

TENNESSEE HOSPITAL ASSOCIATION

LEGISLATIVE

REPORT

2020



TENNESSEE HOSPITAL ASSOCIATION

TENNESSEE HOSPITAL ASSOCIATION 2020 LEGISLATIVE REPORT

On June 19, the second session of the 111th Tennessee General Assembly adjourned *sine die*. The final three weeks of session wrapped up work previously put aside after a March 19 recess in response to the growing COVID-19 pandemic in Tennessee.

During the final days of session, Senate and House members came to agreement on an updated budget for state fiscal year 2021, and in a bit of a surprise, reached agreement on Governor Bill Lee's abortion legislation, which previously had stalled in the Senate.

Three major priorities for THA – certificate of need (CON) reform, telehealth and COVID-19 liability protection – also were taken up on the last day of session, but all three bills failed to pass in both chambers, killing the efforts for the year.

However, Governor Bill Lee called a special legislative session in August that included revised bills on liability protection and telehealth, both of which passed in that three-day session.

This report, which is organized by legislative topic, provides detailed overviews of THA's priority legislation from the regular and special sessions, as well as summaries and final disposition of numerous other bills tracked by THA during 2020. These bills pertain to a wide range of issues relevant to some or all hospital members, depending on the topic.

Unlike past years when hundreds of bills are passed by the General Assembly, the impact of the COVID-19 recess and subsequent return in June dramatically limited the number of enacted bills. This report includes all tracked legislation, even those bills that were not passed into law.

You will note several instances in the report where a bill's final status is deferred to a committee meeting on a date that already may have passed or is much later this year. These situations are the result of procedural actions taken prior to the March recess or during the June session.

However, with the *sine die* adjournment on June 19, all unpassed pieces of legislation from the 111th General Assembly's regular legislative sessions now are dead. New legislation will need to be filed in 2021 to revive any of these proposals.

TABLE OF CONTENTS

THA LEGISLATIVE AGENDA AND RELATED PRIORITIES.....	3
CONTROLLED SUBSTANCES.....	9
CRIMINAL LAW	11
EMERGENCY MEDICAL SERVICES	16
FIREARMS	17
GOVERNMENT ORGANIZATION.....	18
HEALTHCARE	22
HEALTHCARE FACILITIES.....	32
HEALTHCARE PROFESSIONS.....	34
INSURANCE.....	40
PHARMACY	47
PUBLIC RECORDS.....	48
TENNCARE.....	50
WORKERS' COMPENSATION.....	53

THA LEGISLATIVE AGENDA AND RELATED PRIORITIES

ANNUAL COVERAGE ASSESSMENT OF 2020 SB2022/HB2170

Sponsors: Sen. Ferrell Haile/Rep. Patsy Hazlewood

This bill enacts the Annual Hospital Coverage Assessment Act of 2020, which generates \$602 million in state funding for the TennCare program. When coupled with federal matching dollars, the assessment results in \$1.7 billion in total funding for TennCare.

The rate of the assessment is 4.87 percent of a hospital's net patient revenue, based on the 2016 Medicare Cost Report.

Assessment funds avert limits of certain benefits for TennCare enrollees, including physical, speech and occupational therapy, and avoid a 7 percent reduction in TennCare provider rates.

Enacted as Public Chapter 0642. Effective July 1, 2020.

CHARITY CARE STATUTE UPDATE SB1888/HB1875

Sponsors: Sen. Shane Reeves/Rep. Kevin Vaughan

As enacted, this bill aligns Tennessee's current law with the charity care definitions in place with the Centers for Medicare & Medicaid Services (CMS).

These changes will align the Tennessee reporting requirements with CMS regulations and support sliding scale charity care policies that help limit financial exposure for the lower income individuals who are uninsured and underinsured.

These changes will allow regulators to better support and properly recognize the role of hospitals in covering an appropriate portion of the cost of care to indigent patients.

Enacted as Public Chapter 0619. Effective March 25, 2020.

TELEHEALTH SB1892/HB1699

Sponsors: Sen. Art Swann/Rep. Robin Smith

THA, Tennessee Medical Association (TMA) and several other provider and patient organizations worked together to further improve Tennessee's telehealth laws.

This legislation aimed to maintain current telehealth law for facility-to-facility encounters, while adding payment of a site origination fee for facilities hosting a patient in a telehealth encounter. This payment is based on existing policy and practice by the Centers for Medicare & Medicaid Services (CMS).

Other features of the legislation include establishing a framework and payment parity for "provider-based" telehealth services to enable patients to receive ongoing care from their existing physicians via a telehealth encounter.

THE LEGISLATIVE AGENDA AND RELATED PRIORITIES

The legislation also seeks to ensure coverage for remote patient monitoring, again in a manner that is consistent with current CMS policy.

State lawmakers agreed to fund the \$1.2 million fiscal note on the telehealth bill; however, the legislation was sent to conference committee to resolve key differences between the Senate and House bills.

Both versions of the bill established an originating site fee to be paid to hospitals by commercial insurers and TennCare, while also requiring coverage for “provider-based telemedicine” and remote patient monitoring. The primary difference between the bills was payment parity for telehealth and provider-based telemedicine services, a provision included in the House version but not supported by the Senate.

The conference committee’s final report would have mandated payment parity, though the provision would expire in 18 months and require new legislation to continue. The report also added new language supported by payers that only would have required coverage for medically necessary procedures. The compromise also would have capped the amount of the originating site fee at the current rate established annually by the Centers for Medicare & Medicaid Services (CMS).

In the end, the House approved the compromise legislation, while the Senate never brought the bill back to the floor, halting the issue.

While the COVID-19 pandemic has seen a number of regulatory and policy changes for telehealth services, a clear need remains to ensure expanded telehealth access in Tennessee. The topic likely is to again be a central issue in 2021.

Senate Status: Failed to bring the conference committee report to a floor vote.

House Status: Passed the conference committee report.

SB8003 by Sen. Jack Johnson (R-Franklin) / HB8002 by Rep. William Lamberth (R-Portland) – passed both chambers during the August special session in a form very similar to the conference committee report considered during the final hours of the regular legislative session in June.

As passed, the bill creates a site origination fee payment to hospitals hosting patients in telehealth encounters while also establishing provider-based telemedicine and payment parity for telehealth services as if they were performed in person. In accordance with an agreement between the Senate and House, the originating site fee is capped at the current rate of \$26.65 as set by the Centers for Medicare & Medicaid Services (CMS), while the payment parity provision is set to expire on April 1, 2022.

A public chapter has not yet been assigned.

THA LEGISLATIVE AGENDA AND RELATED PRIORITIES

COVID-19 LIABILITY PROTECTION SB2381/HB2623

Sponsors: Sen. Mike Bell/Rep. Michael Curcio

The COVID-19 pandemic brought many new issues to the forefront for healthcare providers, including the need for liability protections due to changes in operations and new risks arising from the necessary response to the crisis.

Legislation introduced after the General Assembly's recess would have granted liability protection to healthcare providers from damages in circumstances where appropriate state or federal guidance has been followed. Such protections would not extend to cases of malicious, reckless or willful misconduct.

THA worked with the Tennessee Coalition for Business Recovery and Safe Harbors, a diverse group of more than 30 statewide trade associations representing healthcare, business, education and other entities, to develop the legislation that was brought for consideration. Despite broad support for the concept of liability protection, the Senate and House versions differed in a few ways, with the primary issue being the effective date of the protection.

The Senate version extended this protection retroactively to March 5, the date of the first confirmed COVID-19 case in Tennessee, while the House version only applied the protection going forward from the date of enactment.

THA and other members of the coalition strongly favored the retroactivity provision. However, because of differing views on the constitutionality of the provision, a conference committee ultimately was appointed to resolve the differences in the two bills.

Despite the conference committee's agreement to move forward with retroactivity in the bill, passionate debate of the measure on the House floor led to the bill's failure on a 46-36 vote, with six members present but not voting. Following this action, the Senate did not bring the bill back to the floor.

