Ways & Means.
House Status: 02/10/20 - Referred to House TennCare Subcommittee.

SB2055/HB2831 PUBLIC FINANCE: Requires general assembly’s approval for federal block grants.
Summary: Requires the general assembly to approve, by joint resolution, a state agency entering into or renewing a contract for the receipt of federal block grants.
Fiscal Note: (Dated February 18, 2020) Other Fiscal Impact Restricting approval of agency involvement in federal block grants will result in a unknown impact to federal funding and state expenditures. Due to multiple unknown factors, a precise impact on state or local government cannot reasonably be determined.
Senate Status: 02/06/20 - Referred to Senate Commerce & Labor Committee.
House Status: 02/10/20 - Referred to House TennCare Subcommittee.
SB2079/HB2114 CRIMINAL LAW: Requires a license to sell tobacco products.

Sponsors: Sen. Reeves, Shane, Rep. Smith, Robin

Summary: Replaces vapor products with electronic smoking devices in the code and raises the age for persons allowed to use tobacco products from 18 years of age to 21 years of age. Includes electronic smoking devices in the definition of a tobacco product and defines electronic smoking devices. Adds a tax of 62 cents on cartridges used in electronic smoking devices. Requires a tobacco retailer obtain an annual license from the department of agriculture. Adds a Class B felony for any retailer who sells tobacco products without a license. Broadly captioned.

Fiscal Note: (Dated March 9, 2020) Increase State Revenue - $16,664,000/FY20-21 $33,117,500/FY21-22 and Subsequent Years Increase State Expenditures - $1,318,200/FY20-21 $2,426,400/FY21-22 and Subsequent Years

Senate Status: 03/12/20 - Set for Senate Commerce & Labor Committee 03/17/20.
House Status: 05/27/20 - Taken off notice in House Public Health Subcommittee.

SB2185/HB2252 ESTATES & TRUSTS: Time limitation on filing claims by the bureau of TennCare.


Summary: Sets time limit of 12 months on the filing of claims by the bureau of TennCare against TennCare recipients' estates. Part of Administration Package.

Fiscal Note: (Dated February 16, 2020) Decrease State Revenue - $1,087,900/FY20-21 and Subsequent Years

Senate Status: 03/10/20 - Senate Judiciary Committee recommended. Sent to Senate Finance.
House Status: 06/16/20 - Set for House Finance, Ways & Means Subcommittee Calendar 2 06/16/20.

SB2202/HB2269 CRIMINAL LAW: Purchase of tobacco products - minimum age.


Summary: Raises the minimum age from 18 to 21 years old for the purchase of tobacco products to reflect the change in federal law. Requires anyone who sells tobacco, smoking hemp, or vapor products at retail to post signage. Part of Administration Package.

Amendment Summary: House amendment 1 (015990) adds language to the original bill which requires any person under 21 years of age who directly or indirectly purchases smoking paraphernalia or attempts to purchase smoking paraphernalia using fake identification be subject to the jurisdiction of the appropriate general sessions court rather than to juvenile proceedings.

Fiscal Note: (Dated February 19, 2020) NOT SIGNIFICANT

Senate Status: 06/10/20 - Senate concurred in House amendment 1 (015990).
House Status: 06/08/20 - House passed.
Executive Status: 06/23/20 - Signed by governor.

SB2251/HB2006 INSURANCE HEALTH: Allows electronic appeals regarding public employees' insurance benefits.


Summary: Allows an appellant to submit a written statement by electronic means in support of an appeal regarding eligibility or enrollment to a plan administered by the state insurance committee, the local education insurance committee, or the local government insurance committee. Broadly captioned.

Fiscal Note: (Dated February 11, 2020) NOT SIGNIFICANT

Senate Status: 03/12/20 - Set for Senate Commerce & Labor Committee 03/17/20.
House Status: 03/04/20 - Taken off notice in House Public Service & Employee Subcommittee.
Executive Status: 03/02/20 - Taken off notice in Joint Council on Pensions and Insurance.

SB2317/HB1867 HEALTH CARE: Direct medical care agreements.


Summary: Expands the "Health Care Empowerment Act" to allow all licensed medical professionals to use direct medical care agreements without regulation by the insurance laws of this state.
Amendment Summary: Senate amendment 1 (015123) substitutes the term "medical care services," which is a defined term in the full text of this bill, for the term "primary care services," which appears only once in this bill and is not defined.

Fiscal Note: (Dated February 3, 2020) NOT SIGNIFICANT

Senate Status: 03/02/20 - Senate passed with amendment 1 (015123).

House Status: 06/10/20 - House passed.

Executive Status: 06/23/20 - Signed by governor.

SB2366/HB2555 INSURANCE GENERAL: Requires the advisory committee to meet annually.


Summary: Requires the advisory committee meet annually with the commissioner of commerce and insurance or their designee. Also requires the committee submit findings by September 1 of each year. Broadly captioned.

