



TENNESSEE HOSPITAL ASSOCIATION

FINAL LEGISLATIVE REPORT

2016 LEGISLATIVE SESSION | 109TH TENNESSEE GENERAL ASSEMBLY





The 109th General Assembly completed its business on April 22 and adjourned *sine die*. Battles over the Provider Stability Act, Hall income tax reduction bill, property tax relief for veterans and failed effort to override Governor Bill Haslam's veto of the bill making the Bible the state book took up a considerable amount of the legislature's time and delayed the expected adjournment for several days.

THA staff spent most of its time this session on the association's priority issues - certificate of need (CON) modernization, the hospital assessment and telehealth reimbursement. Other key issues of importance were legislation on balance billing requirements, stroke criteria, medical malpractice changes, sale of fetal remains, organ donations, overdose reporting by hospitals and updates to the Prescription Safety Act.

A number of legislative study committees will occur over the coming months in addition to House Speaker Beth Harwell's 3-Star Healthy Project Task Force. The task force, exploring opportunities for innovative, conservative solutions for the state's TennCare program, has held meetings across the state to engage with stakeholders and other legislators to make recommendations and propose those ideas to the Centers for Medicare & Medicaid Services (CMS) in June. Other committees will look at balance billing, anatomical gifts, stroke criteria, scope of practice issues and the proposed Patient Compensation System.

THA Priorities

At its December 2015 meeting, the THA Board of Directors voted to include the following as the Association's 2016 legislative priorities:

- Oppose efforts to eliminate the CON program
- Pass legislation to continue the hospital assessment for one year at the current rate of 4.5 percent
- Pass legislation to ensure reimbursement for telehealth services regardless of the geographic location of the patient

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SB1842/HB1730 CON Modernization**Sponsors: Sen. Todd Gardenhire/Rep. Cameron Sexton**

During the 2015 legislative session, THA was able to prevent passage of legislation in the Senate Commerce Committee that would have eliminated most services from Tennessee's CON requirements. As a result, a subcommittee was created to study the issue prior to the 2016 session.

Over the summer and fall of 2015, it became clear there was developing support for "modernization" of the existing CON law. THA created a CON Task Force to look at areas where changes could be made and propose recommendations to the THA Board of Directors.

Although the 2016 bill, as originally introduced, was again close to an all-out House Health Committee repeal of the law, several amendments were proposed throughout the session that narrowed the scope of the legislation. Chairman Cameron Sexton, the bill's House sponsor, indicated his goal was for a less restrictive and more need-based approach to the CON law, which also would include more quality control and greater accountability, while introducing some free market principles into the system. While the THA Board generally was in support of modernization efforts, there continued to be significant concerns that some of the proposed changes would be harmful to hospitals.

A compromise ultimately was reached after months of discussion, culminating in a bill reflective of the agreements made in a stakeholders meeting with legislators and hospital and physician representatives in late March. The final bill makes several changes to the current CON law, including:

Eliminated from CON Requirements

- Birthing centers
- Capital thresholds
- Lithotripsy
- Swing beds
- Rehabilitation or hospital-based alcohol and drug treatment for adolescents
- Equipment thresholds
- Discontinuation of OB services
- Critical access hospital (CAH) closure

Modifications to Current Law

- 10 percent increase in beds every three years per bed type at a single location
- MRI
 - In counties with a population greater than 250,000, no CON requirements except for pediatric MRI
 - In counties with a population less than 250,000, CON required for initiation of service or the addition of any new MRI machine, except for replacement or upgrade of existing equipment
- Requirement for outpatient diagnostic centers to receive accreditation by the American College of Radiology following approval of CON

Additions to Law

- Organ transplantation (includes grandfathering of programs with applications submitted to UNOS by Jan. 1, 2017)
- Quality measure monitoring and reporting
- Establishment of a satellite emergency department
- Annual reporting for MRI services
- Continuing oversight of approved CONs by the Health Services and Development Agency (HSDA)
- 25 percent refund to unsuccessful CON applicants
- 25 percent fee for appeal of a CON decision by a party other than the applicant

Enacted as Public Chapter 1043, effective July 2, 2016

SB1836/HB1872 Annual Coverage Assessment of 2016**Sponsors: Sen. Doug Overbey/Rep. Steve McDaniel**

THA's hospital assessment legislation was approved by the legislature, maintaining the current rate of 4.52 percent of a hospital's net patient revenue for an additional year. Funding in FY 2017 will be provided for:

- Replacement of across-the-board reductions in covered and excluded hospital and professional reimbursement rates described in the governor's recommended budgets since FY 2011;
- Maintenance of essential access hospital payments to the maximum allowed by CMS under the TennCare waiver of at least \$100,000,000;
- Maintenance of payments to CAHs to achieve reimbursement of full cost of benefits provided to TennCare enrollees up to \$10,000,000;
- Maintenance of reimbursement to offset critical access charity costs up to \$6,000,000;
- Maintenance of payments for graduate medical education of at least \$50,000,000;
- Maintenance of reimbursement for Medicare part A crossover claims at the lesser of 100% of Medicare allowable or the billed amount;
- Avoidance of any coverage limitations relative to the number of hospital inpatient days per year or annual cost of inpatient services for a TennCare enrollee;
- Avoidance of any coverage limitations relative to the number of nonemergency outpatient visits per year for a TennCare enrollee;
- Avoidance of any coverage limitations relative to the number of physician office visits per year for a TennCare enrollee;
- Avoidance of coverage limitations relative to the number of laboratory and diagnostic imaging encounters per year for a TennCare enrollee;
- Maintenance of coverage for occupational therapy, physical therapy and speech therapy services; and
- Making Medicaid disproportionate share hospital (DSH) payments at the maximum amount authorized by the federal Social Security Act for FY 2016-2017 or expanded essential access hospital (EAH) payments if approved by CMS.

Funds remaining in the assessment trust fund will provide:

- \$587,900 to maintain reimbursement at the emergency care rate for non-emergent care to children aged 12 to 24 months to avoid the reduction described in the governor's FY 2016-2017 recommended budget
- \$2,101,000 to offset the elimination of the provision in the TennCare managed care contractor risk agreements giving TennCare MCOs the benefit of 340B pricing
- \$3,000,000 for reimbursement to offset a portion of the remaining critical access hospital charity costs

The bill also places the rate variation provisions in a separate section of the code to ensure they are permanent.

Language also was included in this year's bill to give the TennCare Bureau the flexibility to make the necessary changes to the uncompensated hospital cost (UHC) pool provisions, as well as funding for benefits and services that may be necessary due to any future action taken by the Centers for Medicare & Medicaid Services (CMS) to cut supplemental pool funding.

Enacted as Public Chapter 854, effective July 1, 2016

SB2373/HB2331 Reimbursement for Telehealth Services**Sponsors: Sen. Mike Bell/Rep. Cameron Sexton**

THA's telehealth legislation was proposed due to issues some hospitals were having with reimbursement for such services. Written policies of some payers indicated they would not pay for telehealth services if the patient was located within a metropolitan statistical area (MSA) that is not a designated health professional shortage area (HPSA).

As approved by the General Assembly, the bill:

- Specifies the reimbursement or coverage for services provided through telehealth must be without any distinction or consideration of the geographic location, or any federal, state or local designation or classification of the geographic area where the patient is located.
- Expands the definition of "healthcare provider" for the purposes of telehealth to include any state-contracted crisis service provider employed by a facility license under state law governing mental health facilities.

Enacted as Public Chapter 990, effective January 1, 2017

FY 2016-2017 State Budget

The General Assembly approved a \$34.8 billion budget for FY 2016-2017 during the closing days of the legislative session.

The final appropriations bill provides significant increases for K-12 education, including teacher salary increases, additional funds for higher education and a first step to repealing the Hall income tax. The proposal also includes paying back a portion of the \$261 million previously diverted from the state gasoline tax-funded road fund to the general fund and an increase in the state's rainy day fund.

The TennCare portion of the budget is predicated on medical and pharmacy cost increases due to inflation and utilization totaling \$64.2 million and increases due to costs of Medicare Part B premiums and Part D prescription benefits for dual-eligible enrollees exceeding \$77.5 million. An anticipated savings for FY 2017 also is reflected under the program's payment reform initiative.

Increases of \$8.3 million for eligibility determination staffing and \$8.3 million in nonrecurring dollars for the Tennessee eligibility determination system are included.

The legislature added \$18.2 million to the governor's original budget proposal to again provide one-time funds to restore the 1 percent TennCare provider rate reduction. This reduction was funded last year through TennCare reserves and the hospital assessment on a non-recurring basis.

Bills of Interest to Hospitals

Certificate of Need (CON)

SB2390/HB2333 Certificate of need thresholds

Sponsors: Sen. Mike Bell/Rep. Martin Daniel

Increases (CON) thresholds for the following:

- Modification of a healthcare institution, other than a hospital, including renovations and additions to facilities, from \$2 million to \$10 million
- Modification of a hospital, from \$5 million to \$20 million
- Acquisition by any person of major medical equipment for service to patients, from \$2 million to \$4 million
- Prohibits an application examination fee for CON from exceeding \$5,000

Senate Status: Senate Health & Welfare Committee deferred

House Status: Taken off notice in House Health Subcommittee

SB2075/HB1874 Moratorium on CONs for new nursing home beds

Sponsors: Sen. Doug Overbey/Rep. Steve McDaniel

Extends the current moratorium on CONs for new nursing home beds until June 30, 2021.

Enacted as Public Chapter 785, effective July 1, 2016

Criminal Law

SB1629/HB1660 Termination date for legislation on woman assault of a fetus

Sponsors: Sen. Reginald Tate/Rep. Terri Lynn Weaver

In 2014, the General Assembly approved legislation permitting the prosecution of a woman for assault of a fetus if the illegal use of narcotic drugs while pregnant harmed the fetus. A two-year expiration date was placed in the law.

The failure of this year's bill effectively repeals the 2014 law.