Senate Status: No floor vote taken for the agreed upon conference committee report.

House Status: Conference committee report failed on House floor.

During the August special session, SB8002 by Sen. Jack Johnson (R-Franklin) / HB8001 by Rep. William Lamberth (R-Portland) was passed and extends COVID-19 liability protection to hospitals and healthcare providers, among other businesses, schools and essential service providers, except in cases of willful misconduct or gross negligence. The legislation includes retroactive protection but allows exceptions for complaints filed prior to the governor's special session call on Aug. 3.

It also is important to note that for healthcare providers, Governor Lee's Executive Order 53 and its subsequent extension, granted liability protection, effective July 2. The passage of this bill does not affect the executive action.

A public chapter has not yet been assigned.

THE LEGISLATIVE AGENDA AND RELATED PRIORITIES

CERTIFICATE OF NEED REFORM SB2312/HB2350

Sponsors: Sen. Todd Gardenhire/Rep. Robin Smith

After extensive work during the summer and fall of 2019, members of a bicameral legislative working group on certificate of need (CON) introduced a reform plan for the state's existing law and process. Despite initial agreement on the legislation, the House quickly moved to make additional changes to the bill, while the Senate held to the modifications outlined in the original bill.

On the final day of session, the House passed the bill on a vote of 68-23, while a different version was passed by the Senate.

The House-approved version included population-based deregulation of CON requirements for outpatient diagnostic centers (ODCs), ambulatory surgery centers (ASCs) and freestanding emergency departments (FSEDs), which went beyond the original agreement – and the Senate's proposal – for deregulation of only ODCs.

These differences, along with others related to mental health hospitals, micro-hospitals and language around CON deregulation in economically distressed counties, led to the appointment of a conference committee to attempt to reconcile the issues.

Members of the committee were Sens. Raumesh Akbari (D-Memphis), Todd Gardenhire (R-Chattanooga) and Shane Reeves (R-Murfreesboro) and Reps. Robin Smith (R-Hixson), Kevin Vaughn (R-Collierville) and John Mark Windle (D-Livingston).

However, during the committee's meeting, Senate and House members were unable to reach a compromise. This led to the issue not being brought back up in either chamber before adjournment, effectively killing the legislation.

While it is welcome news that Tennessee's CON law remains intact for the near term, the issue is certain to be a central focus of the 2021 session. In addition to the likely continued pursuit of major reform of the law next year, the Health Services and Development Agency (HSDA), which oversees the state's CON program, will be up for sunset.

Senate Status: Conference committee was unable to reach an agreement. Measure fails.

House Status: Conference committee was unable to reach an agreement. Measure fails.

THA LEGISLATIVE AGENDA AND RELATED PRIORITIES

SURGICAL SMOKE SB1997/HB2019

Sponsors: Sen. Janice Bowling/Rep. Sabi Kumar

Legislation that would require hospitals and ambulatory surgery centers to adopt and implement a policy that prevents human exposure to surgical smoke through the use of a surgical smoke evacuation system during any planned surgical procedure was deferred to summer study in the House and Senate after THA expressed strong opposition to the bill.

The legislation was supported by the Association of Perioperative Registered Nurses (AORN) and was a new topic in Tennessee – and the roughly dozen other states where AORN has introduced this legislation this year – only having been elevated as an issue in recent months.

Based on member feedback and a survey to gauge current policies on surgical smoke, THA believes decisions on smoke evacuation policies are best left to individual hospitals or health systems in collaboration with the operating room team, with patient safety being top priority.

Senate Status: Senate Health and Welfare Committee deferred to summer study.

House Status: House Facilities, Licensure and Regulations Subcommittee deferred to summer study.

HOSPITAL PRESUMPTIVE ELIGIBILITY SB2585/HB2830

Sponsors: Sen. Janice Bowling/Rep. John DeBerry

As amended, this bill requires hospitals to “strive to process” TennCare hospital presumptive eligibility (HPE) applications within the first 24 hours of admission “when practicable.” The language also allows TennCare to take remedial steps as allowed by federal law.

The amended language neutralizes the negative impact of the initially proposed amendment to make the bill and provides leeway for the multiple factors that can delay HPE applications.

The original legislation is in response to a constituent issue where a pediatric patient’s HPE application was delayed two days and resulted in the family receiving a bill for the days before the HPE was initiated, although the bill ultimately was pulled back.

Enacted as Public Chapter 0775. Effective July 15, 2020.

THA LEGISLATIVE AGENDA AND RELATED PRIORITIES

SURPRISE BILLING

SB2684/HB2680

Sponsors: Sen. Bo Watson/Rep. Timothy Hill

Developed and supported by Tennessee Medical Association (TMA), the bill seeks to protect patients from surprise bills by limiting patient charges for out-of-network care to co-pay or deductible amounts for in-network rates.

It further aims to establish an independent dispute resolution process that encourages providers and payers to negotiate payment as a first step before pursuing arbitration. In the event payment disputes cannot be resolved between provider and payer, the parties would make their case to a mediator who determines reasonable payment, with the loser being responsible for mediation costs.

THA had expressed concerns with the approach identified for establishing reference rates and the potential for a payer advantage, which was identified in feedback on the legislation collected from THA members. Payers also opposed the bill, which despite passage in the House, failed to advance in the Senate Commerce and Insurance Committee.

While a dead issue for the year, the topic is expected to be a priority for lawmakers in 2021, with Senate Commerce and Insurance Committee Chairman Paul Bailey (R-Sparta) leading a stakeholder work group this summer and fall to attempt to develop a solution to this persistent issue.

Senate Status: Assigned to General Subcommittee of Senate Commerce and Labor Committee.

House Status: Passed House. Engrossed and ready for transmission to Senate.

MEDICAL DEBT

SB2700/HB2346

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

Legislation to address medical debt was taken off notice in the House Civil Justice Subcommittee after the sponsor agreed to THA's plan to work on the issue with its members in the summer and fall.

As introduced, this legislation creates requirements regarding medical debt lawsuits, including a complaint must contain a signature from a medical care provider, healthcare facility employee or a custodian of medical billing records, not a collections agency employee, arrest warrants cannot be issued or any other action to arrest a medical debtor unless the act or failure to act is against state law and no real property owned by the medical debtor and used as the debtor's primary residence or transportation can be subject to execution, seizure or attachment.

Senate Status: Set for Senate Commerce and Labor Committee calendar upon return.

House Status: Taken off notice in House Civil Justice Subcommittee.

PRESCRIBING OF BUPRENORPHINE SB1938/HB1980

Sponsors: Sen. Richard Briggs/Rep. Kevin Vaughan

- Allows a registered nurse or physician assistant to prescribe a buprenorphine product for use in recovery or medication-assisted treatment in a variety of cases.
- Requires a healthcare prescriber of a buprenorphine product for use in recovery or medication-assisted treatment, or a nonresidential office-based opiate treatment facility to only accept a check, money order, debit card or credit card that is linked to a bank or credit card account from a financial institution in payment for services provided by the healthcare prescriber or facility.
- Prohibits a healthcare provider licensed under Title 63 or a nonresidential office-based opiate treatment facility from knowingly treating any beneficiary of TennCare with buprenorphine products for use in recovery or medication-assisted treatment unless that provider directly bills or seeks reimbursement from TennCare or TennCare's managed care organizations (MCOs) for services provided to the TennCare beneficiary.

Enacted as Public Chapter 0771. Effective Aug. 1, 2020.

CONTROLLED SUBSTANCE DATABASE REQUIREMENTS SB2170/HB2239

Sponsors: Sen. Jack Johnson/Rep. William Lamberth

- Adds the chief medical examiner, a deputy or assistant state medical examiner or forensic pathologist under the control or direction of the chief medical examiner, or a deputy or assistant county medical examiner or forensic pathologist under the control or direction of a county medical examiner to the definition of healthcare practitioners for the Tennessee Prescription Safety Act of 2016.
- Removes the provision that allows additional personnel with the Department of Mental Health and Substance Abuse to have access to the Controlled Substance Monitoring Database.