Fiscal Note: (Dated May 5, 2020) Increase State Expenditures - $600/FY20-21 and Subsequent Years

Senate Status: 02/10/20 - Referred to Senate Government Operations Committee.

House Status: 02/06/20 - Introduced in the House

SB2373/HB2065 INSURANCE HEALTH: Allows the commissioner of commerce and insurance to submit report electronically.

Sponsors: Sen. Reeves, Shane, Rep. Terry, Bryan

Summary: Allows the commissioner of commerce and insurance to electronically submit to the governor the required annual report of all official department transactions for the preceding year. Broadly captioned.

Amendment Summary: House Life & Health Insurance Subcommittee amendment 1 (015273) rewrites the bill. Requires the commissioner of the department of commerce and insurance apply, no later than 180 days after the effective date, to the Secretary of State of the United States Department of Health and Human Resources for a five year state innovation waiver to enable insurance carriers in this state to offer catastrophic health plans through a reinsurance pool to an individual residing in this state for plans years starting on or after January 1, 2022.

Fiscal Note: (Dated February 5, 2020) NOT SIGNIFICANT

Senate Status: 03/12/20 - Set for Senate Commerce & Labor Committee 03/17/20.

House Status: 03/11/20 - House Life & Health Insurance Subcommittee deferred to summer study after adopting amendment 1 (015273).

SB2377/HB2688 HEALTH CARE: Modernizing Medication Utilization Act.

Sponsors: Sen. Reeves, Shane, Rep. Hill, Timothy

Summary: Requires health plans, pharmacy benefits managers, and pharmacies make available a patient's specific prescription cost and benefit information in real time for usage in a healthcare provider's prescribing or electronic health record system beginning January 1, 2021. Requires providers use this system to provide patients with information regarding cheaper medication alternatives and requires providers display cost, benefit, and coverage information to patients. Gives patients authority over which prescription option they chose. Broadly captioned.

Fiscal Note: (Dated February 27, 2020) Increase State Expenditures Exceeds $476,300/FY20-21 $352,500/FY21-22 and Subsequent Years Other Fiscal Impact The proposed legislation could impact several contracts DMHSAS has with community providers and be in excess of the current federal funding level. Any additional payments or reimbursements would be in all state dollars; however, this increase cannot be reasonably determined. The Division of TennCare and the Division of Benefits Administration is currently working with providers to implement this type of system; however, the January 1, 2021 effective date of the legislation could result in an increase in expenditures to both Divisions to expedite the project.

Senate Status: 03/12/20 - Set for Senate Commerce & Labor Committee 03/17/20.

House Status: 02/11/20 - Referred to House Life & Health Insurance Subcommittee.

Executive Status: 03/02/20 - Taken off notice in Joint Council on Pensions and Insurance.
SB2385/HB2573 WELFARE: Publication requirements for studies by the comptroller of the treasury.
Summary: Requires the final study, including oral and written comments, of the medical assistance program and participating managed care organizations be posted on the comptroller of the treasury's website and made accessible to the general public. Broadly captioned.
Fiscal Note: (Dated February 12, 2020) NOT SIGNIFICANT
Senate Status: 03/12/20 - Set for Senate Commerce & Labor Committee 03/17/20.
House Status: 06/01/20 - Taken off notice in House Insurance Committee.

SB2402/HB2160 HEALTH CARE: Requires healthcare providers to post the cost of services within their facilities.
Summary: Requires healthcare facilities to conspicuously post within their facility in a location accessible to the public, a list of all health care services provided and the cost of each service. Requires the facility to accept a full price payment for the service cost listed if the patient pays within 30 days of receiving said service. Broadly captioned.
Fiscal Note: (Dated February 18, 2020) NOT SIGNIFICANT
Senate Status: 02/10/20 - Referred to Senate Commerce & Labor Committee.
House Status: 02/25/20 - Taken off notice in House Facilities, Licensure & Regulations Subcommittee.

SB2419/HB1959 INSURANCE HEALTH: Pharmacies right to inform patients of prescription drug options.
Summary: Prohibits any entity administering prescription drug benefits to interfere with a pharmacy or pharmacist informing a patient of all options when acquiring prescription medication, such as more affordable alternatives or alternative payment options.
Fiscal Note: (Dated February 16, 2020) NOT SIGNIFICANT
Senate Status: 02/10/20 - Referred to Senate Commerce & Labor Committee.
House Status: 03/11/20 - Taken off notice in House Life & Health Insurance Subcommittee.
Executive Status: 03/02/20 - Joint Council on Pensions and Insurance released to standing committees with unfavorable comment.