Senate Status: Referred to Senate Judiciary Committee

House Status: Failed in House Criminal Justice Subcommittee

SB1761/HB2043 Criminal charges for persons providing prayer instead of medical treatment

Sponsors: Sen. Richard Briggs/Rep. Andrew Farmer

Removes a provision in the current law stipulating a person who provides prayer in lieu of medical or surgical treatment could have legal immunity in regards to the crime of child abuse, neglect or endangerment solely for that reason.

Enacted as Public Chapter 951, effective July 1, 2016

SB2441/HB1706 Use of body cameras by law enforcement officers

Sponsors: Sen. Sara Kyle/Rep. Brenda Gilmore

- Provides that only law enforcement officers with the authority to conduct searches and make arrests are to be permitted to wear a body camera
- Requires any law enforcement agency that uses body cameras to adopt a written policy for the use of the body cameras and requires the written policy to be in effect before any law enforcement officers are equipped with body cameras
- Requires law enforcement officers to receive a copy of the written policy and training in the use of body cameras before using such cameras
- Requires the retention of certain body camera recordings

Senate Status: Referred to Senate Judiciary Committee

House Status: Taken off notice in House State Government Subcommittee

Education

SB2206/HB2070 Students seeking assistance for drug overdoses

Sponsors: Sen. Richard Briggs/Rep. Martin Daniel

- Prohibits public and private institutions of higher learning and senior high schools from disciplining students who seek medical assistance for drug overdoses
- Prohibits such institutions from sanctioning any student organization or team in which the student who is experiencing the overdose or seeking medical assistance for another is a member

Senate Status: Taken off notice in Senate Education Committee.

House Status: House Education Administration and Planning Subcommittee deferred to summer study

Firearms

SB1736/HB2033 Posting of land to prevent possession of firearms

Sponsors: Sen. Dolores Gresham/Rep. Jeremy Faison

- Provides immunity from civil liability for a person, business or other entity that chooses not to post a sign prohibiting weapons on a property, even though they have the authority to do so
- Specifies that the immunity granted under this legislation does not apply to a person, business or other entity whose conduct or failure to act is the result of gross negligence or willful or wanton misconduct

Enacted as Public Chapter 947, effective July 1, 2016

SB2376/HB1736 Higher education employees may carry handgun on campus

Sponsors: Sen. Mike Bell/Rep. Andy Holt

- Allows full-time employees of state public colleges or universities to carry a handgun while on property owned, operated or used by the employing college or university if the employee has a valid Tennessee handgun carry permit
- Provides a public institution of higher education shall be absolutely immune from claims for monetary damages arising solely from or related to an employee's use of, or failure to use, a handgun, provided the employee is employed by the institution against whom the claim is filed and the employee elects to carry the handgun pursuant to this subdivision
- Any person electing to carry under the bill as amended is not permitted to carry a handgun openly or in any other manner in which the handgun is visible to ordinary observation

Enacted as Public Chapter 1061, effective July 1, 2016

Government Regulation/Organization

SB1499/HB1619 Sunset - Board for Licensing Health Care Facilities

Sponsors: Sen. Mike Bell/Rep. Jeremy Faison

Extends the state Board for Licensing Health Care Facilities one year to June 30, 2017

Senate Status: Referred to Senate Government Operations Committee

House Status: House passed

SB1513/HB1605 Sunset- controlled substance database advisory committee

Sponsors: Sen. Mike Bell/Rep. Jeremy Faison

- Extends the controlled substance database advisory committee to June 30, 2018
- Requires the committee to appear before the Government Operations Joint Evaluation Committee no later than November 18, 2016, to provide an update on the advisory committee's progress in addressing the findings set forth in the October 2015 performance audit report issued by the division of state audit

Enacted as Public Chapter 546, effective March 2, 2016

SB1848/HB1824 Elder abuse - background checks and adult protective services

Sponsors: Sen. Todd Gardenhire/Rep. Dale Carr

- Requires the commissioner of the Tennessee Department of Human Services (DHS) to establish within the department an adult protective services working group
- Revises requirements for criminal background checks in nursing homes and home care organizations
- Requires the executive director of the Commission on Aging and Disability to establish a working group that includes the division of adult protective services of DHS, the Tennessee Department of Health (TDH), the district attorneys general conference, members of local law enforcement, and other state departments and agencies as needed
- Requires the working group to draft and develop a field guide to provide law enforcement with the specific statutes and other resources related to assisting the prevention, investigation and prosecution of elder abuse
- Requires services and facilities operated for the provision of mental health and substance abuse services and services of intellectual and developmental disabilities to require a background check prior to employment with such organizations when responsibilities would include direct contact with or direct responsibility for service recipients

Enacted as Public Chapter 1044, effective April 28, 2016

SB2561/HB1557 Removes termination date on rules governing risk sharing agreements

Sponsors: Sen. Mark Norris/Rep. Gerald McCormick

Removes the termination date on certain rules governing risk sharing agreements passed through Chapter 409 of the Public Acts of 2013

Enacted as Public Chapter 724, effective April 7, 2016

Healthcare

SB 925 / HB 700 Motorcycle Helmets

Sponsors: Sen. Kerry Roberts/Rep. Jay Reedy

- Exempts drivers and passengers over 21 years of age from the requirement to wear a helmet while operating or riding on motorcycles, motor-driven cycles and motorized bicycles
- Excludes persons not covered by health or medical insurance other than insurance through TennCare
- Establishes a violation of the helmet law as a secondary offense

Senate Status: Failed in Senate Finance, Ways & Means Committee

House Status: Taken off notice in House Finance Committee

SB1624/HB1709 Sale of Fetal Tissue

Sponsors: Sen. Paul Bailey/Rep. Micah VanHuss

Clarifies that the prohibition on a person or agency offering or accepting money or anything of value for an aborted fetus includes the tissue or body parts from an aborted fetus

Senate Status: Taken off notice in Senate Judiciary Committee

House Status: Taken off notice in House Health Subcommittee

SB1677/HB1823 Prescriptions for contraceptives

Sponsors: Sen. Steven Dickerson/Rep. Patsy Hazlewood

- Authorizes the chief medical officer of the Tennessee Department of Health (TDH) to implement a statewide collaborative pharmacy practice agreement specific to hormonal contraceptive therapy with any pharmacist licensed and practicing in this state
- Authorizes any licensed pharmacist to provide hormonal contraceptives according to a collaborative practice agreement containing a nonpatient-specific prescriptive order and standardized procedures developed and executed by one or more authorized prescribers
- Authorizes a pharmacist to provide hormonal contraceptives to an individual who is 18 years of age or older or to an individual who is under the age of 18 if such individual is an emancipated minor
- Provides immunity to a pharmacist or prescriber, including the chief medical officer, from civil liability in the absence of gross negligence or willful misconduct for actions authorized pursuant to this proposed legislation
- Establishes that the provisions of this proposed legislation do not apply to a valid patient-specific prescription for a hormonal contraceptive issued by an authorized prescriber and dispensed by a pharmacist pursuant to a valid prescription

Enacted as Public Chapter 942, effective April 27, 2016

SB1767/HB2445 Law enforcement administering epinephrine in emergency situations

Sponsors: Sen. Paul Bailey/Rep. Ryan Williams

- Authorizes law enforcement officers to administer epinephrine in emergency situations if the officer's law enforcement agency has adopted a protocol governing the administration of epinephrine
- Authorizes physicians to prescribe epinephrine to a law enforcement agency for use by officers in emergency situations
- Directs law enforcement officers to record the event requiring epinephrine with the appropriate local emergency medical services agency
- Provides immunity for any injury to an individual who is harmed by the administration of epinephrine dispensed by the pharmacist, and prescribed by the pharmacist, unless the pharmacist acted with reckless disregard for safety

Enacted as Public Chapter 801, effective July 1, 2016

SB1769/HB1459 Requires ultrasound prior to abortion

Sponsors: Sen. Mae Beavers/Rep. Rick Womick

- Requires an ultrasound be performed at the beginning of the 48-hour waiting period before the performance of an abortion
- Requires every woman to give her voluntary and informed consent before an abortion procedure is performed
- Requires the healthcare practitioner to verbally offer the pregnant woman an opportunity to view the ultrasound image, hear the fetal heartbeat and receive a printed copy of the ultrasound image
- Specifies that only in the case where a transabdominal ultrasound is not feasible, an ultrasound, such as a transvaginal ultrasound, shall not be required
- Provides a basis for a civil liability action for actual and punitive damages if a physician fails to comply
- Specifies that any intentional violation constitutes medical malpractice
- Gives an exception to "medical emergencies" that could result in death or the loss of a major bodily function

Senate Status: Referred to Senate Judiciary Committee.

House Status: Taken off notice in House Health Subcommittee.

SB1850/HB2447 Death certificates - overdoses of prescription opiates

Sponsors: Sen. Paul Bailey/Rep. Ryan Williams

- Requires the commissioner of the Tennessee Department of Health (TDH), upon request, to obtain access to records maintained by any facility licensed by the state Board for Licensing Health Care Facilities to help facilitate investigations of opioid drug overdose
- Requires the TDH, in consultation with stakeholders, to develop data reporting elements and a short-term mechanism for near real-time electronic access to such records by July 1, 2016
- Requires TDH to implement the short-term reporting mechanism by October 1, 2016
- Requires TDH, in consultation with stakeholders-including hospitals, to develop a long-term electronic real-time reporting plan utilizing electronic processes for opioid drug abuse, overdoses and overdose deaths by January 1, 2017

Enacted as Public Chapter 959, effective April 27, 2016

SB1956/HB2025 Comprehensive state oral health plan

Sponsors: Sen. Jeff Yarbro/Rep. Harold Love, Jr.