Senate Status: Senate Health and Welfare Committee deferred to next available calendar.

House Status: Taken off notice in Health Committee.

CONTROLLED SUBSTANCES

**PILOT PROJECT FOR TREATMENT OF OPIOID ABUSE
SB2518/HB2698**

Sponsors: Sen. Joey Hensley/Rep. Sabi Kumar

- Requires the Department of Health, in conjunction with the Department of Mental Health and Substance Abuse Services, to explore the possibility of a pilot project for early opioid abuse treatment of selected patients who are receiving opioid therapy at community health centers in this state.
- Requires the departments to submit a joint written report of their findings concerning establishing a pilot project to the chairs of the Senate Health and Welfare Committee, the House Health Committee, the House Mental Health and Substance Abuse Subcommittee and to the sponsors of this act no later than Nov. 30, 2020.

Senate Status: Senate Health and Welfare Committee deferred to next available calendar.

House Status: Passed in House Health Committee. Referred to House Calendar and Rules Committee.

CONTROLLED SUBSTANCES

PROHIBITS ABORTIONS AFTER DETECTION OF FETAL HEARTBEAT SB1236/HB77

Sponsors: Sen. Mark Pody/Rep. Micah Van Huss

- Prohibits any abortion being performed during the viability of a pregnancy.
- Defines viability as the presence of an intrauterine fetus with a heartbeat.
- Establishes that current laws on abortion should not be enforced unless this section is temporarily or permanently restrained, enjoined or otherwise unenforceable and only in compliance with specific criteria.
- Requires any conduct committed be prosecuted under the statute in effect at the time of the commission of the offense.

Senate Status: Taken off notice in Senate Judiciary Committee after adopting amendment.

House Status: House passed with amendment.

RULE OF LAW LIFE ACT SB1780/HB1962

Sponsors: Sen. Janice Bowling/Rep. Dan Howell

- Creates a Class C felony prohibiting the performance or induction of an abortion if there is a detectable heartbeat or the pregnancy is viable.
- Exempts abortions performed by a licensed physician and that were necessary to prevent the death or serious injury of the pregnant woman, where the unborn child was given the best opportunity to survive, or where the medical treatment provided results in the accidental death of or unintentional injury to the unborn child.
- Exempts a pregnant woman who has an abortion or induction from penalties.
- Requires physician to determine viability through testing and record results for pregnancies determined not viable, and creates Class A misdemeanor for failure to do so. Requires applicable licensing boards to revoke or suspend licenses of persons charged or convicted of performing or inducing an abortion.

Senate Status: Senate Judiciary Committee deferred to March 24, 2020.

House Status: Taken off notice in House Health Committee.

RELEASE OF AUTOPSY SUBJECT'S REMAINS TO NEXT OF KIN SB2117/HB2403

Sponsors: Sen. Ed Jackson/Rep. John Ragan

- Requires a human body or remains be held for 14 days after an autopsy or pathology examination if the district attorney or law enforcement agency gives notice that the next of kin is under investigation for the death of the human subject being autopsied.
- Allows the body or remains be returned to next of kin if ordered by a court of competent jurisdiction or the notice of investigation is rescinded by the district attorney or law enforcement.

Senate Status: Referred to Senate Judiciary Committee.

House Status: Failed in House Public Health Subcommittee.

SEXUAL ASSAULT EVIDENCE COLLECTION KITS SB2121/HB2191

Sponsors: Sen. Janice Bowling/Rep. Jim Coley

- Requires a law enforcement agency to pick up a sexual assault evidence collection kit or hold the kit for storage or transmission to a qualified lab, within seven days of notification that the kit is ready for release.
- Shortens the required time of an agency after taking possession of a kit and the required time after a police report is filed to transfer a kit to a lab for testing from 60 days to 45 days.
- Prohibits the use of sexual assault forensic evidence to be used to prosecute a victim for any misdemeanor offense or certain drug offenses.
- Requires the TBI to develop and implement an electronic tracking system for sexual assault evidence collection kits.

Senate Status: Action deferred in Senate Judiciary Committee to Dec. 1, 2020.

House Status: Passed House Finance, Ways and Means Committee.

PROHIBITS ABORTION AFTER DETECTION OF FETAL HEARTBEAT SB2196/HB2263

Sponsors: Sen. Jack Johnson/Rep. William Lamberth

- Part of Administration package.
- Requires a physician who is performing, inducing or attempting to perform or induce an abortion to:
 - Determine the gestational age of the unborn child in accordance with generally accepted standards of medical practice;
 - Inform the pregnant woman the gestational age of the unborn child;
 - Perform an obstetric ultrasound in accordance with generally accepted standards of medical practice using current medical technology and methodology applicable to the gestational age of the unborn child and reasonably calculated to determine whether a fetal heartbeat exists;
 - Auscultate the fetal heartbeat of the unborn child, if any, so the pregnant woman may hear the heartbeat if the heartbeat is audible;
 - Provide a simultaneous explanation of what the ultrasound is depicting, which must include the presence and location of the unborn child within the uterus, the dimensions of the unborn child, the presence of external members and internal organs if present and viewable, the number of unborn children depicted, and, if the ultrasound image indicates that fetal demise has occurred, inform the woman of that fact;
 - Display the ultrasound images so the pregnant woman may view the images;
 - Record in the pregnant woman's medical record the presence or absence of a fetal heartbeat, the method used to test for the fetal heartbeat, the date and time of the test, and the estimated gestational age of the unborn child; and
 - Obtain from the pregnant woman prior to performing, inducing or attempting to perform or induce, an abortion, a signed certification that the pregnant woman was presented with the information required to be provided, that the pregnant woman viewed the ultrasound images or declined to do so, and that the pregnant woman listened to the heartbeat if the heartbeat is audible or declined to do so.
- Prohibits a person from performing, inducing or attempting to perform or induce, an abortion upon a pregnant woman whose unborn child has a fetal heartbeat or is six weeks gestational age or older unless, prior to performing or inducing the abortion, or attempting to perform or induce the abortion, the physician affirmatively determines and records in the pregnant woman's medical record that, in the physician's good faith medical judgment, the unborn child does not have a fetal heartbeat at the time of the abortion. Any violation is a Class C felony.
- Prohibits a person from performing, inducing or attempting to perform or induce an abortion upon a pregnant woman if the person knows the woman is seeking the abortion because of the sex of the unborn child, race of the unborn child or a prenatal diagnosis, test or screening indicating

Down syndrome or the potential for Down syndrome in an unborn child. Any violation is a Class C felony.

- Exception if there is a “medical emergency” as defined under current law as an emergency that in the physician’s good faith medical judgment, based upon the facts known to the physician at the time, so complicates the woman’s pregnancy as to necessitate the immediate performance or inducement of an abortion in order to prevent the death of the pregnant woman or to avoid a serious risk of the substantial and irreversible impairment of a major bodily function of the pregnant woman that delay in the performance or inducement of the abortion would create.

Enacted as Public Chapter 0764. Effective Oct. 1, 2020.

OFFENSES COMMITTED AGAINST FIRST RESPONDERS SB2363/HB1868

Sponsors: Sen. Ferrell Haile/Rep. Lowell Russell

- Officer Kenny Moats Assault Act
- Enhances the penalty for assault by one classification if the assault is committed against a first responder.

Senate Status: Action deferred in Senate Judiciary Committee.

House Status: Placed behind the budget in House Finance, Ways, and Means Subcommittee.