SB2504/HB1926 PROFESSIONS & LICENSURE: Decreases penalty for the unlawful practice of medicine or surgery
Summary: Decreases the penalty of unlawfully practicing medicine or surgery in this state from a Class B misdemeanor to a Class C misdemeanor. Broadly captioned.
Fiscal Note: (Dated February 5, 2020) NOT SIGNIFICANT
Senate Status: 02/10/20 - Referred to Senate Commerce & Labor Committee.
House Status: 01/30/20 - Caption bill held on House clerk's desk.

SB2515 WELFARE: Report regarding options under medicaid and temporary assistance for needy families.
Sponsors: Sen. Dickerson, Steven
Summary: Clarifies that the department of health and the department of human services joint annual report regarding options under Medicaid and temporary assistance for needy families must also be provided to legislative reference, law library, and the speaker of the house of representatives. Broadly captioned.
Fiscal Note: (Dated February 10, 2020) NOT SIGNIFICANT
Senate Status: 02/10/20 - Referred to Senate Health & Welfare Committee.

SB2526/HB2529 TENNCARE: Amendment for TennCare II waiver.
Summary: Directs the governor, acting through the commissioner of finance and administration, to seek an appropriate amendment for the TennCare II waiver within 180 days of the effective date of this act to provide medical assistance coverage for the same population groups and services as the Insure Tennessee proposal while retaining any block grant financing arrangement and work and community engagement requirements. Requires authorization by the general assembly before any amendment takes effect.

Fiscal Note: (Dated March 7, 2020) Increase State Revenue $24,520,400/FY20-21 $54,915,300/FY21-22 $30,678,900/FY22-23 Increase State Expenditures $73,222,400/FY20-21 $154,210,500/FY21-22 $89,553,700/FY22-23 Increase Federal Expenditures $548,722,100/FY20-21 $1,217,331,300/FY21-22 $683,475,000/FY22-23 Other Fiscal Impact: It is unknown how approval of either Amendment 38 or 42 by the federal government will impact the estimated fiscal impact of this legislation and cannot be quantified at this time.

Senate Status: 03/12/20 - Set for Senate Commerce & Labor Committee 03/17/20.
House Status: 03/11/20 - Taken off notice in House TennCare Subcommittee.

SB2542/HB2681 HEALTH CARE: Expands prescription supplies for opioids and benzodiazepines for sufferers of long-term pain.
Summary: Increases the possible prescription supply for opioids or benzodiazepines for a patient who suffers from long-term chronic pain from a 30-day supply to a 90-day supply. Broadly captioned.
Amendment Summary: House Mental Health & Substance Abuse Subcommittee amendment 1 (016129) rewrites the bill.
Fiscal Note: (Dated February 24, 2020) NOT SIGNIFICANT
Senate Status: 02/10/20 - Referred to Senate Judiciary Committee.
House Status: 06/02/20 - Taken off notice in House Health Committee.

SB2610/HB2594 TENNCARE: Notification of material change by enrollee or applicant for uninsured or uninsurable coverage.
Summary: Increases from 30 to 35 the number of days by which an enrollee or applicant for TennCare uninsured or uninsurable coverage must notify the bureau of any material change affecting any information given to the bureau, or the bureau's designee, on or with the person's TennCare application. Broadly captioned.
Fiscal Note: (Dated February 13, 2020) NOT SIGNIFICANT
Senate Status: 03/12/20 - Set for Senate Commerce & Labor Committee 03/17/20.
House Status: 03/11/20 - Taken off notice in House TennCare Subcommittee.

Summary: Permits an age-restricted venue to continue to permit smoking in the venue even if the venue employs a person under 21 years of age if the employee is a child of the owner of the venue.
Amendment Summary: House Consumer & Human Resources Committee amendment 1 (017945) deletes and rewrites all language after the enacting clause such that the only substantive changes are: establishes that this exemption still applies for venues if an employee is at least 16 years of age and is not employed by an adult oriented establishment and extends the effective date from July 1, 2020 to October 1, 2020.
Fiscal Note: (Dated February 13, 2020) NOT SIGNIFICANT
Senate Status: 06/03/20 - Senate Commerce & Labor Committee deferred to 12/01/20.
House Status: 06/11/20 - House Calendar & Rules Committee deferred to last calendar.
SB2618/HB2057 CRIMINAL LAW: Expands definition of smoking to include use of vape products.

Summary: Revises the definition of "smoking" for purposes of the Non-Smoker Protection Act to include using a device that delivers aerosolized or vaporized nicotine, or any other substance, to the person inhaling from the device.
Fiscal Note: (Dated April 14, 2020) NOT SIGNIFICANT
Senate Status: 02/10/20 - Referred to Senate Commerce & Labor Committee.
House Status: 02/04/20 - Referred to House Public Health Subcommittee.

SB2632/HB2845 HEALTH CARE: Annual report on access to care and safety net adequacy.