Authorizes the commissioner of the Tennessee Department of Health to develop a comprehensive, permissive, state oral health plan

Enacted as Public Chapter 968, effective April 27, 2016

SB1985/HB2075 Reporting requirements for abortions

Sponsors: Sen. Janice Bowling/Rep. Jerry Sexton

- Requires the person whose duty it is to keep and maintain records for a facility or physician's office in which an abortion is performed to report the procedure to the commissioner of the Tennessee Department of Health (TDH) and the district attorney general of the district in which the abortion was performed
- Specifies any facility or person required to file such a report and knowingly fails to do so shall be subject to a civil penalty of not more than \$500 for each report
- Failure of a facility or a physician's office to file such report shall be grounds for suspension of the facility's license or the physician's license
- Requires the report to include the gestational age of the aborted fetus, date and method of the abortion procedure, gender of the aborted fetus, and age of woman receiving the abortion

Senate Status: Referred to Senate Judiciary Committee.

House Status: Taken off notice in House Health Subcommittee

SB1986/HB2076 Financial records of facilities that perform abortions

Sponsors: Sen. Janice Bowling/Rep. Jerry Sexton

- Requires abortion facilities that are regulated as ambulatory surgical centers and each physician's office that performs abortions to maintain true and accurate financial records related to the facility's or office's activities
- Requires the financial records of facilities and physician's offices that perform abortions to be available for inspection by the comptroller and district attorneys general upon request

Senate Status: Referred to Senate Judiciary Committee

House Status: Taken off notice in House Health Subcommittee

SB1989/HB2054 Entities to stock epinephrine auto-injectors on their premises

Sponsors: Sen. Mark Green/Rep. Sabi Kumar

- Allows authorized entities to stock epinephrine auto-injectors on their premises
- Defines "authorized entity" to mean an entity or organization at which allergens capable of causing anaphylaxis may be present, including, but not limited to, a recreation camp, college, university, place of worship, youth sports league, amusement park, restaurant, place of employment and sports arena
- Authorizes employees, agents and laypersons to provide or administer an epinephrine auto-injector under certain circumstances

Enacted as Public Chapter 805, effective April 14, 2016

SB2084/HB2362 Access to Pediatric Rare Disease Treatment Information Act

Sponsors: Sen. Doug Overbey/Rep. Mike Stewart

- Enacts the "Access to Pediatric Rare Disease Treatment Information Act"
- Requires the sharing of essential treatment information for children with cancer among participating healthcare institutions
- Requires an advisory board to be created and to consist of two members selected by St. Jude Children's Research Hospital, two members by Monroe Carell, Jr. Children's Hospital at Vanderbilt, one member of each participating institution, and two members selected at the governor's discretion
- Requires each participating institution to submit in writing to the commissioner of the Tennessee Department of Health (TDH) their participation upon entering as a participating institution. The institution must provide all essential treatment information within 10 days of its written request.

Senate Status: Taken off notice in Senate Government Operations Committee

House Status: Taken off notice in House Health Subcommittee

SB2092/HB2316 Stroke best practices and treatment guidelines task force

Sponsors: Sen. Bill Ketron/Rep. Bob Ramsey

Creates a stroke best practices and treatment guidelines taskforce. THA and other stakeholders met throughout the summer and fall to develop this compromise on legislation proposed in 2015 by the American Heart Association that would have placed specific stroke guidelines in statute.

- Establishes the task force under the Tennessee Department of Health (TDH) and requires the group to make final recommendations by July 1, 2017, relating to the need for:
 - A mandatory statewide data collection registry specific to stroke patients
 - State funding in order to offset the costs of the data collection for some or all hospitals and other healthcare providers
 - State-sanctioned designations for hospitals denoting their readiness to treat stroke patients on an emergency basis
 - Destination guidelines or standards for emergency medical services personnel
- The membership of the taskforce will be appointed by the TDH commissioner by July 1, 2016, and shall include, but not be limited to:
 - A designated member from each comprehensive stroke center in the state
 - A designated member from a primary stroke center
 - A designated member from an acute stroke ready hospital provided that the designated hospital may be appointed as soon as an appropriate hospital has been certified
 - Three emergency medical service (EMS) representatives:
 - An emergency medical services provider actively working within a county EMS system from an urban area
 - An emergency medical services provider actively working within a county EMS system from a rural area
 - An emergency medical services operations representative from the Tennessee Ambulance Service Association
 - A representative of an emergency communications district board
 - Six appropriate staff from TDH
 - A representative of the Tennessee Medical Association
 - A representative of a nationally recognized stroke association with a stroke data collection platform system

Enacted as Public Chapter 678, effective March 29, 2016

SB2097/HB2397 Providing women with information concerning cytomegalovirus

Sponsors: Sen. Bill Ketron/Rep. Mary Littleton

- Requires healthcare providers to provide certain women with information concerning cytomegalovirus
- Provides the information must include the:
 - Incidence
 - Transmission
 - Birth defects
 - Methods of diagnosing
 - Possible preventative measures of cytomegalovirus

Enacted as Public Chapter 625, effective July 1, 2016

SB2240/HB1654 Consent from woman in regard to research on aborted fetus

Sponsors: Sen. Joey Hensley/Rep. Bryan Terry

- Provides written consent is required from the mother before any person, agency, corporation, partnership or association may engage in medical experiments, research or the taking of photographs upon an aborted fetus
- Allows the taking of photographs of the aborted fetus without the woman's consent if it is done for the purpose of capturing images the person reasonably believes depict evidence of a violation of a state or federal law, rule or regulation

Enacted as Public Chapter 986 effective July 1, 2016

SB2445/HB2468 Volunteer healthcare services to low-income patients

Sponsors: Sen. Kerry Roberts/Rep. Sabi Kumar

- Authorizes a healthcare provider and a government contractor to enter into a contract for the provision of volunteer healthcare services to low-income patients in this state
- Specifies terms and conditions of such contracts
- States a government contractor will be deemed to be a governmental entity for purposes of any claim brought against a government contractor under this legislation and a claim for damages as the result of an injury suffered by a patient only may be brought against the government contractor
- The healthcare provider shall report adverse incidents and information on treatment
- If the incident involves a licensed or certified healthcare provider, the healthcare provider shall report the incident to the appropriate regulatory authority for review to determine whether the incident involves conduct by the provider that may subject the provider to disciplinary action

Senate Status: Senate Health & Welfare Committee deferred to summer study

House Status: House Civil Justice Committee deferred to summer study

SB2522/HB2518 Disposition of fetal tissue obtained from abortion

Sponsors: Sen. Janice Bowling/Rep. Susan Lynn

- Declares it an offense for any person, agency, corporation, partnership or association to knowingly provide fetal tissue for medical experiments, therapies or transplantation, or to engage in medical experiments, research or transplantation of human fetal tissue without the prior knowledge and written consent of the mother
- Prohibits any person, agency, corporation, partnership or association to advertise, offer for sale, sell or otherwise accept any money or anything of value in exchange for human fetal tissue
- Requires any organ procurement organization, procurement organization, educational institution, or research or other facility that receives human fetal tissue from a physician's office or abortion facility that is regulated as an ambulatory surgical treatment center to keep a record of each physician's office or abortion facility from which the human fetal tissue is received
- Specifies detailed requirements the record should include upon receiving the human fetal tissue and authorizes a representative of the Tennessee Department of Health (TDH) to inspect records
- Prohibits any organ procurement organization, procurement organization, educational institution, or research or other facility from accepting or receiving human fetal tissue from an ambulatory surgical treatment facility if the entity receiving the tissue has made a donation to the ambulatory surgical treatment facility within five years of the date the tissue donation is made
- Specifies that a violation of the aforementioned provisions is punishable as a Class E felony

Senate Status: Referred to Senate Judiciary Committee

House Status: Taken off notice in House Health Subcommittee

SB2568/HB2577 Disposition of fetal remains resulting from abortions

Sponsors: Sen. Mark Norris/Rep. Gerald McCormick

Although several bills on fetal remains were introduced this year, the legislature coalesced around and passed the administration's proposal.

- Requires the method of disposition of fetal remains be in conformity with the rules of the state Board for Licensing Health Care Facilities
- Adds fetal remains to the current law prohibiting any person, agency, corporation, partnership or association from:
- Engaging in medical experiments, research or the taking of photographs upon an aborted fetus without the prior knowledge and consent of the mother, or
- Offering or accepting money or anything of value for an aborted fetus
- Prohibits accepting any reimbursement of any costs associate with the preparation, preservation, transfer, shipping or handling of an aborted fetus or fetal remains
- Adds a requirement to current law requiring a physician performing an abortion to keep a record of each operation and make a report to the commissioner of the Tennessee Department of Health (TDH) that a report be made on the disposition of any fetal remains, including the method of disposal
- If the remains were transferred to a third party, the report must include the third party's name and address
- When the demise of the fetus is the result of a surgical abortion, a copy of the mother's authorization for disposition, specifying the means of the disposition, must be appended to the required informed consent that was signed by the mother prior to the abortion procedure
- Each licensed healthcare facility performing more than 50 surgical abortions in a year must conduct a mandatory interim assessment of the facility's compliance with quality measures as specified by the board, in addition to regular inspections
- Requires such facilities to report sentinel events

Enacted as Public Chapter 1003, effective April 27, 2016

SB2589/HB1712 Protocols for responding to people with multiple chemical sensitivity

Sponsors: Sen. Mark Norris/Rep. Brenda Gilmore

- Requires the commissioner of the Tennessee Department of Health (TDH) to encourage public health organizations, the Tennessee Department of Education, Tennessee Department of Labor and Workforce Development, Tennessee Department of General Services and other relevant stakeholders to examine the asthma prevention protocols posted on the website of the National Heart, Lung and Blood Institute of the National Institutes of Health to assist people with asthma, diagnose environments associated with asthma, and reduce medical costs and lost work or school time caused by asthma
- Requires the commissioner to post such protocols on the TDH website on or before December 31, 2016

Enacted as Public Chapter 886, effective July 1, 2016

SJR393 Zip code reclassifications for Medicare payment for ambulance services

Sponsors: Sen. Ken Yager

Urges the Centers for Medicare & Medicaid Services (CMS) to reverse or revise the zip code reclassifications for Medicare payment for ambulance services

Signed by governor

Healthcare Facilities

SB1466/HB1731 Licensure requirements for pain management clinics

Sponsors: Sen. Randy McNally/ Rep. Cameron Sexton

Hospitals and pain clinics operated by hospitals licensed under Title 68 are specifically excluded from the current pain clinic law and from this proposal.

