COMMERCIAL LAW

SB366/HB425  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:  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House Status:  04/01/19 - Withdrawn in House.

SB1556  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.

CRIMINAL LAW

SB280/HB764  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.

SB301/HB1456  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.
SB619/HB800  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.

SB738/HB1419  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.

SB849/HB1459  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.

SB932/HB1335  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).

**SB1200/HB1454** 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).

**SB1306/HB78** Increases fine for failing to report abortion requests on minors.

**Sponsors:** Sen. Pody, Mark, Rep. Terry, Bryan

**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

**SB1771/HB1796** 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.

**Senate Status:** 01/27/20 - Referred to Senate Commerce & Labor Committee.

**House Status:** 01/23/20 - Caption bill held on House clerk's desk.

**SB2079/HB2114** 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.
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.

SB2618/HB2057 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.

ECONOMIC DEVELOPMENT

SB660/HB755 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

EDUCATION

SB1187/HB769 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

ENVIRONMENT & NATURE

SB811/HB845 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.
Fiscal Note: (Dated March 14, 2019) NOT SIGNIFICANT
Senate Status: 02/07/19 - Referred to Senate Energy, Agriculture & Natural Resources Committee.
House Status: 03/19/19 - Taken off notice in House Agriculture & Natural Resources Subcommittee.

ESTATES & TRUSTS

SB2185/HB2252 Time limitations 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.
Senate Status: 02/06/20 - Introduced in the Senate
House Status: 02/05/20 - Introduced in the House

GOVERNMENT CONTRACTS

SB1228/HB1254 Discrimination on the basis of second amendment-related activity.
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

GOVERNMENT ORGANIZATION

SB160/HB491 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.

**SB1654/HB1732 Sunset - board of medical examiners.**

**Sponsors:** Sen. Roberts, Kerry , Rep. Daniel, Martin

**Summary:** Extends the board of medical examiners to June 30, 2023.

**Fiscal Note:** (Dated January 17, 2020) NOT SIGNIFICANT

**Senate Status:** 02/05/20 - Senate Government Operations Committee recommended. Sent to Senate Calendar Committee.

**House Status:** 01/23/20 - Referred to House Government Operations Committee.

**HEALTH CARE**

**SB39/HB222 Release of medical records by healthcare provider.**

**Sponsors:** Sen. Massey, Becky , Rep. Faison, Jeremy

**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

**SB202 Controlled substances to be dispensed in a lockable vial.**

**Sponsors:** Sen. Briggs, Richard ,

**Summary:** Requires Schedule II opioids, Schedule II stimulants, and Schedule IV benzodiazepenes 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.

**SB343/HB534 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.

**Fiscal Note:** (Dated February 11, 2019) NOT SIGNIFICANT

**Senate Status:** 02/04/19 - Referred to Senate Commerce & Labor Committee.

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

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

**Priority:** 1 - Top-tier

**SB385/HB390 Study on the feasibility of promoting and implementing medical interoperability.**

**Sponsors:** Sen. Reeves, Shane , Rep. Baum, Charlie

**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.

**SB475/HB364** Dispensing of certain controlled substances in a lockable vial.

**Sponsors:** Sen. Briggs, Richard, Rep. Hill, Matthew

**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** 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).

**Senate Status:** 02/07/19 - Referred to Senate Judiciary Committee.
**House Status:** 02/13/19 - Referred to House Mental Health & Substance Abuse Subcommittee.

**SB528/HB1125** 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.

**SB767/HB765** Prescribers of buprenorphine products.

**Sponsors:** Sen. Yarbro, Jeff, Rep. Love Jr., Harold
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: 04/03/19 - House Mental Health & Substance Abuse Subcommittee deferred to first calendar of 2020.

SB905/HB721 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 Subcommittee.


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.

SB1023/HB1457 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.

SB1070/HB1109 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.

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

Priority: 1 - Top-tier

SB1081/HB752 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: 02/11/19 - Referred to Senate Health & Welfare Committee.