Summary: Requires that the commissioner of health's annual report on access to care and safety net adequacy specifically include information on access to common medical procedures in rural and underserved areas across the state. Broadly captioned.
Fiscal Note: (Dated February 8, 2020) NOT SIGNIFICANT
Senate Status: 02/10/20 - Referred to Senate Health & Welfare Committee.
House Status: 02/10/20 - Caption bill held on House clerk's desk.

SB2645/HB2651 TAXES SALES: Taxes on vapor products and e-cigarettes.

Summary: Adds dealers of distributors of liquid nicotine and vapor products to list of persons required to pay privilege taxes. Adds liquid nicotine to the definition of tobacco products. Levies a tax on liquid nicotine for vapor products at a rate of three cents (3¢) per milligram of liquid nicotine. Requires each dealer and distributor of vapor products to pay an enforcement and administration fee to the department of revenue of five hundredths of one cent (0.05¢) per packaged unit of liquid nicotine for sale in Tennessee and an additional one-tenth of one cent (0.1¢) on each milligram of liquid nicotine. Broadly captioned.
Fiscal Note: (Dated February 23, 2020) Increase State Revenue - $26,872,800/FY20-21/General Fund $2,700/FY20-21/Department of Revenue $53,745,600/FY21-22 and Subsequent Years/General Fund $5,400/FY21-22 and Subsequent Years/ Department of Revenue
Senate Status: 03/11/20 - Taken off notice in Senate Finance Revenue Subcommittee.
House Status: 02/25/20 - Failed in House Public Health Subcommittee.

SB2646/HB2514 INSURANCE HEALTH: Pharmacy benefit managers' notifying pharmacist of failure of insurer to provide timely payment.

Sponsors: Sen. Reeves, Shane, Rep. Curcio, Michael
Summary: Deletes statute encouraging insurance providers to develop a plan to provide only major medical insurance coverage for catastrophic illness requiring inpatient hospital care. Moves to part of code on pharmacy benefits managers the requirement that pharmacy benefits managers notify within 14 days a pharmacist of a failure by any health insurer to provide timely payment for non-disputed claims.
Fiscal Note: (Dated February 20, 2020) NOT SIGNIFICANT
Senate Status: 03/12/20 - Set for Senate Commerce & Labor Committee 03/17/20.
House Status: 06/04/20 - House Calendar & Rules Committee deferred to last calendar.

SB2670/HB2861 INSURANCE HEALTH: Required annual aggregate report for all carriers filing information on incentive payments.

Sponsors: Sen. Stevens, John, Rep. Travis, Ron
Summary: Allows the commissioner of commerce and insurance to electronically submit to the commerce and labor committee of the senate and insurance committee of the house of representatives the required annual aggregate report for all carriers filing information on incentive payments pursuant to the Tennessee Right to Shop Act. Broadly captioned.
Fiscal Note: (Dated February 12, 2020) NOT SIGNIFICANT
SB2678/HB2796 TENNCARE: Submission of bureau of TennCare’s annual report.

**Sponsors:** Sen. Johnson, Jack, Rep. Casada, Glen

**Summary:** Changes from January 15 to February 1 the submission deadline for the bureau of TennCare’s annual report to the health committees and the committee of the house of representatives having oversight over TennCare. Broadly captioned.

**Fiscal Note:** (Dated February 13, 2020) NOT SIGNIFICANT

**Senate Status:** 02/10/20 - Referred to Senate Health & Welfare Committee.

**House Status:** 02/10/20 - Caption bill held on House clerk's desk.

SB2684/HB2680 INSURANCE HEALTH: Notice regarding receiving medical services from an out-of-network provider.

**Sponsors:** Sen. Watson, Bo, Rep. Hill, Timothy

**Summary:** Allows healthcare facilities to provide an electronic method for insured persons or their representatives to acknowledge and sign the required notice that the insured person agrees to receive medical services by an out-of-network provider and will receive a bill for the amount unpaid by the insured’s insurer. Broadly captioned.

**Amendment** House amendment 2 (018046) rewrites this bill to do the following: (1) Establish an independent dispute resolution process that ensures a fair reimbursement for out-of-network services; (2) Implement a balance bill prohibition for emergency services in an out-of-network facility and for facility-based non-emergency services; and (3) Creates opportunities for transparency and notice to a patient of unexpected medical bills that arise from receiving care from out-of-network providers.