MEDICATION ABORTION REVERSAL SB2465/HB2568

Sponsors: Sen. Dolores Gresham/Rep. Jeremy Faison

- Requires abortion facilities that perform more than 50 elective abortions a year to conspicuously post a sign for patients with a specific paragraph that explains that mifepristone is not always effective in ending pregnancy and it is possible to avoid, cease or reverse the effects of a chemical abortion.
- Prohibits the use of certain chemical abortions unless a woman is informed at least 48 hours in advance that there is a possibility for reversal.
- Establishes requirements for the Department of Health regarding publishing materials and posting on its website regarding these rules.
- A violation of the requirements set forth in this law will result in a Class E felony. Establishes a \$10,000 fine for a facility in violation and counts each abortion performed before the required signage is posted as a separate penalty.
- Allows certain persons to bring civil action for an abortion performed in violation of these requirements.
- Authorizes the court to determine if the anonymity of a woman who has an abortion should be preserved if the woman did not give consent for disclosure.

Senate Status: Action deferred in Senate Judiciary Committee to Dec. 1, 2020.

House Status: House passed. Engrossed and ready for transmission to Senate.

PUNISHMENT FOR ASSAULT OF PUBLIC SERVANT SB2616/HB2750

Sponsors: Sen. Joey Hensley/Rep. Sabi Kumar

- Creates a Class E felony for a person who knowingly or should have knowingly assaulted a public servant while engaged in official duties.
- Defines public servant as a law enforcement officer, firefighter, medical first responder, paramedic, emergency medical technician, healthcare provider or any other first responder.

Senate Status: Action deferred in Senate Judiciary Committee.

House Status: Taken off notice in House Criminal Justice Subcommittee.

PARENT'S BILL OF RIGHTS SB2726/HB2567

Sponsors: Sen. Steve Southerland/Rep. Jeremy Faison

- Establishes all parental rights be reserved to the parent of a minor without interference from state government entities unless they are acting in an unlawful manner.
- Restricts state government entities from any attempt to encourage or coerce a minor child to withhold information from their parent.
- Requires written consent from a parent to prescribe medication or perform surgery or a physical examination unless a physician declares a medical emergency.
- Classifies violations of parental consent as a Class A misdemeanor.

Senate Status: Referred to Senate Health and Welfare Committee.

House Status: Referred to House Children and Families Subcommittee.

OPERATION OF MOTOR VEHICLES ON APPROACH OF EMERGENCY VEHICLES SB1298/HB1322

Sponsors: Sen. Mark Pody/Rep. Rick Eldridge

- Authorizes entities that own emergency vehicles to, or contract to, purchase, install, operate and maintain cameras for the purpose of recording images of motor vehicles that fail to properly operate on approach of an emergency vehicle and when approaching certain stationary vehicles.
- Specifies rules and procedures for evidence and penalties related to the violation. Requires a first offense to be punished by a fine not to exceed \$50.
- Requires fines imposed on motor vehicle operators for a first offense based solely upon evidence obtained from a driver and camera to be allocated as follows: 50 percent to the entity owning the emergency vehicle for the purposes of defraying costs related to the camera purchase, installation, operation and maintenance; 40 percent to the Department of Transportation for advertising campaigns focused on safe driving practices; and 10 percent to the law enforcement agency.

Senate Status: Action deferred in Finance, Ways and Means Committee.

House Status: Taken off notice in House Safety and Funding Subcommittee.

EMERGENCY MEDICAL SERVICES

TRANSPORTATION AND STORAGE OF FIREARMS SB1722/HB2368

Sponsors: Sen. Sara Kyle/Rep. G.A. Hardaway

- Repeals statute allowing handgun permit carriers to store or transport firearms or ammunition in motor vehicles when parked in private or public parking areas if the items are hidden from view.

Senate Status: Action deferred in Senate Judiciary Committee to Dec. 1, 2020.

House Status: Placed behind the budget in House Finance, Ways, and Means Subcommittee.

HANDGUN PERMITS AS VALID FORM OF ID SB2082/HB2113

Sponsors: Sen. Ferrell Haile/Rep. Rusty Grills

- Requires the acceptance of an enhanced handgun carry permit or a concealed handgun carry permit as valid government-issued photo identification in the same manner as a driver's license is accepted for purposes of access to goods, facilities and services.

Senate Status: Re-referred to Senate Calendar Committee.

House Status: House placed on regular calendar for June 17, 2020.

REGULATIONS FOR CARRYING CONCEALED HANDGUNS SB2888/HB2661

Sponsors: Sen. Paul Bailey/Rep. Chris Todd

- Allows a person to carry a handgun in a concealed manner.
- Permits a person carrying a handgun in a concealed manner to carry in parks, higher education campuses and areas posted by local governments in the same manner permitted by handgun carry permit holders.

Senate Status: Action deferred in Senate Judiciary Committee to Dec. 12, 2020.

House Status: Placed behind the budget in House Finance, Ways, and Means Subcommittee.

HANDGUNS IN POSTED PLACES - LAW ENFORCEMENT OFFICERS SB2556/HB2108

Sponsors: Sen. Ed Jackson/Rep. Mark White

- Clarifies that law enforcement officers are exempt from laws allowing individuals, corporations, businesses entities, or local, state or federal government entities or agents to prohibit firearms on property they own, operate or manage.

Senate Status: Action deferred in Senate Judiciary Committee.

House Status: House passed. Engrossed and ready for transmission to Senate.

**SUNSET - ADVISORY COUNCIL ON
WORKERS' COMPENSATION
SB1649/HB1727**

Sponsors: Sen. Kerry Roberts/Rep. Martin Daniel

- Extends the Advisory Council on Workers' Compensation to June 30, 2021.

Enacted as Public Chapter 0637. Effective April 1, 2020.

**SUNSET - BOARD FOR LICENSING HEALTHCARE FACILITIES
SB1651/HB1729**

Sponsors: Sen. Kerry Roberts/Rep. Martin Daniel

- Extends the Board for Licensing Health Care Facilities to June 30, 2023.

Enacted as Public Chapter 0538. Effective March 19, 2020.

**SUNSET - BOARD OF MEDICAL EXAMINERS
SB1654/HB1732**

Sponsors: Sen. Kerry Roberts/Rep. Martin Daniel

- Extends the Board of Medical Examiners to June 30, 2023.

Enacted as Public Chapter 0541. Effective March 19, 2020.

**SUNSET - COMMITTEE FOR CLINICAL PERFUSIONISTS
SB1660/HB1738**

Sponsors: Sen. Kerry Roberts/Rep. Martin Daniel

- Extends the Committee for Clinical Perfusionists to June 30, 2026.

Enacted as Public Chapter 0638. Effective April 1, 2020.

**SUNSET - DEPARTMENT OF FINANCE AND ADMINISTRATION
SB1662/HB1740**

Sponsors: Sen. Kerry Roberts/Rep. Martin Daniel

- Extends the Department of Finance and Administration to June 30, 2024.
- Requires the department to appear before the Government Operations Committee by June 30, 2020, to update the committee on the department's progress in addressing audit report findings related to records disposition authorizations.

Enacted as Public Chapter 0543. Effective March 19, 2020.

**GOVERNMENT
ORGANIZATION**

SUNSET - DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

SB1664/HB1742

Sponsors: Sen. Kerry Roberts/Rep. Martin Daniel

- Extends the Department of Intellectual and Developmental Disabilities to June 30, 2023.

Enacted as Public Chapter 0612. Effective March 25, 2020.

SUNSET - INTERSTATE NURSE LICENSURE COMPACT

SB1675/HB1753

Sponsors: Sen. Kerry Roberts/Rep. Martin Daniel

- Extends the Interstate Nurse Licensure Compact to June 30, 2028.

Enacted as Public Chapter 0548. Effective March 19, 2020.

SUNSET - PHYSICAL THERAPY LICENSURE COMPACT

SB1681/HB1759

Sponsors: Sen. Kerry Roberts/Rep. Martin Daniel

- Extends the Physical Therapy Licensure Compact to June 30, 2028.

Enacted as Public Chapter 0551. Effective March 19, 2020.

SUNSET - STATE PALLIATIVE CARE AND QUALITY OF LIFE COUNCIL

SB1697/HB1775

Sponsors: Sen. Kerry Roberts/Rep. Martin Daniel

- Extends the state Palliative Care and Quality of Life Council to June 30, 2027.