- Strengthens the ability of the Tennessee Department of Health (TDH) to regulate pain management clinics, as well as provide additional tools to investigate entities that might be illegally operating as pain management clinics
- Changes the current certification requirement for pain clinics to a licensure requirement
- Requires inspections by TDH prior to licensure
- Clinics will be inspected a minimum of once every two years to ensure continuing compliance
- A clinic's license may be suspended or revoked for violations of the law
- The department is given rulemaking authority to issue additional health and safety standards
- Unannounced audits may be conducted when the department has obtained reasonable suspicion that a physician's office is operating as an unlicensed pain management clinic
- As part of this audit, the physician's office shall be required to produce proof that the majority of their patient population is not receiving chronic non-malignant pain treatment as defined in TCA § 63-1-301

Enacted as Public Chapter 1033, effective April 28, 2016

SB1468/HB1470 Increases membership of state Board for Licensing Health Care Facilities

Sponsors: Sen. Steven Dickerson/Rep. Dawn White

Increases the membership of the Board for Licensing Health Care Facilities from 18 to 19 by adding a representative of ambulatory surgical treatment centers to the board

Enacted as Public Chapter 921, effective July 1, 2016

SB2246/HB1499 Documentation concerning anatomical gifts

Sponsors: Sen. Joey Hensley/Rep. Dale Carr

This legislation, opposed by THA, would have required hospitals to first discuss organ donation options with family members, rather than follow the established protocol of working with a hospital's designated organ procurement organization (OPO).

In addition, the bill:

- Requires documentation of anatomical gifts to specify whether the gift includes specific body parts or the entire body of the donor
- Requires any gift of tissue to specify whether the gift includes any particular bones, including the spine of the donor
- Provides that hospital or nursing home notification to a family of any requirements relating to contact with a procurement organization must include the "prospective donor's" body as well as the donor's body

Senate Status: Failed in Senate Health & Welfare Committee

House Status: Taken off notice in House Health Committee

SB2303/HB1757 Reporting of cases of maternal mortality to Tennessee Department of Health

Sponsors: Sen. Sara Kyle/Rep. Harold Love, Jr.

- Establishes the "Maternal Mortality Review and Prevention Act of 2016"
- Authorizes the commissioner of the Tennessee Department of Health (TDH) to create the Tennessee Maternal Mortality Review Program for the purpose of identifying and addressing the factors contributing to poor pregnancy outcomes for women and facilitate state systems changes to improve the health of women before, during and after pregnancy
- Creates the Tennessee Maternal Mortality Review and Prevention Team to be comprised of at least eight members who are required to review maternal deaths, make determinations regarding the preventability of maternal deaths, and report biennially to the governor and General Assembly concerning the team's activities and recommendations to promote the safety and well-being of women and prevention of maternal deaths
- The team is further required to undertake annual statistical studies of the incidents and causes of maternal mortality and share its findings with policy makers, healthcare providers, healthcare facilities and the general public
- For administrative purposes only, the team will be attached to TDH
- To the extent funds are available, the team is authorized to hire staff or consultants to assist in effectuating the purposes of this act

Enacted as Public Chapter 987, effective January 1, 2017

SB2315/HB2514 Criminal injuries compensation fund - forensic medical exams

Sponsors: Sen. Sara Kyle/Rep. Jim Coley

Increases from \$750 to \$1,000, the maximum amount of compensation that may be awarded to a medical facility or medical provider for performing a forensic medical examination in a sexual assault case.

Enacted as Public Chapter 905, effective July 1, 2016

SB2371/HB2412 Treatment to the eyes of infants after birth - parental refusal

Sponsors: Sen. Bo Watson/Rep. Susan Lynn

- Allows a parent of a newborn to object and opt out of a treatment to the newborn's eyes with a prophylaxis to prevent ophthalmia neonatorum or infections leading to blindness provided a signed statement is on file with the Tennessee Department of Health (TDH) that the treatment conflicts with the parent's religious beliefs
- Removes Class C misdemeanor penalty for a physician, nurse or midwife failing to administer the treatment

Enacted as Public Chapter 989, effective July 1, 2016

Healthcare Professions

SB 899/HB 993 Licensure of radiation therapy technical personnel

Sponsors: Sen. Paul Bailey/Rep. Cameron Sexton

- Requires medical imaging and radiation therapy technical personnel to meet educational and professional standards regardless of the care setting
- Establishes a self-supporting board to oversee issuance of full and limited-scope licenses rather than the current certification requirement
- Authorizes the board to promulgate rules to establish and issue limited x-ray machine operator licenses; radiation licenses rather than limited radiation certificates; full radiological imaging or radiation therapy licenses; radiography, radiation therapy, magnetic resonance and nuclear medicine full-scope licenses

Enacted as Public Chapter 1029, effective April 28, 2016

SB1556/HB1840 Religious beliefs that conflict with counseling or therapy services

Sponsors: Sen. Jack Johnson/Rep. Dan Howell

- Redefines "counseling or therapy services" to only apply to private practice settings
- Exempts a counselor or therapist providing counseling or therapy services from counseling or serving a client as to goals, outcomes or behaviors that conflict with sincerely held principles of the counselor or therapist, if the counselor or therapist coordinates a referral of the client to another counselor or therapist who will provide the counseling or therapy
- Refusal to provide counseling or therapy services is not a basis for a civil cause of action or criminal prosecution
- Prohibits the board for professional counselors, marital and family therapists and clinical pastoral therapists from disciplining an applicant or licensee based on a violation of A.11.b of the 2014 American Counseling Association Code of Ethics, or any similar or successor provision
- Provides liability for counselors who will not counsel a client based on the counselor's principles when the individual seeking or undergoing the counseling is in imminent danger of harming themselves or others

Enacted as Public Chapter 926, effective April 27, 2016

SB1580/HB1729 Licensure to practice medicine - qualifications

Sponsors: Sen. Richard Briggs/Rep. Cameron Sexton

- Requires a person seeking to be licensed to practice medicine or surgery to either show completion of a primary specialty training program enduring a minimum of four years, that is accredited by the Royal College of Physicians and Surgeons of Canada or to show completion of a one-year United States training program approved by the American Medical Association or its extant accreditation program for medical education. Clarifies that the person seeking licensure must have evidence of being a citizen of the United States or Canada, or evidence showing legal entitlement to live or work in the United States if the person is not a citizen of the United States or Canada.
- Extends the time period in which a person may apply to the Board of Medical Examiners for licensure and/or testing from three months to 12 months upon completion of an approved residency program
- Extends from seven years to 10 years the time period applicants are required to successfully complete the United States medical licensing examination starting from the date of whichever step of the examination was successfully completed first
- Authorizes the Board of Medical Examiners, at its discretion, to issue a temporary license of limited duration to an international medical school graduate who has demonstrated competency
- Authorizes the Board of Medical Examiners to issue limited licenses to physicians who have been out of clinical practice for an extended period of time or who are working exclusively in administrative medicine

Enacted as Public Chapter 1035, effective April 27, 2016

SB1704/HB1817 Issuance of cardiovascular invasive specialist licenses

Sponsors: Sen. Richard Briggs/Rep. Sabi Kumar

- Requires the Board of Medical Examiners to promulgate rules governing cardiovascular invasive specialists, which include establishing a cardiovascular invasive specialist license that will be issued to qualified individuals and establishing the minimum education courses and curriculum that are a prerequisite to such license.
- Requires the Board of Medical Examiners to promulgate rules governing the scope of practice of licensed cardiovascular invasive specialists

Senate Status: Referred to Senate Health & Welfare Committee.

House Status: Taken off notice in House Health Subcommittee.

SB1723/HB1906 Supervision of physician assistant by a licensed podiatrist

Sponsors: Sen. Rusty Crowe/Rep. Matthew Hill

- Authorizes a licensed podiatrist to supervise an orthopedic physician assistant and requires such podiatrist to comply with requirements applicable to physicians and orthopedic physicians when supervising an orthopedic physician assistant pursuant to Tenn. Code Ann. §§ 63-19-203 and 63-19-205
- Prohibits an orthopedic physician assistant that is being supervised by a licensed podiatrist from providing services that are outside of the scope of practice of a podiatrist
- Establishes that an orthopedic physician assistant being supervised by a podiatrist only may prescribe drugs that are rational to the practice of podiatry
- Authorizes the Board of Podiatric Medical Examiners to discipline a licensed physician for any unprofessional conduct committed when utilizing the services of an orthopedic physician assistant

Enacted as Public Chapter 946, effective April 27, 2016

SB1725/HB1678 Updates to nurse licensure compact

Sponsors: Sen. Rusty Crowe/Rep. Barry Doss

- Updates the existing nurse licensure compact
- Specifies that the purposes of the compact are as follows:
 - Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation
 - Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses
 - Decrease redundancies in the consideration and issuance of nurse licenses
 - Provide opportunities for interstate practice by nurses who meet uniform licensure requirements. This bill requires a multistate license to practice registered or licensed practical/vocational nursing issued by a home state to a resident in that state to be recognized by each party state as authorizing a nurse to practice as an RN or as an LPN/VN, under a multistate licensure privilege, in each party state.
 - Requires as a state as part of the compact to implement procedures for considering the criminal history records of applicants for initial multistate license or licensure
 - Authorizes a party state to take adverse action against a nurse's multistate licensure privilege such as revocation, suspension and probation
 - Specifies that a nurse practicing in a party state must comply with the state practice laws of the state in which the client is located at the time service is provided