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

SB1091/HB573 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 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.

SB1123/HB1129 Written list of TANF and medicaid options.
Summary: Changes the annual date by which the departments of health and human services must jointly provide to the appropriate committees of the senate and the house of representatives a written list of available state and federal options under medicaid and temporary assistance for needy families from December 31 to December 15.

Amendment Summary: House Agriculture & Natural Resources Subcommittee amendment 1 (005583) defines "consumer", "personal consumption", "producer" and "unpasteurized milk" as used in the bill. Describes the registration requirements and rules for a dairy farm to sell unpasteurized milk or unpasteurized milk products, the process of selling unpasteurized milk or unpasteurized milk products, record keeping, the rules of the department of health and department of agriculture in accordance with the Uniform Administrative Procedures Act, and the procedures to follow in the event of contamination. Senate Health & Welfare Committee amendment 1 (006184) deletes and replaces all language after the caption. Deletes Tenn. Code Ann. § 53-3-119 regarding consumption of hoofed mammal milk by owners and partial owners of the hoofed mammal and replaces it with new language that creates registration for such ownership agreements. Under the proposed legislation, farm owners with persons who consume or purchase milk either as a full or partial owner must do the following: Register with the Department of Agriculture (DOA); Complete a safe milk handling course offered by the University of Tennessee Agricultural Extension Service; Maintain a list of the names, addresses, phone numbers, and email addresses, if applicable, of all partial owners of a hoofed mammal; Maintain a list of all distribution of milk transactions from a hoofed mammal located on the farm; Maintain a warning form signed annually by each partial owner of a hoofed mammal that describes the risks associated with consuming milk from a hoofed mammal without pasteurization; Maintain a contract on file between the farm owner and the partial owner of the hoofed mammal with clear terms of ownership and the rights resulting from such ownership; these records must be retained for at least three years; and Include warning labels on all unpasteurized products.
Prohibits the DOA from charging a registration fee. Establishes that the farm owner is responsible for paying any fee associated with completing the safe milk handling course.

**Fiscal Note:** (Dated February 20, 2019) NOT SIGNIFICANT

**Senate Status:** 02/05/20 - Set for Senate Commerce & Labor Committee 02/11/20.

**House Status:** 03/19/19 - House Agriculture & Natural Resources Subcommittee deferred to summer study after adopting amendment 1 (005583).

**SB1208/HB685** Requires report on incidence of sudden infant death syndrome.

**Sponsors:** Sen. Crowe, Rusty, Rep. Terry, Bryan

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

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

**Priority:** 1 - Top-tier

**SB1390/HB541** 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.

**SB1444/HB720** Reimbursement of healthcare providers.

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

**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.

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

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

**House Status:** 04/09/19 - Taken off notice in House Insurance Committee.

**Priority:** 1 - Top-tier
SB1466/HB300 Encourages finance and administration commissioner consult with TennCare advisory committee about impact of policies.

**Sponsors:** Sen. Bailey, Paul, Rep. Hill, Matthew

**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.

**Fiscal Note:** (Dated January 31, 2019) NOT SIGNIFICANT

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

**House Status:** 02/04/19 - Caption bill held on House clerk’s desk.

SB1472/HB1031 Removes expired health commissioner report requirement.

**Sponsors:** Sen. Bailey, Paul, Rep. Lynn, Susan

**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.

**Fiscal Note:** (Dated February 9, 2019) NOT SIGNIFICANT

**Senate Status:** 04/10/19 - Taken off notice in Senate Health & Welfare Committee.

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

**Priority:** 1 - Top-tier

SB1600/HB1700 Injuries resulting from vapor products - reporting requirements.

**Sponsors:** Sen. Briggs, Richard, Rep. Ramsey, Bob

**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.

SB1718/HB1832 Caps cost of insulin for covered patient with diabetes.