**Summary:** Apply to certain exceptions, this amendment generally applies to health benefit plans, health carriers, out-of-network facility-based physicians, and healthcare facilities. This amendment applies to entity providing or administering an ERISA self-funded employee welfare plan if the plan voluntarily opts-in. This amendment does not apply to the following: (1) Coverage only for a specified disease; (2) Accident or accident-only coverage; (3) Credit, dental, or disability income; (4) Hospital indemnity; (5) Any other limited supplemental benefit; or (6) To a medicare supplement policy of insurance; (2) Coverage under a plan through medicare or the Federal Employees Health Benefits Program (FEHB); (3) TennCare, CoverKids, or Access Tennessee; (4) Any medical and dental coverage issued under federal law for military service members and their dependents; and (5) Any self-funded employee welfare plan regulated under ERISA. Dispute Resolution This amendment requires the commissioner of commerce and insurance to establish an independent dispute resolution process by which a dispute for a bill for out-of-network emergency services or a balance bill may be resolved. This amendment defines "balance bill" to mean a bill for healthcare services, other than emergency services, received by: (1) An enrollee for services rendered by an out-of-network facility-based physician at a participating hospital or ambulatory surgical treatment center, where a participating physician is unavailable or an out-of-network facility-based physician renders services without the enrollee’s knowledge, or unforeseen medical services arise at the time the healthcare services are rendered. However, a "balance bill" does not mean a bill received for healthcare services when a participating physician is available and the enrollee has elected to obtain services from an out-of-network facility-based physician; (2) An enrollee for services rendered by an out-of-network facility-based physician, where the services were referred by a participating physician to an out-of-network facility-based physician without explicit written consent of the enrollee acknowledging that the participating physician is referring the enrollee to an out-of-network facility-based physician and that the referral may result in costs not covered by the health benefit plan; or (3) A patient who is not insured for services rendered by a physician at a hospital or ambulatory surgical treatment center. This amendment authorizes the commissioner to grant and revoke certifications of independent dispute resolution entities to conduct the dispute resolution process. This amendment requires each dispute resolution entity to use Tennessee licensed physicians in active practice in the same or similar specialty as the physician providing the service that is subject to the dispute. The full text of this amendment contains a...
nonexclusive list of eight relevant factors that a dispute resolution entity must consider when determining the appropriate amount to pay for a healthcare service. Additionally, in making such a determination, this amendment prohibits the dispute resolution entity from considering: (1) Any benchmarking database that includes medicare or medicaid reimbursement rates; or (2) Medicare or medicaid reimbursement rates. The full text of this amendment specifies various procedural requirements that will apply to dispute resolution involving bills for out-of-network emergency services and for balance bills. The independent dispute resolution entity’s determination is binding on the parties. The process for dispute resolution involving bills for out-of-network emergency services will be available to an out-of-network facility-based physician, healthcare facility, or health carrier; and to uninsured patients. The process for dispute resolution involving balance bills will be available to an out-of-network facility-based physician, health carrier, insured patients who are not experiencing and emergency and who do not make an assignment of benefits, and uninsured patients. The full text of this amendment specifies obligations for fee payment and negotiation, which vary depending on the type of bill that is in dispute. This amendment establishes a "loser pays" method of assessing the cost of independent dispute resolution, whereby the party whose payment or fee is determined to be reasonable is the prevailing party and the other party will pay the costs. Hold Harmless and Assignment of Benefits Under this amendment, when an insured assigns benefits to an out-of-network facility-based physician in writing and the out-of-network facility-based physician knows the patient is insured by a plan with an out-of-network benefit, the insured is only responsible for any applicable co-payment, coinsurance, or deductible that would be owed if the insured utilized a participating physician. Also, when an insured receives emergency services from an out-of-network facility and assigns benefits to an out-of-network facility for an emergency medical condition and the out-of-network facility knows the patient is insured by a plan with an out-of-network benefit, the insured is only responsible for any applicable co-payment, coinsurance, or deductible that would be owed if the enrollee utilized a participating facility. These limitations on an insured’s responsibility for payment do not apply to: (1) Coinsurance, co-payments, or deductibles for services provided by an in-network facility or physician; and (2) Services, other than emergency services, provided to enrollees who choose to receive services from an out-of-network facility or out-of-network facility-based physician. Effective Date This amendment takes effect upon becoming a law for rulemaking purposes and on January 1, 2022, for all other purposes.

Fiscal Note: (Dated February 13, 2020) NOT SIGNIFICANT

Senate Status: 06/09/20 - Taken off notice in Senate Commerce & Labor Committee.