Enacted as Public Chapter 0591, effective March 10, 2016

SB1740/HB2179 Physician assistant providing care to certain school athletes

Sponsors: Sen. Steven Dickerson/Rep. Timothy Hill

Clarifies the definition of healthcare provider to include a physician assistant with concussion training who is a member of a healthcare team supervised by a Tennessee licensed medical doctor or osteopathic physician

Enacted as Public Chapter 656, effective April 27, 2016

SB1873/HB1809 Exemption from medical licensure requirements for certain students

Sponsors: Sen. Jack Johnson/Rep. Charles Sargent

- Exempts medical students, interns, residents and clinical fellows from the requirement of license to practice medicine or surgery in this state when such persons are participating in a training program of one of the accredited medical schools or one of its affiliated teaching hospitals in this state, or performing duties assigned to meet the requirements of the training program, and while under the supervision and control of a physician fully licensed to practice medicine or surgery in this state
- Requires the program director or the dean responsible for the training program to apply to the board for an exemption and notify the board of the termination of each person participating in these training programs
- Provides it is the responsibility of the program director or dean of the training program to apply to the Board of the Osteopathic Examination for an exemption for medical students, interns, residents or fellows participating in the training program

Enacted as Public Chapter 0632, effective July 1, 2016

SB1895/HB2395 Tennessee Nursing Delegation Act for Home and Community Living

Sponsors: Sen. Steven Dickerson/Rep. Mary Littleton

- Enacts the Tennessee Nursing Delegation Act for Home and Community Living, which authorizes a registered nurse to delegate certain health maintenance tasks to an unlicensed person if the nurse adheres to a delegation process
- Defines "health maintenance task" to mean a task that can safely be performed according to exact directions, with no need to alter the standard procedure, and the results of which are predictable
- Limits liability of such nurses and unlicensed persons

Senate Status: Senate Health & Welfare Committee deferred

House Status: Taken off notice in House Health Subcommittee

SB1978/HB2615 Tennessee Lactation Consultant Practice Act

Sponsors: Sen. Becky Duncan Massey/Rep. Debra Moody

- Enacts the Tennessee Lactation Consultant Practice Act
- Creates the lactation consultants board made up of five members appointed by the governor
- Specifies duties and powers of the board, including licensure of lactation consultants
- Provides that nothing shall be construed to affect or prevent certified lactation counselors and certified lactation educators from performing functions consistent with the accepted standards and scope of their respective accrediting organizations, except such persons shall not use the title "licensed lactation consultant" or designate themselves by any other term that implies that such person has the clinical skills and abilities associated with licensure as a lactation consultant

Senate Status: Senate Health & Welfare Committee deferred to summer study

House Status: Taken off notice in House Health Subcommittee

SB1979/HB2088 Task force to study issues related to healthcare services

Sponsors: Sen. Becky Duncan Massey/Rep. Jeremy Faison

- Creates a 21-member scope of practice taskforce to make recommendations to the General Assembly for the improvement of the health of residents of the state by providing access to quality and cost-effective care
- Requires the taskforce to submit a report of its findings to the General Assembly by January 15, 2017, at which time the taskforce will cease to exist
- The taskforce is charged with:
 - Developing a plan to educate the public and healthcare professionals about the need for accessible, equitable and affordable care provided by the appropriate healthcare professional
 - Making recommendations on the implementation of a plan to allow healthcare providers to work to the full extent of their education, training, experience and certification
 - Identifying the barriers to adoption of best practices and potential public policy options to address such barriers, including, but not limited to, unnecessary regulation and lack of access to primary care providers

The taskforce will include:

- Two members of the House of Representatives appointed by the speaker of the House of Representatives, and two members of the Senate appointed by the Lt. Governor of the Senate
- One representative of the Tennessee Department of Health
- Two practicing physicians appointed by the speaker of the Senate
- Two practicing physicians appointed by the speaker of the House of Representatives
- Two advance practice registered nurses, including one certified nurse practitioner and one certified nurse midwife, appointed by the speaker of the Senate
- Two advance practice registered nurses, including one certified nurse practitioner and one certified registered nurse anesthetist, appointed by the speaker of the House of Representatives;
- One representative of a doctor of nursing program appointed by the speaker of the Senate;
- One representative of a doctor of nursing program appointed by the speaker of the House of Representatives;
- One representative of a school of medicine appointed by the speaker of the Senate;
- One representative of a school of medicine program appointed by the speaker of the House of Representatives;
- One representative of county government appointed by the speaker of the Senate
- One representative of municipal government appointed by the speaker of the House of Representatives

Enacted as Public Chapter 1046, effective April 28, 2016

SB2027/HB2006 Employment of medical professionals by charitable clinics

Sponsors: Sen. Richard Briggs/Rep. Sabi Kumar

- Authorizes the employment of certain medical professionals, including dentists, optometrists and osteopathic physicians, by charitable clinics
- Clarifies that anesthesiologists, emergency room physicians, pathologists and radiologists are excluded from the provisions of the bill

Enacted as Public Chapter 766, effective April 19, 2016

SB2122/HB2422 Chart reviews at free clinics done remotely by physician

Sponsors: Sen. Steve Southerland/Rep. Tilman Goins

Authorizes a nurse practitioner or physician assistant who practices in a free or reduced fee clinic to arrange for required chart reviews by a supervising physician in the physician's office or remotely via HIPAA-compliant electronic means instead of at the clinic site

Enacted as Public Chapter 769, effective April 19, 2016

SB2123/HB2423 Advanced practice registered nurses

Sponsors: Sen. Steve Southerland/Rep. Tilman Goins

Changes the title of advanced practice nurses to advanced practice registered nurses in state law and changes references to their credentials from certificates to licenses.

Enacted as Public Chapter 980, effective July 1, 2016

SB2234/HB1888 Emergency Medical Services Personnel Licensure Compact

Sponsors: Sen. Joey Hensley/Rep. Kelly Keisling

- Creates the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact Act (REPLICA)
- The compact shall facilitate the day-to-day movement of EMS personnel across state boundaries in the performance of their EMS duties as assigned by an appropriate authority; and authorize state EMS offices to afford immediate legal recognition to EMS personnel licensed in a member state

Enacted as Public Chapter 855, effective April 19, 2016

SB2368/HB2433 Physical therapy licensure compact

Sponsors: Sen. Bo Watson/Rep. Ryan Williams

- Enacts the physical therapy licensure compact to create a system of reciprocity whereby physical therapists who are licensed in a member state could practice in other member states
- Requires a member state to grant the compact privilege to a licensee holding a valid unencumbered license in another member state in accordance with the terms of the compact and rules
- Specifies the compact privilege is valid until the expiration date of the home license
- Requires a licensee providing physical therapy in a remote state under the compact privilege to function within the laws and regulations of the remote state

Enacted as Public Chapter 810, effective April 14, 2016

SB2382/HB1800 Qualifications for medical laboratory director

Sponsors: Sen. Mike Bell/Rep. Dan Howell

- Authorizes any physician or osteopathic physician to serve as a medical laboratory director with a restricted license for a hospital with 30 beds or less
- Authorizes any such director to delegate day-to-day operation of the laboratory to a medical laboratory supervisor
- Authorizes any person who holds a three-year undergraduate degree in any medical science and has completed one year of training in medical laboratory science to serve as a medical laboratory supervisor with a restricted license for a hospital with 30 beds or less if such person meets all other qualifications of medical laboratory supervisors
- Authorizes the medical laboratory board to issue limited medical laboratory director and limited medical laboratory supervisor licenses

Enacted as Public Chapter 711, effective April 6, 2016

SB2469/HB2201 Right to Earn a Living Act

Sponsors: Sen. Mark Green/Rep. Martin Daniel

- Requires each state licensing authority to submit a copy of each entry regulation promulgated or adopted by such authority to the government operations committees of the General Assembly no later than December 31, 2016
- Requires these committees to issue a joint report regarding any findings and recommendations to the General Assembly no later than January 1, 2018
- After such date, requires each licensing authority to submit a copy of any entry regulation promulgated after the previous submission
- Exempts regulatory boards, commissions, councils and committees under Titles 68 and 63 (health facilities and professions) from these requirements
- Requires the government operations committees of the Senate and House of Representatives to review such regulations and make recommendations regarding such regulations
- Authorizes the committees to recommend such regulations be amended or repealed by the agency
- The committees may recommend to the General Assembly that any regulatory authority failing to comply with a recommendation be suspended

Enacted as Public Chapter 1053, effective April 28, 2016

SB2581/HB2332 Regulation of central services technicians

Sponsors: Sen. Mark Norris/Rep. Cameron Sexton

- Establishes requirements of central service technicians (CST) and limits persons from engaging in CST practices without certification by certain professional organizations
- Defines central service technician as a person who decontaminates, inspects, assembles, packages and sterilizes reusable medical instruments or devices in a healthcare institution, whether such person is employed by the healthcare institution or provides services pursuant to a contract with the healthcare institution
- No person shall practice as a central service technician unless the person:
 - Has successfully passed a nationally accredited central service exam for CSTs and holds and maintains one of the following credentials:
 - A certified registered central service technician credential administered by the International Association of Healthcare Central Service Material Management; or
 - A certified sterile processing and distribution technician credential administered by the Certification Board for Sterile Processing and Distribution, Inc.; or
 - Was employed or otherwise contracted for services as a CST in a healthcare institution before January 1, 2017; or
 - Obtains a certified registered CST credential administered by the International Association of Healthcare Central Service Material Management or the Certification Board for Sterile Processing and Distribution, Inc., not later than two years after the person's date of hire or contracting for services with a healthcare institution
- Establishes continuing education requirements
- Allows the following persons to perform the tasks or functions of a CST:
 - A healthcare provider operating within the scope of practice for that provider established pursuant to title 63
 - A surgical technologist operating within the scope of practice established by § 68-57-105
 - A student or intern performing the functions of a CST under the direct supervision of a healthcare provider as part of the student's or intern's training or internship, or
 - A person who does not work in a central service department in a healthcare facility, but who has been specially trained and determined competent, based on standards set by a healthcare institution's infection prevention or control committee, acting in consultation with a CST certified in accordance with subsection (b), to decontaminate or sterilize reusable medical equipment, instruments, or devices, in a manner that meets applicable manufacturer's instructions and standards

Enacted as Public Chapter effective, January 1, 2017

Insurance

SB937/HB963 Healthcare Provider Stability Act

Sponsors: Sen. Bo Watson/Rep. Jon Lundberg

A frustrating three-year battle with payers over the Tennessee Medical Association's (TMA) Provider Stability Act ended this session as the final conference committee report failed on the House floor, receiving only 43 of the necessary 50 votes for passage. Opponents continued to argue passage of the bill would force insurance companies to raise premiums to cover the cost of the new requirements.