**Sponsors:** Sen. Robinson, Katrina, Rep. Dixie, Vincent

**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.

**Fiscal Note:** (Dated February 5, 2020) Increase State Expenditures - $25,000/FY20-21

**Senate Status:** 01/23/20 - Referred to Senate Commerce & Labor Committee.

**House Status:** 01/27/20 - Referred to House Life & Health Insurance Subcommittee.

**Executive Status:** 02/05/20 - Set for Joint Council on Pensions and Insurance 02/10/20.

SB1827/HB2089 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
SB1852/HB2390 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: 01/29/20 - Referred to Senate Health & Welfare Committee.
House Status: 02/05/20 - Caption bill held on House clerk's desk.

SB1888/HB1875 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: 01/30/20 - Referred to Senate Health & Welfare Committee.
House Status: 01/29/20 - Referred to House Facilities, Licensure & Regulations Subcommittee.

SB1912/HB1917 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.
Fiscal Note: (Dated February 1, 2020) NOT SIGNIFICANT
Senate Status: 01/30/20 - Referred to Senate Health & Welfare Committee.
House Status: 01/31/20 - Referred to House Mental Health & Substance Abuse Subcommittee.

SB1938/HB1980 Free guidance to opioid prescribers.
Summary: Requires department of health develop and publish guidance assisting prescribers of opioids for free on the department of health’s website.
Fiscal Note: (Dated February 5, 2020) NOT SIGNIFICANT
Senate Status: 01/30/20 - Referred to Senate Health & Welfare Committee.
House Status: 01/31/20 - Referred to House Mental Health & Substance Abuse Subcommittee.

SB1939/HB1931 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.
Senate Status: 01/30/20 - Referred to Senate Commerce & Labor Committee.
House Status: 01/31/20 - Referred to House Life & Health Insurance Subcommittee.

**Sponsors:** Sen. Bowling, Janice , Rep. Kumar, Sabi

**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.

**Senate Status:** 02/03/20 - Referred to Senate Health & Welfare Committee.

**House Status:** 02/04/20 - Referred to House Facilities, Licensure & Regulations Subcommittee.

SB2317/HB1867 Direct medical care agreements.

**Sponsors:** Sen. Roberts, Kerry , Rep. Smith, Robin

**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.

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

**Senate Status:** 02/06/20 - Introduced in the Senate

**House Status:** 01/29/20 - Referred to House Facilities, Licensure & Regulations Subcommittee.

SB2402/HB2160 Requires healthcare providers to post the cost of services within their facilities.

**Sponsors:** Sen. Kyle, Sara , Rep. Hodges, Jason

**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.

**Senate Status:** 02/06/20 - Introduced in the Senate

**House Status:** 02/05/20 - Introduced in the House

SB2792/HB1649 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:** 02/06/20 - Filed for Introduction

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

SJR170 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.

HJR138 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.
INSURANCE GENERAL

SB774/HB1106  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.

SB1033/HB1191  Effective date of a commercial risk insurance policy cancellation.
Summary: Extends the effective date of a commercial risk insurance policy cancellation from to 15 days after notice is mailed. Broadly captioned.
Fiscal Note: (Dated February 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

SB1132/HB1155  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

SB1435/HB64  Recommendations for changes to the Access Tennessee Act of 2006.
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.
SB1744/HB1859 Rebuttable presumption for person signing insurance contract or paying premium.

**Sponsors:** Sen. Lundberg, Jon , Rep. Gant, Ron

**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.

**Senate Status:** 01/23/20 - Referred to Senate Commerce & Labor Committee.

**House Status:** 01/29/20 - Referred to House Property & Casualty Subcommittee.

SB1758/HB1701 Requires limitation of risk to policy holders and implements gold card program.

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

**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.

**Senate Status:** 01/23/20 - Referred to Senate Commerce & Labor Committee.

**House Status:** 01/23/20 - Referred to House Life & Health Insurance Subcommittee.

SB2846/HB1909 Increases amount of time to issue a disapproval order.