Enacted as Public Chapter 0561. Effective March 19, 2020.

SUNSET - TENNESSEE COMMISSION ON AGING AND DISABILITY

SB1702/HB1780

Sponsors: Sen. Kerry Roberts/Rep. Martin Daniel

- Extends the Tennessee Commission on Aging and Disability to June 30, 2026.

Enacted as Public Chapter 0563. Effective March 19, 2020.

GOVERNMENT ORGANIZATION

ALLOWS STATE AGENCIES TO USE RESERVE FUNDS TO COVER DEFICITS

SB2074/HB1949

Sponsors: Sen. Mark Pody/Rep. Martin Daniel

- Authorizes an agency to use its reserve fund if the agency did not collect fees sufficient to operate in the two most recent fiscal years, rather than the current fiscal year.
- Requires an agency to provide the commissioner of the department of which the agency is administratively attached and the Joint Government Operations Committee a five-year historical profile and a five-year projection of the agency's revenues and expenses.
- Establishes that an agency is only authorized to use revenue funds to reimburse itself for non-recurring expenses, such as hardware and software, equipment, audit, vehicles and legal expenses.

Senate Status: Action deferred in Senate Finance, Ways and Means Committee.

House Status: Passed in House Finance, Ways and Means Subcommittee. Reset on final calendar in House Calendar and Rules Committee.

REQUIREMENTS FOR RECOVERY OF REASONABLE EXPENSES AND ATTORNEYS' FEES IN CONTESTED CASE HEARINGS

SB2172/HB2241

Sponsors: Sen. Jack Johnson/Rep. William Lamberth

- Allows a hearing officer or administrative law judge in a contested case hearing to order the state agency that issued a notice pay the party issued the notice if the party issued the notice substantially prevails on the merits of all allegations in the notice and the hearing officer or administrative law judge finds the state agency issued the notice to harass, cause unnecessary delay or cause needless expense to the party issued the notice.
- Requires license and certificate holders to pay actual and reasonable costs incurred by the division of health-related boards for judicial reviews of agency decisions in contested cases.
- Part of Administration package.

Senate Status: Action deferred in Senate Government Operations Committee.

House Status: Taken off notice in House State Committee.

GOVERNMENT ORGANIZATION

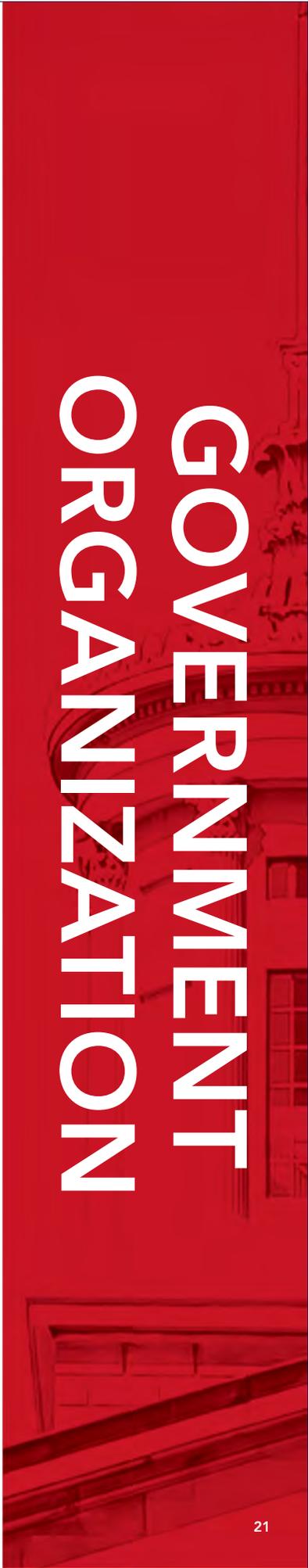
UNIFORM ADMINISTRATIVE PROCEDURES ACT SB2322/HB1951

Sponsors: Sen. Kerry Roberts/Rep. Martin Daniel

- Authorizes a state agency to promulgate a direct informal rule only when the rule makes a minor, non-substantive change, is approved by the Joint Government Operations Committee, repeals a rule, or eliminates or reduces a fee.
- Authorizes a person to file a suit directly to the Chancery Court in their county of residence to enjoin enforcement of a rule when the rule is not adopted in compliance with the Uniform Administrative Procedures Act (the Act).

Senate Status: Action deferred in Senate Government Operations Committee.

House Status: House passed. Engrossed and ready for transmission to Senate.



GOVERNMENT
ORGANIZATION

NEWBORN SAFETY INCUBATORS SB343/HB534

Sponsors: Sen. Bo Watson/Rep. Timothy Hill

- As amended by the Senate Commerce Committee, the bill requires a hospital, birthing center, community health clinic, outpatient walk-in clinic, fire department that is staffed 24 hours a day, law enforcement facility that is staffed 24 hours a day or an emergency medical services facility to receive possession of an infant left on facility premises if the infant is voluntarily left by a mother in a newborn safety incubator provided by the facility.
- The House Children and Families Subcommittee amendment extended the length of time from birth that an infant could be left by a mother from the current 72 hours to within the preceding two-week period, as determined within a reasonable degree of medical certainty.

Senate Status: Action deferred in Senate Health and Welfare Committee.

House Status: Taken off notice in House Judiciary Committee.

Executive Status: Joint Council on Pensions and Insurance released to standing committees with unfavorable comment.

MEMORANDUM OF UNDERSTANDING ON A COMPREHENSIVE ONLINE HEALTHCARE INFORMATION SYSTEM SB322/HB278

Sponsors: Sen. Shane Reeves/Rep. Martin Daniel

- Requires the executive director of the Health Services and Development Agency (HSDA) to establish an all payer claims database no later than Jan. 1, 2020.
- The purpose of the database is to support transparent public reporting of healthcare information.

Senate Status: Senate Commerce and Labor Committee deferred to summer study.

House Status: Placed behind the budget. On calendar in House Finance, Ways and Means Subcommittee.

TENNESSEE MEDICAL CANNABIS ACT SB486/HB637

Sponsors: Sen. Janice Bowling/Rep. Ron Travis

- Authorizes access to medical cannabis on a regulated basis for patients with qualifying medical conditions.
- Licenses and regulates the processes for cultivation, production, distribution, transport, selling and acquiring cannabis for medical use and research, with cancer, epilepsy and HIV/AIDS among the classified qualifying conditions for medical marijuana.
- Prohibits a person from acquiring, possessing or using medical cannabis without a valid cannabis card.
- Establishes the Medical Cannabis Commission for regulation of cannabis-related healthcare.
- Declares a maximum of 12 urban omni licenses available in Tennessee, with a maximum of three of these in Knox, Shelby, Hamilton or Davidson counties.
- Establishes a maximum of 12 RUVI licenses available in the state and the rules of operation.
- Defines the process of legalizing medical marijuana in a county by a two-thirds legislative vote, and the taxation of each licensure in the state.

Senate Status: Action deferred in Senate Judiciary Committee.

House Status: Referred to House Mental Health and Substance Abuse Subcommittee.

EXAMINATION OF GENETIC RECORDS OF ORGAN DONORS BY TRANSPLANT RECIPIENTS SB1081/HB752

Sponsors: Sen. Steve Dickerson/Rep. Robin Smith

- Permits the recipient of an organ transplant and referral hospital to examine all genetic records of the donor or prospective donor unless prohibited by law.

Senate Status: Senate Health and Welfare Committee deferred to summer study.

House Status: Taken off notice in House Public Health Subcommittee.