The provisions in the draft conference report:

- Limit changes to a provider's fee schedule to one time during a 12-month period
- Limit changes to any payment policy, procedure or methodology to four times per year
- Require payers to provide a copy of a provider's fee schedule within 10 business days of a written request
- Require payers give 90-day notice of any of the above changes

Senate Status: Senate appoints conference committee of Senators B. Watson (R), L. Harris (D), M. Green (R)

House Status: House failed the adoption of the conference committee report

SB1619/HB1955 Details applications of a future mandated health benefit

Sponsors: Sen. Jack Johnson/Rep. Roger Kane

Requires any state-mandated health benefit that takes effect on or after the effective date of this act to apply not only to private health insurance issuers but also to any state or local insurance program and any managed care organization contracting with the state to provide insurance through the TennCare program

Enacted as Public Chapter 683, effective March 24, 2016

SB1623/HB2237 Mandated health benefit that excludes TennCare

Sponsors: Sen. Jack Johnson/Rep. Roger Kane

- Requires legislation containing a mandated health benefit that excludes TennCare or any state or local insurance program from the application of the mandate be referred to the Tennessee Department of Commerce and Insurance (TDCI) and the bureau of TennCare in order that certain information may be evaluated and reported back to the appropriate standing committees
- Prohibits a standing committee from taking action on such legislation until the department and bureau have reported to the standing committees

Senate Status: Referred to Senate Commerce & Labor Committee

House Status: Referred to House Insurance & Banking Subcommittee

SB1630/HB1998 Redefines "passive investor" for purposes of determining liability

Sponsors: Sen. Reginald Tate/Rep. Mike Carter

- Clarifies the term passive investor, relating to determination of liability in a healthcare liability action
- Defines it as an individual or entity that has an ownership interest of less than 5 percent in a healthcare provider, and does not directly participate in the day-to-day decision making or operations of the healthcare provider

Senate Status: Re-referred to Senate Calendar Committee

House Status: Withdrawn in House

SB1773/HB1441 Setting healthcare cost for proton therapy

Sponsors: Sen. Mae Beavers/Rep. Mark Pody

Prohibits certain health benefit plans that provide coverage for cancer therapy from holding proton radiation therapy to a higher standard of clinical evidence for medical policy benefit coverage decisions than the health plan requires for coverage of any other radiation therapy treatment

Senate Status: Senate Commerce & Labor Committee deferred to 03/15/16

House Status: Failed in House Insurance & Banking Subcommittee for lack of a motion

SB1787/HB1816 Continuity of care for pregnant insureds

Sponsors: Sen. Ed Jackson/Rep. Sabi Kumar

Extends 120-day period pregnant insureds who are in their second trimester may continue to receive covered benefits after termination of an agreement between a healthcare provider and a managed health insurance issuer to additional classes of insureds

Senate Status: Failed in Senate Commerce & Labor Committee

House Status: House passed

SB1789/HB1697 Appeal challenging maximum allowable cost for drug, medical device

Sponsors: Sen. Doug Overbey/Rep. David Shepard

- Allows a pharmacy to designate a pharmacy services administrative organization to file and handle an appeal challenging the maximum allowable cost set for a particular drug or medical product or device on behalf of the pharmacy
- Defines pharmacy services administrative organization as an entity that provides contracting and other administrative services to pharmacies to assist them in their interaction with third-party payers, pharmacy benefits managers, drug wholesalers and other entities

Enacted as Public Chapter 631, effective March 23, 2016

SB2091/HB2239 Higher co-payments for anti-cancer medications prohibited

Sponsors: Sen. Bill Ketron/Rep. William Lamberth

- Prohibits an insurance policy from requiring a higher copayment, deductible or coinsurance amount for anti-cancer medications that are injected or intravenously administered by a healthcare provider and anti-cancer medications that are patient administered
- Provides that for policies classified as high deductible plans, the above limitation shall only be applicable once the minimum deductible specified in federal law is reached
- Clarifies this bill does not require the placement of an anti-cancer medication in any pricing category or tier of a health benefits contract's pharmacy benefit, provided the health benefits insurer meets certain requirements

Senate Status: Failed in Senate Commerce & Labor Committee

House Status: Taken off notice in House Insurance & Banking Subcommittee

SB 2107/HB 1922 Task force to study balance billing by out-of-network physicians

Sponsors: Sen. John Stevens/Rep. Jeremy Faison

THA, the Tennessee Medical Association (TMA) and hospital-based physician groups opposed a last-minute effort by the Tennessee Farm Bureau to pass legislation placing requirements on providers for the stated purpose of mitigating the shock to patients of surprise bills by out-of-network, hospital-based physicians.

As originally introduced, the bill would have required out-of-network hospital-based providers or the in-network facility where these services are provided to disclose to a consumer, prior to the non-emergency admission of the enrollee to a facility, the anticipated amount to be billed for these out-of-network physician services. It also placed the requirements under the Consumer Protection Act with a potential award of triple damages for violations, as well as injunctive relief and civil penalties. The original bill placed no requirements placed on payers.

After several meetings, it became apparent to sponsors that the issue was much more complex than originally thought and the bill was amended to create a taskforce to study the issue over the summer with the intent of bringing forward compromise legislation in 2017 to alleviate the problem. The taskforce will be comprised of legislators, physicians, hospitals and payers.

While THA supports informing patients of the potential for out-of-network providers at in-network facilities – a notice already provided by hospitals under a separate law – THA believes surprise billing is an issue in which providers and payers both play a role in informing patients. The Association will advocate for a process that includes notice and information from insurers, as well as providers.

Enacted as Public Chapter 977, effective April 27, 2016

SB2184/HB2177 Reimbursements in an alternative payment system

Sponsors: Sen. Rusty Crowe/Rep. Timothy Hill

- Authorizes a physician who could be subject to a risk-sharing penalty under an alternative payment system and during a period when no penalties are to be imposed to request an itemized claim-level break down from the payer
- It shall be provided by the payer within 10 business days of the episodes of care covered by the most recent reporting period that fall above the penalty threshold
- Authorizes a physician against whom the payer assesses a penalty for cost or quality of care that is not acceptable to receive an itemized claim-level break down of the episodes of care covered by the reporting period for which the penalty is imposed within ten business days from the request

Senate Status: Senate Finance, Ways & Means Committee

House Status: Taken off notice in House Insurance & Banking Committee

SB2209/HB2430 Cancer Patient Choice Act

Sponsors: Sen. Doug Overbey/Rep. Eddie Smith

- Enacts the Cancer Patient Choice Act
- Establishes requirements for all commercial insurance plans to provide coverage for physician-prescribed proton therapy for all indications covered by Medicare
- Benefits will be subject to the annual deductible and coinsurance established for all other similar benefits within the policy or contract of insurance; provides the annual deductible and coinsurance for the benefits cannot be greater than the annual deductible and coinsurance established for all other similar benefits within that policy or contract of insurance
- Establishes this act shall not apply to TennCare or any successor program
- An insurer, third-party administrator or healthcare services plan is not required to offer the coverage provided in this section as part of any contract covering employees of a public entity through the state group insurance program

Senate Status: Senate Commerce & Labor Committee deferred

House Status: Failed in House Insurance & Banking Subcommittee due to lack of a motion on the bill

SB2232/HB2005 Balance billing by out-of-network healthcare providers

Sponsors: Sen. Joey Hensley/Rep. Sabi Kumar

- Provides in order for an out-of-network healthcare provider to request payment of a balance due from an enrollee, other than a copayment or deductible, for medical services covered under a managed health insurance plan utilizing a network of providers, the provider must inform the enrollee in a written notice at the time of providing service that the provider is an out-of-network provider for the enrollee's managed health insurance plan and the enrollee may have financial liability for services rendered by the provider
- Notice must be brief, clear and concise, and must inform the enrollee of any alternative options to receive the medical service sought of which the provider is aware. If the enrollee is unable to understand or agree to this notice, then only in-network charges will apply to the enrollee.
- Violations subject to penalties provided for under present law for unfair trade practices, under which the commissioner may bring an action for injunctive relief

Senate Status: Senate Commerce & Labor Committee

House Status: House Insurance & Banking Subcommittee

SB2237/HB1745 Network Adequacy

Sponsors: Sen. Joey Hensley/Rep. Sabi Kumar

Revises the allowable travel distance for acute care hospital services and primary care providers covered by managed health insurers

Senate Status: Failed in Senate Commerce & Labor Committee

House Status: Taken off notice in House Health Committee

SB2402/HB2228 Method for captive insurance company to re-domesticate to state

Sponsors: Sen. Doug Overbey/Rep. Jason Zachary

- Establishes a new method by which a captive insurance company may re-domesticate to the state. Creates a one-time tax holiday from self-procurement taxes for a Tennessee resident captive owner who re-domesticates a captive to Tennessee or creates a captive in Tennessee and moves substantial business into that new captive from a foreign or alien captive prior to December 1, 2018, if certain capital requirements are met.
- Clarifies protected cells have to be specifically named in lawsuits and if not, the lawsuit only will be against the core protected cell company and they cannot have their assets used to satisfy a judgment against another cell
- Changes the financial reporting date from March 1 to March 15