**Sponsors:** Sen. Bailey, Paul , Rep. Keisling, Kelly

**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:** 02/06/20 - Filed for Introduction

**House Status:** 01/30/20 - Caption bill held on House clerk's desk.

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

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

**Summary:** Deletes references to a completed study by the commission of commerce and insurance regarding impediments in insurance laws. Broadly captioned.

**Senate Status:** 02/06/20 - Filed for Introduction

**House Status:** 02/05/20 - Introduced in the House

**INSURANCE HEALTH**

SB322/HB278 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:**
01/21/20 - Senate Commerce & Labor Committee deferred to 02/18/20.

**House Status:**
04/30/19 - Taken off notice in House Finance, Ways & Means Subcommittee.

**SB348/HB610 Uniform claim forms.**
**Sponsors:** Sen. Briggs, Richard, Rep. Terry, Bryan
**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

**SB387/HB517 Creation of a committee to study managed care organizations.**
**Sponsors:** Sen. Hensley, Joey, Rep. Hill, Timothy
**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 Coverage for stem cell therapy.**
**Sponsors:** Sen. Kyle, Sara, Rep. Mitchell, Bo
**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** 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.

**SB539/HB698** 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

**SB723/HB708** Reimbursement of medical claims.
*Sponsors:* Sen. Reeves, Shane, Rep. Helton, Esther
*Summary:* 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.
*Fiscal Note:* (Dated February 25, 2019) Increase State Expenditures $398,500 Increase Federal Expenditures - $55,000
*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.
*Executive Status:* 03/25/19 - Joint Council on Pensions and Insurance released to standing committees with unfavorable comment.
*Priority:* 1 - Top-tier

**SB1133/HB727** 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.
House Status: 02/11/19 - Referred to House Life & Health Insurance Subcommittee.
Executive Status: 03/04/19 - Taken off notice in Joint Council on Pensions and Insurance.

SB1215/HB1010 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 Informing patients about health insurance acceptance.

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.

SB1296/HB962 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.

SB1369/HB910 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.

SB1436/HB65 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

SB1502/HB1366 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.

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

Senate Status: 02/11/19 - Referred to Senate Commerce & Labor Committee.
House Status: 03/27/19 - House Public Service & Employee Subcommittee deferred to summer study.
Executive Status: 03/25/19 - Joint Council on Pensions and Insurance released to standing committees with unfavorable comment after adopting amendment 1 (005922).

SB1892/HB1699 Requires a health insurance entity to cover telehealth services.
Summary: Requires a health insurance entity to cover telehealth services similarly to in person services. Prohibits a health insurance entity from denying coverage because the service provided classified as telemedicine and not an in person encounter and requires the health insurance entity to reimburse health care service providers without consideration for the patients geographic location and for out of network providers of telemedicine under the same policies used for out of network in person services. Broadly captioned.

Senate Status: 01/30/20 - Referred to Senate Commerce & Labor Committee.
House Status: 02/06/20 - Set for House Life & Health Insurance Subcommittee 02/12/20.
Executive Status: 02/05/20 - Set for Joint Council on Pensions and Insurance 02/10/20.

SB1935/HB1866 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.

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

Senate Status: 01/30/20 - Referred to Senate Commerce & Labor Committee.
House Status: 01/29/20 - Caption bill held on House clerk's desk.

SB1942/HB1890 Prohibits pharmacy benefit managers from discriminating against certain pharmacies.
Summary: Prohibits a pharmacy benefit manager and certain other third parties from taking certain actions against entities and pharmacies participating in the federal 340B drug discount program. Creates a private cause of action against violators.

Senate Status: 01/30/20 - Referred to Senate Commerce & Labor Committee.
House Status: 01/31/20 - Referred to House Life & Health Insurance Subcommittee.

SB2132/HB2162 Prohibits health carriers from limiting advanced metastatic cancer treatments.
Summary: Prohibits health benefit plans covering advanced metastatic cancer from requiring that the enrollee prove that other drugs were unsuccessful before providing coverage to an FDA approved prescription drug.