House Status: 06/18/20 - House passed with amendment 2 (018046), which rewrites this bill to do the following: (1) Establish an independent dispute resolution process that ensures a fair reimbursement for out-of-network services; (2) Implement a balance bill prohibition for emergency services in an out-of-network facility and for facility-based non-emergency services; and (3) Creates opportunities for transparency and notice to a patient of unexpected medical bills that arise from receiving care from out-of-network providers. Applicability Subject to certain exceptions, this amendment generally applies to health benefit plans, health carriers, out-of-network facility-based physicians, and healthcare facilities. This amendment only applies to entity providing or administering an ERISA self-funded employee welfare plan if the plan voluntarily opts-in. This amendment does not apply to the following: (1) Coverage only for a specified disease; specified accident or accident-only coverage; credit, dental, or disability income; hospital indemnity; long-term care insurance; vision care; any other limited supplemental benefit; or to a medicare supplement policy of insurance; (2) Coverage under a plan through medicare or the Federal Employees Health Benefits Program (FEHB); (3) TennCare, CoverKids, or Access Tennessee; (4) Any medical and dental coverage issued under federal law for military service members and their dependents; and (5) Any self-funded employee welfare plan regulated under ERISA. Dispute Resolution This amendment requires the commissioner of commerce and insurance to establish an independent dispute resolution process by which a dispute for a bill for out-of-network emergency services or a balance bill may be resolved. This amendment defines "balance bill" to mean means a bill for healthcare services, other than emergency services, received by: (1) An enrollee for services rendered by an out-of-network facility-based physician at a participating hospital or ambulatory surgical treatment center, where a participating physician is unavailable or an out-of-network facility-based physician renders services without the enrollee’s knowledge, or unforeseen medical services arise at the time the healthcare services are rendered.
However, a "balance bill" does not mean a bill received for healthcare services when a participating physician is available and the enrollee has elected to obtain services from an out-of-network facility-based physician; (2) An enrollee for services rendered by an out-of-network facility-based physician, where the services were referred by a participating physician to an out-of-network facility-based physician without explicit written consent of the enrollee acknowledging that the participating physician is referring the enrollee to an out-of-network facility-based physician and that the referral may result in costs not covered by the health benefit plan; or (3) A patient who is not insured for services rendered by a physician at a hospital or ambulatory surgical treatment center. This amendment authorizes the commissioner to grant and revoke certifications of independent dispute resolution entities to conduct the dispute resolution process. This amendment requires each dispute resolution entity to use Tennessee licensed physicians in active practice in the same or similar specialty as the physician providing the service that is subject to the dispute. The full text of this amendment contains a nonexclusive list of eight relevant factors that a dispute resolution entity must consider when determining the appropriate amount to pay for a healthcare service. Additionally, in making such a determination, this amendment prohibits the dispute resolution entity from considering: (1) Any benchmarking database that includes medicare or medicaid reimbursement rates; or (2) Medicare or medicaid reimbursement rates. The full text of this amendment specifies various procedural requirements that will apply to dispute resolution involving bills for out-of-network emergency services and for balance bills. The independent dispute resolution entity's determination is binding on the parties. The process for dispute resolution involving bills for out-of-network emergency services will be available to an out-of-network facility-based physician, healthcare facility, or health carrier; and to uninsured patients. The process for dispute resolution involving balance bills will be available to an out-of-network facility-based physician, health carrier, insured patients who are not experiencing and emergency and who do not make an assignment of benefits, and uninsured patients. The full text of this amendment specifies obligations for fee payment and negotiation, which vary depending on the type of bill that is in dispute. This amendment establishes a "loser pays" method of assessing the cost of independent dispute resolution, whereby the party whose payment or fee is determined to be reasonable is the prevailing party and the other party will pay the costs. Hold Harmless and Assignment of Benefits Under this amendment, when an insured assigns benefits to an out-of-network facility-based physician in writing and the out-of-network facility-based physician knows the patient is insured by a plan with an out-of-network benefit, the insured is only responsible for any applicable co-payment, coinsurance, or deductible that would be owed if the insured utilized a participating physician. Also, when an insured receives emergency services from an out-of-network facility and assigns benefits to an out-of-network facility for an emergency medical condition and the out-of-network facility knows the patient is insured by a plan with an out-of-network benefit, the insured is only responsible for any applicable co-payment, coinsurance, or deductible that would be owed if the enrollee utilized a participating facility. These limitations on an insured's responsibility for payment do not apply to: (1) Coinsurance, co-payments, or deductibles for services provided by an in-network facility or physician; and (2) Services, other than emergency services, provided to enrollees who choose to receive services from an out-of-network facility or out-of-network facility-based physician. Effective Date This amendment takes effect upon becoming a law for rulemaking purposes and on January 1, 2022, for all other purposes.

Executive Status: 03/09/20 - Joint Council on Pensions and Insurance released to standing committees with favorable comment after adopting amendment 1 (015806).

SB2700/HB2346 HEALTH CARE: Medical Debt Protection Act.


Summary: Creates requirements regarding medical debt lawsuits including a complaint must contain a signature from a medical care provider, healthcare facility employee or a custodian of medical billing records, not a collections agency employee, arrest warrants cannot be issued or any other action to arrest a medical debtor unless the act or failure to act is against state law and no real property owned by the medical debtor and used as the debtor's primary residence or transportation can be subject to execution, seizure, or attachment. Also requires that if a debtor's total household income is less than 400% of federal poverty guidelines, their wages and salary are not subject for garnishment.

39
Establishes a statute of limitations of three years for filing medical debt lawsuits. Creates other regulations regarding medical debt. Broadly captioned.

**Fiscal Note:** (Dated March 6, 2020) Other Fiscal Impact - Due to multiple unknown factors, an exact fiscal impact cannot be determined.