Enacted as Public Chapter 1018, effective April 27, 2016

Judiciary

SB1585/HB1560 Disinterment of human remains for collection of evidence

Sponsors: Sen. Doug Overbey/Rep. Sheila Butt

Permits a county medical examiner and certain district attorneys general to request the district attorney general in the district where the body is buried or interred to file a petition in circuit or criminal court for the disinterment of the deceased for the purpose of performing an autopsy, collecting evidence for a pending criminal investigation, collecting of forensic evidence or obtaining DNA evidence

Enacted as Public Chapter 799, effective July 1, 2016

SB1597/HB1651 Civil proceedings - persons adjudicated incompetent

Sponsors: Sen. Becky Duncan Massey/Rep. David Hawk

- Changes statutory references of "persons adjudicated incompetent" to "persons who lack capacity to understand their legal rights and liabilities," for the purposes of civil proceedings
- Provides that a person under 18 or proven to lack capacity at the time a cause of action accrued, or the person's representatives or privies, may commence a lawsuit within the applicable statute of limitations after removal of such incapacity, but if the statute of limitations is more than three years, then the person or his or her representatives must commence the action within three years of the removal of the incapacity
- Requires any person with court-ordered fiduciary responsibility for a person who lacks capacity or any individual who possesses the legal right to bring suit on behalf of a person who lacks capacity to commence the action on behalf of the person with the incapacity within the applicable statute of limitations if the fiduciary representative knows the cause of action has accrued
- Clarifies the fiduciary representative may not rely on any tolling of the statute of limitations, unless that individual can establish by clear and convincing evidence the individual did not and could not reasonably have known of the accrued cause of action
- Clarifies the "person who lacks capacity" is to be interpreted with "person of unsound mind," as found in T.C.A. 28-1-106 prior to its amendment by Chapter 47 of the Public Acts of 2011
- Provides this shall take effect upon passage, instead of July 1, 2016

Enacted as Public Chapter 932, effective April 27

SB1834/HB1864 Access controlled substance database by drug court treatment program

Sponsors: Sen. Doug Overbey/Rep. Andrew Farmer

- Allows personnel of a drug court treatment program to access the controlled substance database to the extent the information relates specifically to a current participant in the drug court treatment program
- Extends the drug court treatment pilot project created by Public Chapter 791 of 2014 to June 30, 2018

Senate Status: Referred to Senate Judiciary Committee

House Status: Taken off notice in House Criminal Justice Subcommittee

Liability

SB 507/HB 546 Patient Compensation System

Sponsors: Sen. Jack Johnson/Rep. Glen Casada

- Eliminates the current medical malpractice law and creates a new government-run administrative system for physicians
- Maintains current negligence-based system for hospitals and other facilities
- Allows patients who believe they were injured to apply for an investigation with a newly created patient compensation system
- Provides payment would be made based on a compensation schedule regardless of whether the standard of care was breached

Senate Status: Senate Commerce & Labor Committee

House Status: House Insurance & Banking Subcommittee deferred to summer study

SB2061/HB2553 Claims for healthcare liability

Sponsors: Sen. John Stevens/Rep. Jeremy Durham

Requires a person who receives notice of a potential claim for healthcare liability and who asserts the person would not be a proper defendant to provide written notice with that assertion to the potential claimant within 30 days of receiving the notice

Senate Status: Referred to Senate Judiciary Committee.

House Status: Referred to House Civil Justice Subcommittee.

Local Government

SB2380/HB1801 Sale of a Tennessee private act hospital by local government

Sponsors: Sen. Mike Bell/Rep. Dan Howell

- Expands the authority of the local governments to make inter-fund loans to include all funds derived from the sale of a Tennessee private act hospital
- Limits capital outlay notes from the sale of a Tennessee private act hospital not to exceed a period of 20 fiscal years
- Specifies that funds derived from the sale of a private act hospital are not authorized to be expended for any purpose contrary to law or applicable court order

Enacted as Public Chapter 832, effective July 1, 2016

Mental Health

SB1464/HB1625 Disclosure of confidential information for post-mortem examinations

Sponsors: Sen. Mark Green/ Rep. Jay Reedy

Authorizes the disclosure of a decedent's mental health records to an authorized post-mortem official if necessary for the preparation of a post-mortem examination report pertaining to a case under investigation and a court order or judicial subpoena authorizes the official to obtain the records

Enacted as Public Chapter 672, effective March 29, 2016

SJR460 Mental health crisis intervention training for law enforcement officers

Sponsors: Sen. Randy McNally

Urges the development and implementation of additional specialized mental health crisis intervention training for law enforcement officers

Signed by Governor

Prescription Drugs

SB1765/HB1856 The drug, lisdexamfetamine dimesylate, authorized for medical use

Sponsors: Sen. Becky Duncan Massey/Rep. Bryan Terry

Authorizes physicians to prescribe FDA-approved drug for testing binge eating disorder

Enacted as Public Chapter 952, effective April 27, 2016

SB1786/HB1768 Dispensing medication in varying quantities

Sponsors: Sen. Doug Overbey/Rep. Cameron Sexton

- A pharmacist may exercise professional judgment to dispense varying quantities of medication per fill up to the total number of dosage units as authorized by the prescriber on the original prescription, including any refills, unless a prescriber has specified on a prescription that dispensing a prescription for a maintenance medication in an initial amount followed by periodic refills is medically necessary
- This bill will not apply to controlled substances or any medications for which a report to the controlled substance database is required pursuant to present law
- Establishes that a pharmacist may not dispense quantities of medication, including any refills, which exceed a 90-day supply

Enacted as Public Chapter 656, effective March 29, 2016

SB1958/HB1847 Dispensing of hormonal contraceptive patches by pharmacists

Sponsors: Sen. Jeff Yarbro/Rep. Darren Jernigan

- Authorizes pharmacists to prescribe and dispense hormonal contraceptive patches and self-administered oral contraceptives in certain circumstances without a prescription from a primary care practitioner or women's healthcare practitioner
- Requires state Board of Pharmacy to promulgate rules accordingly and in consideration of guidelines established by the American Congress of Obstetricians and Gynecologists

Senate Status: Referred to Senate Commerce & Labor Committee

House Status: Referred to House Health Subcommittee

SB2025/HB2083 Office-Based Opiate Treatment Act

Sponsors: Sen. Richard Briggs/Rep. Bill Dunn

- Enacts the Office-Based Opiate Treatment Act
- Requires a license holder of a nonresidential office-based opiate treatment facility to ensure adequate billing records are maintained onsite at the addiction treatment clinic, and ensure adequate billing records are maintained for all patients and all patient visits
- Clarifies a "nonresidential office-based opiate treatment facility" includes, but is not limited to, stand-alone clinics, treatment resources, individual physical locations occupied as the professional practice of a state-licensed prescriber, or other entities prescribing products containing buprenorphine, or products containing any other controlled substance designed to treat opiate addiction by preventing symptoms of withdrawal to 50 percent or more of its patients and 150 or more patients

Senate Status: Taken off notice in Senate Government Operations Committee

House Status: Referred to House Health Subcommittee

SB2050/HB2361 Checking of controlled substance database by prescribers

Sponsors: Sen. Janice Bowling/Rep. Mike Stewart

Requires prescribers to check the controlled substances database prior to each prescription of one of the controlled substances which include, but are not limited to, all opioids and benzodiazepines

Senate Status: Referred to Senate Health & Welfare Committee

House Status: Taken off notice in House Health Subcommittee

SB2060/HB2126 Dispensing of opioids and benzodiazepines by physicians

Sponsors: Sen. Richard Briggs/Rep. Bryan Terry

- Deletes the existing requirement that an opioid or benzodiazepine dispensed by a physician be in a unit-sized prepackaged container
- Requires any physician that provides opioids or benzodiazepines as a provision of healthcare services to submit dispensing information to the controlled substance monitoring database

Enacted as Public Chapter 973, effective April 27, 2016

SB2403/HB2225 Opioid antagonist therapy - statewide pharmacy practice agreement

Sponsors: Sen. Doug Overbey/Rep. Bryan Terry

- Authorizes the chief medical officer of the Tennessee Department of Health (TDH) to implement a statewide collaborative pharmacy practice agreement specific to opioid antagonist therapy with any pharmacist licensed in, and practicing in, this state
- Provides a chief medical officer with immunity from disciplinary or adverse administrative actions, as well as immunity from civil liability in the absence of gross negligence or willful misconduct for acts or omission during the dispensing of an opioid antagonist by a pharmacist acting pursuant to a collaborative agreement

Enacted as Public Chapter 0596, effective March 10, 2016

SB2442/HB2206 Disclosure of price, cost information for certain prescription drugs

Sponsors: Sen. Lee Harris/Rep. Bo Mitchell

- Authorizes the Tennessee Department of Health (TDH) to develop a list of critical prescription drugs for which there is substantial public interest in understanding the development of the drugs' pricing
- Requires the department to prepare an annual report on prescription drug prices and their role in total healthcare spending in the state
- Permits the department to include recommendations for actions to lower prescription drug costs and spending across the state
- Requires the department to identify those prescription drugs that jeopardize the ability of the state to reduce statewide healthcare costs
- Authorizes TDH to set maximum prices for those prescription drugs that are determined to be significantly high

Senate Status: Referred to Senate Commerce & Labor Committee

House Status: Referred to House Health Subcommittee

SB2552/HB2571 Tennessee Prescription Safety Act of 2016

Sponsors: Sen. Mark Norris/Rep. Gerald McCormick

- Makes changes made under the 2012 Prescription Safety Act permanent
- Eliminates a current exemption that provides prescribers are not required to check the database if the prescription is written as a 30-day, non-refillable prescription as part of treatment for a surgical procedure performed in a licensed healthcare facility
- Provides these post-surgical prescriptions the same exemption as other controlled substances where the database would not need to be checked if the controlled substance prescribed or dispensed does not exceed an amount that is adequate for a single, seven-day treatment period and does not allow a refill
- Maintains the current exemption for controlled substances prescribed for administration directly to a patient during the course of inpatient or residential treatment in a licensed hospital or nursing home or licensed mental health hospital
- Continues the exemption for a 48-hour supply of a controlled substance dispensed in an emergency department
- Revises the current requirement that prescription information be submitted at least once every seven days to instead require the information be submitted for each business day but no later than the close of business on the following business day
- Adds the U.S. attorneys office to the list of persons who may have access to database information, along with law enforcement personnel and persons from a judicial district drug taskforce
- Provides any data authorized to be released under present law, other than aggregate data or data released to personnel of the department of a health-related board, is limited to reports of drugs prescribed to specific patients or prescribed by specific providers