Senate Status: 02/06/20 - Introduced in the Senate
House Status: 02/05/20 - Introduced in the House

SB2251/HB2006 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.

**Senate Status:** 02/06/20 - Introduced in the Senate  
**House Status:** 02/03/20 - Caption bill held on House clerk’s desk.

**SB2373/HB2065** 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.  
**Fiscal Note:** (Dated February 5, 2020) NOT SIGNIFICANT  
**Senate Status:** 02/06/20 - Introduced in the Senate  
**House Status:** 02/04/20 - Referred to House Life & Health Insurance Subcommittee.

**SB2419/HB1959** Pharmacies right to inform patients of prescription drug options.  
**Sponsors:** Sen. Robinson, Katrina, Rep. Dixie, Vincent  
**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.  
**Senate Status:** 02/06/20 - Introduced in the Senate  
**House Status:** 01/31/20 - Referred to House Life & Health Insurance Subcommittee.

**HB884** 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

**JUDICIARY**

**SB1034/HB1114** Passive investors in healthcare liability actions.  
**Sponsors:** Sen. Gardenhire, Todd, Rep. Coley, Jim  
**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.

**SB1274/HB1237** 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.  
**House Status:** 02/13/19 - Referred to House Civil Justice Subcommittee.
LABOR LAW

**SB1204**  
**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.

LOCAL GOVERNMENT

**SB9/HB9**  
**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:** 05/02/19 - House deferred to 2020.  
**Priority:** 1 - Top-tier

**SB1894/HB2726**  
**Prohibits license renewal of delinquent licensee by health related boards.**
**Sponsors:** Sen. Haile, Ferrell, Rep. Sexton, Cameron  
**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.  
**Senate Status:** 01/30/20 - Referred to Senate Health & Welfare Committee.  
**House Status:** 02/06/20 -Introduced in the House

PROFESSIONS & LICENSURE

**SB541/HB793**  
**Adverse actions against healthcare professionals for recommending hemp-based products.**
**Sponsors:** Sen. Massey, Becky, Rep. Ramsey, Bob  
**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.

**SB672/HB810**  
**Graduate Physicians Act.**
**Sponsors:** Sen. Hensley, Joey, Rep. Kumar, Sabi  
**Summary:** 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.)

Amendment
Summary: 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.

Fiscal Note: (Dated February 22, 2019) 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.

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

SB791/HB935 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.

Fiscal Note: (Dated February 20, 2019) NOT SIGNIFICANT
Senate Status: 02/07/19 - Referred to Senate Health & Welfare Committee.
House Status: 02/11/19 - Referred to House Mental Health & Substance Abuse Subcommittee.
Priority: 2 - Second-tier

SB884/HB1377 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.

SB1142/HB1121 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.
Fiscal Note: (Dated February 7, 2019) NOT SIGNIFICANT
Senate Status: 02/06/20 - Set for Senate Floor 02/10/20.
House Status: 02/05/20 - House Health Committee recommended with amendment 1 (003656). Sent to House Calendar & Rules.
Priority: 1 - Top-tier

SB1431/HB520 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.

SB1584/HB2012 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: 01/16/20 - Referred to Senate Commerce & Labor Committee.
House Status: 02/04/20 - Referred to House Facilities, Licensure & Regulations Subcommittee.

SB2504/HB1926 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: 02/06/20 - Introduced in the Senate
House Status: 01/30/20 - Caption bill held on House clerk's desk.

PUBLIC FINANCE

SB1050/HB1019 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.
SB1803/HB2033 Report on federal block grants and funds expended by each state agency.

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.

SB2055/HB2831 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 contact for the receipt of federal block grants.

TAXES BUSINESS

SB315/HB338 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. Repeals tax for tax years ending on or after May 31, 2025.