**Senate Status:** 03/12/20 - Set for Senate Commerce & Labor Committee 03/17/20.

**House Status:** 03/10/20 - Taken off notice in House Civil Justice Subcommittee.

**SB2707/HB2794 TENNCARE: Authorizes the governor to expand medicaid eligibility.**

**Sponsors:** Sen. Yarbro, Jeff , Rep. Johnson, Gloria

**Summary:** Authorizes the governor to expand medical assistance pursuant to the Affordable Care Act and to negotiate with the centers for medicare and medicaid services to expand medicaid. Broadly captioned.

**Fiscal Note:** (Dated February 26, 2020) Increase State Expenditures - $167,948,400/FY20-21 and Subsequent Years Increase Federal Expenditures $1,511,535,700/FY20-21 and Subsequent Years

**Senate Status:** 06/03/20 - Taken off notice in Senate Health & Welfare Committee.

**House Status:** 03/11/20 - Taken off notice in House TennCare Subcommittee.

**SB2786/HB2575 HEALTH CARE: Removal of drug from the maximum allowable cost list by pharmacy benefit manager.**

**Sponsors:** Sen. Jackson, Ed , Rep. Smith, Robin

**Summary:** Decreases from five to three business days, the date by which a pharmacy benefits manager or covered entity must remove a drug from the maximum allowable cost list following the date that the manager or entity becomes aware that the drug no longer is generally available for purchase by pharmacies in this state from a national or regional wholesaler. Broadly captioned.

**Amendment Summary:** House Life & Health Insurance Subcommittee amendment 1 (016447) deletes all language after the enacting clause. Requires a pharmacy benefits manager (PBM) or a covered entity to base the calculation of any coinsurance for a prescription drug or device on the allowed amount of the drug or device and not charge a covered entity an amount greater than the reimbursement paid by the PBM to contracted pharmacy for the prescription drug or device. For purposes of this section, "allowed amount" means the cost of a prescription drug or device after applying all PBM or covered entity discounts. The proposed legislation applies to all policies or contracts entered into, renewed, amended, or delivered on or after July 1, 2020.

**Fiscal Note:** (Dated February 13, 2020) NOT SIGNIFICANT

**Senate Status:** 02/10/20 - Referred to Senate Commerce & Labor Committee.

**House Status:** 06/01/20 - Taken off notice in House Insurance Committee.

**Executive Status:** 03/09/20 - Joint Council on Pensions and Insurance released to standing committees with favorable comment after adopting amendment 1 (016447).

**SB2792/HB1649 HEALTH CARE: Informing patient of side effects of drug being prescribed.**

**Sponsors:** Sen. Akbari, Raumesh , Rep. Shaw, Johnny

**Summary:** Requires each health care provider prior to prescribing a drug to any patient to provide the patient with an explanation of all possible side effects of the prescribed drug that are listed by the drug manufacturer. Also requires each pharmacist prior to dispensing a prescribed drug to a patient to provide the patient with an explanation of all possible side effects of the prescribed drug that are listed by the drug manufacturer. Provides an exception for drugs prescribed or dispensed to patients on a recurring basis. Designates a failure to comply as professional misconduct and subjects the prescriber or pharmacist to discipline by the prescriber’s or pharmacist’s licensing authority.

**Fiscal Note:** (Dated January 24, 2020) NOT SIGNIFICANT

**Senate Status:** 02/10/20 - Referred to Senate Health & Welfare Committee.

**House Status:** 01/22/20 - Referred to House Mental Health & Substance Abuse Subcommittee.

**SB2838/HB2281 TENNCARE: Excludes charges related to decreasing opioid use from insurance payments.**
Summary: Requires private health insurance providers exclude from calculation of costs any charges from episodes of care related to pain relief that decreased the use of opioids. Allows private health insurance providers to demonstrate to patients that the alternative pain relief service had the effect of reducing opioid use. Broadly captioned.
Fiscal Note: (Dated March 6, 2020) Increase State Expenditures Exceeds $2,133,800/FY20-21 and Subsequent Years Increase Federal Expenditures Exceeds $4,119,600/FY20-21 and Subsequent Years
Senate Status: 02/10/20 - Referred to Senate Commerce & Labor Committee.
House Status: 06/01/20 - Taken off notice in House Insurance Committee.

SB2846/HB1909 INSURANCE GENERAL: Increases amount of time to issue a disapproval order.
Summary: Increases the amount of time the commissioner of commerce and insurance is required to issue a disapproval order from 30 to 45 days after the issuance of the order. Broadly captioned.
Fiscal Note: (Dated January 30, 2020) NOT SIGNIFICANT
Senate Status: 03/12/20 - Set for Senate Commerce & Labor Committee 03/17/20.
House Status: 01/30/20 - Caption bill held on House clerk's desk.