Enacted as Public Chapter 1002, effective April 27, 2016

Seatbelts

SB1674/HB1468 Requirement for children being secured in forward-facing position

Sponsors: Sen. Sara Kyle/Rep. John Ray Clemmons

Mandates that children up to the age of eight follow appropriate age, size and weight regulations with respect to motor vehicle child restraint systems

Senate Status: Senate passed

House Status: House Transportation Committee deferred to summer study

TennCare

SB1722/HB1977 Technical assistance groups of healthcare providers

Sponsors: Sen. Rusty Crowe/Rep. Bob Ramsey

- Requires the Bureau of TennCare or Division of Health Care Finance and Administration (HCFA) of the Tennessee Department of Finance and Administration to report on the use of technical assistance groups (TAGs) of healthcare providers in developing any episode of care
- The reports are to include all recommendations made by TAGs throughout the period of implementation of any episode of care
- Requires the bureau to summarize the recommendations of any TAGs concerning the payment reform initiative and identify any action taken by the bureau or HCFA to address those recommendations in the currently required quarterly reports to the General Assembly
- Requires the bureau and HCFA to report, by July 1 each year, to the Health Committee of the House of Representatives and Health and Welfare Committee of the Senate concerning the use of TAGs and on each recommendation made by those groups and the response by the bureau or HCFA to each recommendation
- No later than October 1, 2016, the deputy commissioner of the Tennessee Department of Finance and Administration responsible for the TennCare program is to establish a procedure permitting data sets to be obtained from the all payer claims database and any managing vendor of the database by the Tennessee Department of Finance and Administration, Department of Health, Department of Mental Health and Substance Abuse Services, Department of Intellectual Disabilities and Developmental Disabilities, and other departments of this state
- Increases the number of members, from 11 to 13, of the TennCare Advisory Commission, adding the chair of the Health Committee of the House of Representatives, or the chair's designee, and the chair of the Health and Welfare Committee of the Senate, or the chair's designee
- Adds these two members to serve as ex officio members of the state TennCare Pharmacy Advisory Committee

Enacted as Public Chapter 1079, effective July 1, 2016.

SB1882/HB2398 Medication therapy management

Sponsors: Sen. Randy McNally/Rep. Mary Littleton

- Requires the bureau of TennCare to incorporate a medication therapy management program provided by pharmacists into all of its healthcare delivery systems within the TennCare program in order to improve patient outcomes and control costs in a manner consistent with the bureau's authority concerning pharmacy services
- Requires each managed care organization or pharmacy benefit manager that participates in the TennCare program to administer a medication therapy management program that meets or exceeds the program standards and eligibility criteria as established by the Bureau of TennCare. Requires the Bureau of TennCare, in coordination with its managed care organizations and pharmacy benefit manager, to establish program standards and eligibility criteria for the medication therapy management program.

Senate Status: Senate Finance, Ways & Means Committee

House Status: Taken off notice in House Health Committee.

SB2074/HB1656 Payments from nursing home assessment trust fund

Sponsors: Sen. Doug Overbey/Rep. Curtis Johnson

- Revises nursing home bed assessment
- Authorizes the Bureau of TennCare, in consultation with the Comptroller of the Treasury and Tennessee Health Care Association, to implement changes to the Medicaid per diem rates of the nursing home reimbursement system through emergency rules when acuity and quality supplemental transition payments are made
- Provides the bureau is authorized to adopt reasonable and necessary requirements for the participation of a nursing facility in the TennCare program
- Requires the bureau to promulgate all requirements for participation adopted after the effective date and include a hearing prior to enforcement of such requirements as part of any provider contract, unless otherwise required by federal law
- Creates an enforceability mechanism for the bureau to recoup unpaid nursing home assessment fees, penalties and interest
- Authorizes the bureau to file a civil action against a covered nursing facility to collect any nursing home assessment fees, penalties or interest that have been delinquent for more than 90 days
- Provides that exclusive jurisdiction and venue for a civil action will be in the chancery court for Davidson County, Tennessee

Enacted as Public Chapter 883, effective July 1, 2016

SB2197/HB2350 Changes in fiscal effect on TennCare

Sponsors: Sen. Mark Green/Rep. Gary Hicks

Requires the Division of Healthcare Finance and Administration, in administering the Tennessee healthcare innovation initiative, to appropriate funds to implement any change in level of reward or penalty from the prior fiscal year imposed on healthcare providers in any episode of care when this change results in any fiscal effect on the TennCare

Senate Status: Senate Health & Welfare Committee

House Status: House Health Subcommittee

SB2233/HB2446 Recouping of overpayments by managed care organization

Sponsors: Sen. Joey Hensley/Rep. Sheila Butt

- Prohibits managed care organizations (MCOs) that participate in the TennCare program from recouping overpayments from a healthcare provider based on a mistake made by the MCO if more than 120 business days have passed since the MCO reimbursed the provider based on a proper clean claim
- Prohibits MCOs from reducing future reimbursement or withholding pending payments to the provider to recover any overpayment of fees
- Clarifies the definition of "healthcare provider" includes emergency medical services, including ambulance services

Senate Status: Referred to Senate Commerce & Labor Committee

House Status: Referred to House Insurance & Banking Subcommittee

SB2375/HB2040 Zoning consideration of temporary family healthcare structures

Sponsors: Sen. Mike Bell/Rep. Andrew Farmer

- Requires the Bureau of TennCare to seek, as part of the plan to expand cost-effective community-based residential alternatives to institutional care, written guidance from the Centers for Medicare & Medicaid Services (CMS) regarding whether temporary family healthcare structures may be covered in whole or in part under the Long-Term Care Community Choices Act
- Requires, upon appropriation by the General Assembly, specifically to cover temporary family healthcare structures, seek federal approval of a waiver amendment to offer such benefit to eligible older adults and persons with disabilities who chose temporary family healthcare structures in lieu of care in other settings
- Clarifies any waiver approved shall apply only to a person who meets the CHOICES 2 activities of daily living criteria and meets financial eligibility requirements for medical assistance under this chapter and is either a person with a developmental or intellectual disability or an older adult who is related to the owner or occupier of the property
- Adds language to enhance the authority of local codes departments relative to the temporary family healthcare structures

Enacted as Public Chapter 992, effective July 1, 2016

SB2422/HB2545 Question on expansion of Medicaid on ballot

Sponsors: Sen. Jeff Yarbro/Rep. Craig Fitzhugh

Authorizes advisory question on the expansion of Medicaid to over 250,000 Tennesseans to be placed on the ballot at the regular November election in 2016

Senate Status: Taken off notice in Senate Health & Welfare Committee

House Status: House Insurance & Banking Subcommittee deferred to summer study

SJR 88 TennCare pilot program

Sponsor: Sen. Mark Green

- Requests the governor "send a letter to the federal government regarding a waiver" for the implementation of a TennCare opt-out pilot program
- Participants in the pilot would be currently eligible for TennCare, would opt-out of the program and be placed in a catastrophic health insurance plan

Signed by Governor

Workers' Compensation

SB1758/HB1720 Rental and assignment of PPO network rights - violations

Sponsors: Sen. Mark Green/Rep. Mark White

- Authorizes the Bureau of Workers' Compensation (BWC) to investigate preferred provider organization (PPO) complaints by companies licensed by the Tennessee Department of Commerce and Insurance (DCI) and authorizes the department to take appropriate action in accordance with Tenn. Code Ann. § 56-2-305
- Further requires PPO complaints by companies not licensed by DCI to be heard by the department and authorizes DCI to take appropriate action in accordance with Tenn. Code Ann. § 50-6-118

Enacted as Public Chapter 826, effective July 1, 2016

SB1880/HB2038 Case management

Sponsors: Sen. Jack Johnson/Rep. Jimmy Eldridge

- Requires the administrator of the Bureau of Workers' Compensation (BWC) to establish a system of case management for coordinating medical care services provided to employees claiming benefits that includes a minimum set of standards.
- Requires all case managers and case manager assistants be certified by the BWC prior to offering case manager services
- Requires a penalty ranging from \$100 to \$1,000 for any violation of these requirements and standards
- Authorizes a civil penalty against any entity employing individuals who adjust workers' compensation claims that are out of compliance with the standards set forth by the BWC
- Penalties, if assessed, must be in the range of \$50 to \$5,000 per violation

Enacted as Public Chapter 803, effective April 14, 2016

SB2482/HB2404 Termination of employee for filing claim

Sponsors: Sen. Becky Duncan Massey/Rep. Ron Travis

- Prohibits an employer from discharging or terminating an employee for filing a workers' compensation claim
- Limits the amount of damages that an employee can pursue in certain retaliatory discharge actions

Senate Status: Referred to Senate Commerce & Labor Committee

House Status: Referred to House Consumer & Human Resources Subcommittee

Executive Status: Workers' Compensation Advisory Council released without recommendation

SB2582/HB2416 Revises workers' compensation and drug-free workplace provisions

Sponsors: Sen. Mark Norris/Rep. Susan Lynn

- Decreases from 30 to 15 the number of days after an injury that written notice must be given to an employer for workers' compensation purposes
- Authorizes the Court of Workers' Compensation to award attorney's fees and reasonable costs in decisions
- Deletes the annual educational requirement for employers who participate in the Tennessee Drug Free Workplace program
- Authorizes an ombudsman who is a licensed attorney to provide limited legal advice, but not represent any party as the party's attorney

Enacted as Public Chapter 1056, effective July 1, 2016



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