COURT ORDERED ENTRANCE INTO OUTPATIENT MENTAL HEALTH TREATMENT PROGRAMS SB1344/HB969

Sponsors: Sen. Becky Massey/Rep. Tim Rudd

- Allows a court, including a mental health court, to order a proposed patient who has threatened violence against the patient's self or other persons to receive assisted outpatient mental health treatment upon finding that certain conditions have been met. Establishes a process for certain persons to file a petition with a court of competent jurisdiction on behalf of a proposed patient seeking assisted outpatient mental health treatment for such patient.
- Establishes criteria for the evaluation of proposed patients and reporting to the court by physicians and certain mental health professionals.
- Prohibits the court from ordering assisted outpatient mental health treatment unless the examining physician or other professional that recommended the treatment testifies at the hearing.
- Requires the court to order inpatient care and treatment or make other dispositions authorized by law if, after hearing all relevant evidence, the court does not find that the proposed patient needs assisted outpatient mental health treatment.

Senate Status: Action deferred in Senate Judiciary Committee to Dec. 1, 2020.

House Status: Placed behind the budget. On calendar in House Finance, Ways, and Means Subcommittee for June 15, 2020.

RURAL HEALTH CARE TASK FORCE SB1467/HB741

Sponsors: Sen. Paul Bailey/Rep. Matthew Hill

- Creates the Rural Health Care Task Force to assess the impact of administrative rules on access to healthcare in rural areas of this state, with particular emphasis on any effects administrative rules might have on rural health clinics (RHCs) and federally qualified health centers (FQHCs) and make recommendations for improving access to healthcare in rural areas.
- Establishes that the task force must consist of 13 members, six of which are to be legislative members.
- Requires the task force to include an examination of eight specific items outlined in the amendment in its assessment and recommendations.
- Requires the task force to report its findings and recommendations for improving access to healthcare in rural areas through the administrative rulemaking process by TennCare and other administrative agencies of this state, to the Governor and the General Assembly no later than Feb. 1, 2020, at which time the task force terminates.

Senate Status: Taken off notice in Senate Commerce and Labor Committee.

House Status: Taken off notice in House Health Committee.

MATERNAL MORTALITY REVIEW SB1733/HB1820

Sponsors: Sen. Brenda Gilmore/Rep. Larry Miller

- Requires the Tennessee maternal mortality review and prevention team to report annually instead of biennially its recommendations to promote the safety of women and prevention of maternal deaths.

Enacted as Public Chapter 0679. Effective June 15, 2020.

VETERANS TRAUMATIC BRAIN INJURY AND POST-TRAUMATIC STRESS DISORDER TREATMENT AND RECOVERY ACT SB1940/HB2405

Sponsors: Sen. Richard Briggs/Rep. John Ragan

- Authorizes medical professionals to prescribe hyperbaric oxygen therapy treatment to a veteran for the treatment of traumatic brain injury or post-traumatic stress disorder.
- Adds hyperbaric oxygen therapy treatment as an authorized medical service that TennCare may provide for eligible veterans.

Senate Status: Passed in Senate Health and Welfare Committee. Referred to Senate Calendar Committee.

House Status: Taken off notice in House Health Committee.

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES CONTRACTS SB2007/HB1998

Sponsors: Sen. Janice Bowling/Rep. Rush Bricken

- Allows the Department of Mental Health and Substance Abuse Services to contract with any licensed community mental health agency for the provision of services under the behavioral health safety net, as long as the community mental health agency provides all of the behavioral health services that are included within adult behavioral health services for the seriously and persistently mentally ill.

Enacted as Public Chapter 578. Effective July 1, 2020.

SOLEMN COVENANT OF THE STATES TO AWARD PRIZES FOR CURING DISEASES SB2039/HB2696

Sponsors: Sen. Joey Hensley/Rep. Sabi Kumar

- Creates the Solemn Covenant of the States to Award Prizes for Curing Diseases by establishing the Solemn Covenant of States Commission once six or more states have enacted the compact.
- Requires each compacting state to select a representative and allows each state to determine the member's qualifications.

- Establishes the various powers of the commission such as to receive and review treatments and therapeutic protocols for the cure of disease, make a cure widely available and determine the selling price of the cure.

Senate Status: Passed Senate Government Operations Committee. Referred to Senate Health and Welfare Committee.

House Status: Taken off notice in House Public Health Subcommittee.

REQUIRES ONE FULL-TIME NURSE FOR EVERY 2,500 STUDENTS SB2061/HB2123

Sponsors: Sen. Dawn White/Rep. Charlie Baum

- Decreases the required number of students needed for the basic education program (BEP) to fund one full-time public school nurse position from 3,000 to 2,500 students.

Senate Status: Action deferred in Senate Education Committee.

House Status: Placed behind the budget. On calendar in Finance, Ways, and Means Subcommittee.

REQUIREMENTS FOR SALE OF VAPOR AND TOBACCO PRODUCTS SB2079/HB2114

Sponsors: Sen. Shane Reeves/Rep. Robin Smith

- Replaces the term "vapor products" with "electronic smoking devices" in code and raises the age for persons allowed to use tobacco products from 18 years of age to 21 years of age.
- Includes electronic smoking devices to the definition of a tobacco product and defines electronic smoking devices.
- Adds a tax of \$0.62 cents on cartridges used in electronic smoking devices. Requires a tobacco retailer to obtain an annual license from the Department of Agriculture.
- Adds a Class B felony for any retailer that sells tobacco products without a license. Broadly captioned.

Senate Status: Action deferred in Senate Commerce and Labor Committee.

House Status: Taken off notice in House Public Health Subcommittee.

REPORT ON COMPLIANCE WITH FEDERAL PAUL WELLSTONE AND PETE DOMENICI MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT SB2085/HB2499

Sponsors: Sen. Richard Briggs/Rep. David Hawk

- Requires the Department of Commerce and Insurance to issue a report each year regarding the compliance of the Mental Health Parity and Addiction Equity Act and present the report to the General Assembly no later than Jan. 31 of each year.
- Asks the department to make available to the public a log of mental health parity complaints and an explanation of mental health parity and how the public can file a complaint.

Senate Status: Action deferred in Senate Commerce and Labor Committee.

House Status: Taken off notice in House Insurance Committee.

RARE DISEASE ADVISORY COUNCIL SB2124/HB2505

Sponsors: Sen. Shane Reeves/Rep. David Hawk

- Creates the Tennessee Rare Disease Advisory Council to advise TennCare committees and other private and public agencies providing assistance to those diagnosed with rare diseases.
- Creates requirements for council membership and duties such as reviewing products and prescriptions used to treat rare diseases.

Enacted as Public Chapter 0645. Effective April 1, 2020.

MINIMUM AGE TO PURCHASE TOBACCO PRODUCTS SB2202/HB2269

Sponsors: Sen. Jack Johnson/Rep. William Lamberth

- Raises the minimum age from 18 to 21 years old for the purchase of tobacco products to reflect the change in federal law.
- Requires any person under 21 years of age who directly or indirectly purchases smoking paraphernalia or attempts to purchase smoking paraphernalia using fake identification be subject to the jurisdiction of the appropriate General Sessions Court rather than to juvenile proceedings.
- Requires anyone who sells tobacco, smoking hemp or vapor products to post signage.
- Part of Administration package.

Enacted as Public Chapter 0732. Effective Jan. 1, 2021.

HORMONE TREATMENT FOR GENDER DYSPHORIC OR GENDER INCONGRUENT PREPUBERTAL MINORS SB2233/HB2827

Sponsors: Sen. Ferrell Haile/Rep. Bryan Terry

- Prohibits a healthcare prescriber from prescribing a course of treatment that involves hormone treatment for gender dysphoric or gender incongruent prepubertal minors, unless the treatment is for diagnoses of growth deficiencies or other diagnoses unrelated to gender dysphoria or gender incongruency.
- Requires the Department of Health to create a task force composed of five non-legislative members to examine and consider a uniform standard for licensed healthcare professionals practicing endocrine treatment for gender dysphoric or gender incongruent minors who are not prepubertal minors.
- Requires the Board of Medical Examiners, Board for Professional Counselors, Marital and Family Therapists, Clinical Pastoral Therapists, Board of Examiners in Psychology and Board of Nursing to promulgate rules to implement any uniform standard established under Tenn. Code Ann. Â§ 68-1-141(a) relating to the practice of endocrine treatment for gender dysphoric or gender incongruent minors who are not prepubescent.