SB1968/HB2118 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.
<table>
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<tr>
<th>SB1979/HB2000</th>
<th>Excludes smokeless nicotine products from tobacco tax.</th>
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<td><strong>Sponsors:</strong></td>
<td>Sen. Stevens, John, Rep. Gant, Ron</td>
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<tr>
<td><strong>Summary:</strong></td>
<td>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.</td>
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<td><strong>Fiscal Note:</strong></td>
<td>(Dated January 29, 2020) NOT SIGNIFICANT</td>
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<td><strong>Senate Status:</strong></td>
<td>02/03/20 - Referred to Senate Finance, Ways &amp; Means Committee.</td>
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<td><strong>House Status:</strong></td>
<td>02/05/20 - Referred to House Finance, Ways &amp; Means Subcommittee.</td>
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<td><strong>SB254</strong></td>
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| SB371/HB974 | Decreases time allowed to mail certain changes to TennCare application. |
| **Sponsors:** | Sen. Briggs, Richard, Rep. Littleton, Mary |
| **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  **Authorizes governor to make decisions regarding medical assistance programs.**

**Sponsors:**  Sen. Yarbro, Jeff , Rep. Miller, Larry  
**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:**  02/06/19 - Referred to Senate Health & Welfare Committee.  
**House Status:**  02/06/19 - Referred to House TennCare Subcommittee.

SB464/HB1050  **Expands governor's authority with medicaid.**

**Sponsors:**  Sen. Yarbro, Jeff , Rep. Johnson, Gloria  
**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.  
**Fiscal Note:**  (Dated March 20, 2019) Increase State Revenue - $25,361,400/FY19-20 $56,798,700/FY20-21  
$31,731,100/FY21-20 Increase State Expenditures - $75,836,200/FY19-20  
**Senate Status:**  04/16/19 - Taken off notice in Senate Commerce & Labor Committee.  
**House Status:**  04/10/19 - Failed in House TennCare Subcommittee.

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

**Sponsors:**  Sen. Stevens, John , Rep. Lamberth, William  
**Summary:**  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.  
**Fiscal Note:**  (Dated February 8, 2019) NOT SIGNIFICANT  
**Senate Status:**  02/07/19 - Referred to Senate Health & Welfare Committee.  
**House Status:**  02/07/19 - Caption bill held on House clerk's desk.

SB974/HB1094  **Federal waiver to establish VolunteerCare.**

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

**SB1029/HB1430 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.

**SB1049/HB1259 Medicaid expansion for residents with opioid addictions.**

**Sponsors:** Sen. Robinson, Katrina, Rep. Dixie, Vincent

**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

**SB1469/HB1175 Reports on use of technical assistance groups of healthcare providers in developing episodes of care.**

**Sponsors:** Sen. Bailey, Paul, Rep. Weaver, Terri

**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 TennCare Subcommittee amendment 1 (008011) deletes all language after the enacting clause. Requires the Division of TennCare (Division) to reimburse ambulance service providers for covered services provided to TennCare at the current maximum contracted reimbursement rate for those services as of May 31, 2019. Senate Commerce & Labor Committee amendment 1 (008352) rewrites the bill. Defines ambulance service provider. Requires the bureau of TennCare to reimburse ambulance service providers for covered services provided to TennCare recipients at a rate not less than 70 percent of the federal medicare program's allowable charge for participating providers.

**Fiscal Note:** (Dated February 8, 2019) NOT SIGNIFICANT

**Senate Status:** 04/30/19 - Taken off notice in Senate Finance, Ways & Means Committee.

**House Status:** 02/06/20 - Set for House Insurance Committee 02/11/20.

**Priority:** 1 - Top-tier

**SB2047/HB2432 Close the Tennessee Medicare Coverage Gap Act.**

**Sponsors:** Sen. Yarbro, Jeff, Rep. Camper, Karen

**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.

**Senate Status:** 02/03/20 - Introduced in the Senate

**House Status:** 02/05/20 - Introduced in the House

**SJR171**
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 Tennessean 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**
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**
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**
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.

**TRANSPORTATION VEHICLES**

**SB1812/HB1680**
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.

**WELFARE**

**SB945/HB960**

**Sponsors:** Sen. Kyle, Sara, Rep. Windle, John
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