SJR170 HEALTH CARE: Expansion of medicaid eligibility to combat the opioid crisis.
Sponsors: Sen. Yarbro, Jeff
Summary: Authorizes governor to expand medicaid eligibility in accordance with the Patient Protection and Affordable Care Act to fully combat the opioid crisis in Tennessee.
Senate Status: 02/11/19 - Referred to Senate Commerce & Labor Committee.

SJR171 TENNCARE: Urges TennCare improve treatment access for opioid addiction.
Sponsors: Sen. Yarbro, Jeff
Summary: Encourages the bureau of TennCare to improve access to and quality of treatment for eligible Tennessee residents suffering from addiction to opiates and other substances by means of an appropriate federal Section 1115 waiver for medicaid services.
Senate Status: 02/11/19 - Referred to Senate Commerce & Labor Committee.

SJR172 TENNCARE: Medicaid eligibility expansion.
Sponsors: Sen. Yarbro, Jeff
Summary: Authorizes governor to expand Medicaid eligibility.
Senate Status: 02/11/19 - Referred to Senate Commerce & Labor Committee.

SJR182 TENNCARE: Bureau of TennCare to improve access to and quality of evidence-based home visitation services.
Sponsors: Sen. Yarbro, Jeff
Summary: Encourages the bureau of TennCare to seek an appropriate federal Section 1115 demonstration waiver in order to expand access to evidence-based home visitation services for pregnant women and parents with infants facing medical, social, or environmental risks; encourages seeking additional funding opportunities for the home visitation programs.
Senate Status: 02/11/19 - Referred to Senate Commerce & Labor Committee.

SJR183 TENNCARE: Encourages the Bureau of TennCare to improve access to and quality of evidence-based home visitation services.
Sponsors: Sen. Yarbro, Jeff
Summary: Encourages the bureau of TennCare to seek an appropriate federal Section 1115 demonstration waiver in order to expand access to evidence-based home visitation services for pregnant women and parents with infants facing medical, social, or environmental risks; encourages seeking additional funding opportunities for the home visitation programs.
Senate Status: 02/11/19 - Referred to Senate Commerce & Labor Committee.

HB884 INSURANCE HEALTH: Informing patients of options pertaining to their prescription medications.
Sponsors: Rep. Dixie, Vincent
Summary: Prohibits pharmacy benefit managers from prohibiting the informing patients of all relative options pertaining to their prescription medications, including the cost or effectiveness of alternative medications, and whether a cash payment would cost less than an applicable insurance copayment or deductible.

House Status: 02/06/19 - Introduced in the House

HB2797 PROFESSIONS & LICENSURE: Decreases filing time for material changes.
Sponsors: Rep. Smith, Robin
Summary: Decreases amount of time a person or entity seeking licensure as a pharmacy benefits manager is required to submit material changes to the department of commerce and insurance from 60 to 30 days of the change. Broadly captioned.
Fiscal Note: (Dated February 12, 2020) NOT SIGNIFICANT
House Status: 02/10/20 - Caption bill held on House clerk's desk.

HB2799 INSURANCE HEALTH: Establishes reporting deadline for recommendations to the governor.
Sponsors: Rep. Smith, Robin
Summary: Establishes a February 1 deadline for the annual submission of recommended changes from the commerce and labor committee of the senate, the insurance and banking committee of the house and the finance, ways and means committees of the senate and the house in regard to the Access Tennessee Act. Broadly captioned.
Fiscal Note: (Dated February 12, 2020) NOT SIGNIFICANT
House Status: 02/10/20 - Caption bill held on House clerk's desk.

HB2887 PUBLIC EMPLOYEES: Increases notice time for changes to insurance plans.
Sponsors: Rep. Travis, Ron
Summary: Increases the time prior to the effective date of insurance plan changes that the LEA must notify the local education insurance committee of the changes from 30 days to 35 days. Broadly captioned.
Fiscal Note: (Dated February 13, 2020) NOT SIGNIFICANT
House Status: 02/10/20 - Caption bill held on House clerk's desk.

HJR138 HEALTH CARE: Supports the health of an unborn children.
Sponsors: Rep. VanHuss, James
Summary: Supports continued medical advancement to protect babies in the womb.
Fiscal Note: (Dated March 28, 2019) NOT SIGNIFICANT
House Status: 04/09/19 - Taken off notice in House Public Health Subcommittee.

HJR811 CRIMINAL LAW: Supports efforts at federal level to designate entities that traffic fentanyl and its analogues as a Foreign Terrorist Organization.
Sponsors: Rep. Terry, Bryan
Summary: Supports efforts at the federal level to designate entities that traffic fentanyl and its analogues as a Foreign Terrorist Organization.
Fiscal Note: (Dated February 27, 2020) NOT SIGNIFICANT
House Status: 05/26/20 - Taken off notice in House Judiciary Committee.