Senate Status: Passed as amended in Senate Health and Welfare Committee. Sent to Senate Government Operations.

House Status: Taken off notice in House Public Health Subcommittee.

RECOVERY PROGRAM FOR PREGNANT WOMEN AND WOMEN WITH NEWBORNS ACT SB2267/HB2498

Sponsors: Sen. Jeff Yarbrow/Rep. David Hawk

- Requires the Departments of Mental Health and Substance Abuse Services, Human Services, Children’s Services, Health and the Bureau of TennCare to actively seek and apply for federal, private or other available funds, and actively direct available state funds for the development of substance use disorder treatment programs to assist pregnant women or women with newborns in recovery.

Senate Status: Action deferred in Senate Health and Welfare Committee.

House Status: Placed on House floor regular calendar on June 18, 2020.

TENNESSEE CLINICAL CANNABIS AUTHORIZATION AND RESEARCH ACT SB2334/HB2454

Sponsors: Sen. Steve Dickerson/Rep. Bryan Terry

- Legalizes and decriminalizes the possession, consumption, cultivation, processing, purchase, transportation and sale of medical cannabis and every compound, manufacture, salt, derivative, mixture or preparation of the plant to any qualifying patient who has been assessed by a medical care practitioner as having a debilitating medical condition and successfully has applied for a medical registry identification card.
- Creates the Clinical Cannabis Commission.
- Requires the Commission to:
 - o Create, receive, review and approve applications for clinical cannabis establishments (CCEs);
 - o Establish a schedule of fees for application, and initial and renewal licenses for all CCEs, including wholesalers, CCE agents, volunteers and qualified pharmacists, such that the fees in aggregate shall not exceed all costs incurred by the Commission in administering the state's clinical cannabis program;
 - o Creates a website that lists the states or jurisdiction which Tennessee grants reciprocity for nonresident registration cards.
- Requires the Commission to strive to remain a ratio of at least one cultivation facility for every five dispensaries, ensure the number of each type of CCE is sufficient to adequately serve the needs of qualifying patients and consider the number of CCEs the Commission effectively can regulate in ensuring compliance with the Act. Requires the Tennessee Bureau of Investigation (TBI) to conduct criminal history record checks using fingerprints provided by establishment agents at the time of application.
- If no disqualifying record is identified, TBI then is required to send the fingerprints to the Federal Bureau of Investigation (FBI) for a criminal history record check. Establishes that sales of medical cannabis are subject to a rate equal to the tax levied on tangible personal property.
- Law would become effective only after federal rescheduling of marijuana from Schedule I to Schedule II has become effective and authorized for distribution by the federal Food and Drug Administration.

Senate Status: Passed as amended in Senate Health and Welfare Committee. Referred to Senate Government Operations Committee.

House Status: Returned to Clerk's desk.

VACCINE EXCIPIENT SUMMARY SB2380/HB2532

Sponsors: Sen. Frank Niceley/Rep. Dale Carr

- Requires the Department of Health to make available on its public website the most recently published version of the federal Centers for Disease Control and Prevention's Vaccine Excipient Summary.
- If the department maintains a portion of its publicly accessible website relevant to immunization requirements, the department must include access to the Vaccine Excipient Summary within that same portion of the website and it must appear in the same font type, font size and style as the immunization requirement information.

Senate Status: Passed with amendment in Senate Health and Welfare Committee. Referred to Senate Calendar Committee.

House Status: Taken off notice in House Health Committee.

MEDICATION-ASSISTED TREATMENT SB2552/HB2625

Sponsors: Sen. Ed Jackson/Rep. Mary Littleton

- Requires the Department of Mental Health and Substance Abuse Services and TennCare to collaborate, no later than Jan. 1, 2021, to develop educational materials for providers and facilities where medication-assisted treatment, including treatment involving controlled substances, is prescribed and provided.

Enacted as Public Chapter 0747. Effective June 22, 2020.

DELAYED BIRTH CERTIFICATES SB2587/HB2812

Sponsors: Sen. Janice Bowling/Rep. Iris Rudder

- Authorizes the state registrar to issue a delayed birth certificate based upon evidence, including obituaries and birth and death certificates of parents or siblings, property tax records, sworn affidavits from at least two county officials and other applicable evidence.

Senate Status: Action deferred in Senate Judiciary Committee to Dec. 1, 2020.

House Status: Reset on final calendar of House Calendar and Rules Committee.

SURRENDERING CUSTODY OF NEWBORN SB2629/HB2357

Sponsors: Sen. Dawn White/Rep. Mary Littleton

- Increases the time frame allowed for a mother of a newborn to surrender custody of the child to an approved medical facility without criminal liability from within 72 hours of birth to within two weeks.

Enacted as Public Chapter 0684. Effective June 15, 2020.

TAXES ON VAPOR PRODUCTS AND E-CIGARETTES SB2645/HB2651

Sponsors: Sen. Jeff Yarbrow/Rep. Joe Towns, Jr.

- Adds dealers of distributors of liquid nicotine and vapor products to list of persons required to pay privilege taxes.
- Adds liquid nicotine to the definition of tobacco products.
- Levies a tax on liquid nicotine for vapor products at a rate of \$0.03 cents per milligram of liquid nicotine.
- Requires each dealer and distributor of vapor products to pay an enforcement and administration fee to the Department of Revenue of \$0.005 cents per packaged unit of liquid nicotine for sale in Tennessee and an additional \$0.001 cents on each milligram of liquid nicotine.

Senate Status: Taken off notice in Senate Finance Revenue Subcommittee.

House Status: Failed in House Public Health Subcommittee.

TENNESSEE PREGNANT WORKERS FAIRNESS ACT SB2520/HB2708

Sponsors: Sen. Becky Massey/Rep. Jim Coley

- Authorizes employers to hire, transfer, discharge, promote, compensate and construct milk expressing spaces only if they would do so for other employees needing reasonable accommodation.
- Requires the commissioner of the Department of Labor and Workforce Development to enforce laws requiring employers to make reasonable accommodations for medical needs arising from pregnancy or childbirth and allows employers to request a certificate from a healthcare professional if a pregnant employee asks for any type of job restructuring.
- Clarifies the definition of "employer" as a person who employs 15 or more employees.

Enacted as Public Chapter 0745. Effective Oct. 1, 2020, and Jan. 1, 2021.

**APPLICATION FOR CON FOR NONRESIDENTIAL
SUBSTITUTION-BASED TREATMENT CENTER FOR
OPIATE ADDICTION
SB637/HB1462**

Sponsors: Sen. Jack Johnson/Rep. Glen Casada

- Eliminates certificate of need requirement for a hospital to operate a nonresidential substitution-based treatment center for opiate addiction if the treatment center is located on the same campus as the operating hospital and operates 100 or more psychiatric beds.

Senate Status: Senate Health and Welfare Committee deferred to next available calendar.

House Status: House passed.

**NURSING HOME RESIDENT CARE MONITORING ACT
SB1814/HB1798**

Sponsors: Sen. Joey Hensley/Rep. Mark Hall

- Requires nursing homes to install monitoring devices with no charge to the resident, if requested by the resident or the resident's legal representative.
- Establishes requirements for accommodations in shared rooms, placement and procedures for notifying residents of their rights to monitoring devices.
- Protects a nursing home or facility from criminal or civil liability for unintentional distribution of a recording by the monitoring device. Allows recordings to be used as evidence in criminal or civil proceedings.
- Establishes that any person who intentionally tampers with or destroys a monitoring device or recording made by such device commits a Class B misdemeanor.

Senate Status: Assigned to General Subcommittee of Senate Health and Welfare Committee.

House Status: Returned to the Clerk's desk.

**EMPLOYMENT OF PHYSICIANS BY RURAL HEALTH CLINICS
SB1955/HB2090**

Sponsors: Sen. Ed Jackson/Rep. Jeremy Faison

- Allows a rural health clinic to employ a physician if the employment relationship between the physician and the rural health clinic is evidenced by a written contract, job description or documentation containing language that does not restrict the physician from exercising independent medical judgment in diagnosing and treating patients.

Enacted as Public Chapter 0574. Effective March 19, 2020.

HEALTHCARE FACILITIES TO POST COST OF SERVICES SB2402/HB2160

Sponsors: Sen. Sara Kyle/Rep. Jason Hodges

- Requires healthcare facilities to conspicuously post within their facility, in a location accessible to the public, a list of all healthcare services provided and the cost of each service.
- Requires the facility to accept a full price payment for the service cost listed if the patient pays within 30 days of receiving said service.

Senate Status: Referred to Senate Commerce and Labor Committee.

House Status: Taken off notice in House Facilities, Licensure and Regulations Subcommittee.

DISCRIMINATION AGAINST DISABLED PERSONS FOR ORGAN TRANSPLANTS SB2776/HB2609

Sponsors: Sen. Mike Bell/Rep. Mark Cochran

- Prohibits healthcare providers from denying services related to organ transplantations or receiving anatomical gifts to a person solely because of an existing disability.
- Allows individuals who reasonably believe they have been discriminated against to bring civil action against a healthcare provider.

Senate Status: Action deferred in Senate Commerce and Labor Committee.

House Status: Taken off notice in House Public Health Subcommittee.

Executive Status: Joint Council on Pensions and Insurance released to standing committees with favorable comment.

EMPLOYMENT OF FACILITY-BASED PHYSICIANS SB2779/HB2146

Sponsors: Sen. Mike Bell/Rep. Ron Travis

- Removes restrictions on the employment of anesthesiologists, emergency physicians, pathologists and radiologists by hospitals.

Senate Status: Referred to Senate Health and Welfare Committee.

House Status: Taken off notice in House Facilities, Licensure and Regulations Subcommittee.

EXPANDS FIRST RESPONDER BENEFITS TO INCLUDE EMERGENCY MEDICAL TECHNICIANS SB29/HB384

Sponsors: Sen. Ferrell Haile/Rep. Terri Lynn Weaver

- Includes emergency medical technicians in the compensation for injury or death suffering during employment.

Enacted as Public Chapter 0776. Effective July 15, 2020.

PRESCRIBING BUPRENORPHINE BY NON-PHYSICIAN PROVIDERS SB1060/HB656

Sponsors: Sen. Steve Dickerson/Rep. Matthew Hill

- Present law only allows licensed physicians to prescribe any buprenorphine product for any federal Food and Drug Administration-approved use in recovery or medication-assisted treatment.
- In 2019, the House passed this bill to authorize non-physician healthcare providers - who otherwise are permitted to prescribe Schedule II or III drugs – to prescribe a buprenorphine product for the treatment of opioid use disorder under certain circumstances.
- The provider must be employed by a community mental health center or a federally qualified health center that employs one or more physicians and has adopted clinical protocols for medication-assisted treatment.
- The provider must work under the supervision of a physician who holds a waiver registration from the federal Drug Enforcement Agency that authorizes the physician to prescribe buprenorphine products.
- The Senate did not act on the bill until 2020 when the Health and Welfare Committee added additional provisions to the bill, including allowing providers employed at a facility where providers are contracted with TennCare to treat opioid use disorder with buprenorphine products and placing a maximum 16 milligram daily equivalent on prescriptions.
- The bill was scheduled for a full Senate vote but was referred back to the Calendar Committee.

Enacted as Public Chapter 0761. Effective July 1, 2020.

CREATES COMPACT TO AUTHORIZE AND REGULATE TELE-PSYCHOLOGICAL PRACTICE ACROSS STATE LINES SB1142/HB1121

Sponsors: Sen. Richard Briggs/Rep. Dwayne Thompson

- Creates the Psychology Interjurisdictional Compact Act to authorize and regulate tele-psychological practice across state lines.
- Authorizes temporary, in-person, face-to-face psychology services for 30 calendar days within a year in a state in where a psychologist is not licensed to practice psychology but is in a compact state.
- Requires a home state's psychology regulatory authority to investigate and take appropriate action when inappropriate conduct by a licensee practicing telepsychology that occurred in another compact state is reported, in the same manner as it would if such conduct had occurred within the home state.

Senate Status: Senate passed with amendment.

House Status: Placed behind the budget. On calendar in Finance, Ways, and Means Subcommittee for June 15, 2020.

REPORTING OF INAPPROPRIATE ACTIONS BY PROVIDERS SB1894/HB2726

Sponsors: Sen. Ferrell Haile/Rep. Cameron Sexton

- Requires the chief administrative official of each hospital or other facility to report to the respective licensing board, committee, council or agency any information that the chief administrative official believes indicates a licensed person inappropriately prescribed a controlled substance, diverted a controlled substance, engaged in sexual activity with a patient, has a mental or physical impairment that prevents them from safely practicing, acted with incompetence or engaged in unethical or unprofessional conduct.
- Requires reporting within 60 days of the action or within 60 days of when the chief administrative official first obtains the information.

Senate Status: Action deferred in Senate Health and Welfare Committee.

House Status: Passed House as amended. Engrossed and ready for transmission to Senate.

DISCLOSURE OF INTERVENTIONAL PROCEDURES OR TREATMENTS TO PATIENTS SB1912/HB1917

Sponsors: Sen. Shane Reeves/Rep. Kevin Vaughan

- Adds nonopioid medicinal drugs or drug products, occupational therapy and interventional procedures or treatments to the list of alternative treatments a healthcare practitioner is required to disclose and explain to a patient or the patient's legal representative before consent may be obtained for treatment with an opioid.

Enacted as Public Chapter 0573. Effective March 19, 2020.

TRAINING FOR EMERGENCY COMMUNICATIONS PROVIDERS SB1958/HB1933

Sponsors: Sen. Rusty Crowe/Rep. Scott Cepicky

- Requires Emergency Communications Board to monitor training for emergency call takers covering recognition protocols for out-of-hospital cardiac arrest, compression-only cardiopulmonary resuscitation instructions and continuous education as necessary.
- Grants immunity from any claim, complaint or lawsuit of any nature against emergency communication districts, counties, municipalities and emergency service dispatchers who maintain training requirements required by state law.

Enacted as Public Chapter 0575. Effective March 19, 2020.

LICENSURE OF PHYSICAL THERAPISTS AND PHYSIOTHERAPISTS SB1960/HB2050

Sponsors: Sen. Rusty Crowe/Rep. Ryan Williams

- Revises provisions regarding licensure of physical therapists to include licensure of physiotherapists.
- Specifies that a physical therapist or physiotherapist is not licensed under this chapter unless the individual holds a degree from a professional physical therapy program accredited by a national accreditation agency recognized by the U.S. Department of Education and by the Board of Physical Therapy.
- Revises provisions that allow a licensed physical therapist to conduct an initial patient visit without a referral.
- Gives the Board of Physical Therapy the power to deny, suspend or revoke the license of a licensee who is acting in a manner inconsistent with generally accepted standards of physical therapy practice, who is participating in underutilization or overutilization of physical therapy services for personal or institutional financial gain, or who is practicing physical therapy with a mental or physical condition that impairs the ability of the licensee to practice with skill and safety.

Enacted as Public Chapter 0790. Effective July 15, 2020.

REQUIREMENTS FOR BOARD OF MEDICAL EXAMINERS SB2034/HB2085

Sponsors: Sen. Joey Hensley/Rep. Bryan Terry

- Requires the Board of Medical Examiners to study the potential effects of the federal Centers for Medicare & Medicaid Services' Healthy Adult Opportunity on providers in this state for the purpose of identifying any advantages or disadvantages to participating.
- Requires the board to report its findings to the chairs of the Senate Health and Welfare Committee and House Health Committee by Dec. 31, 2020.

Senate Status: Action deferred in Senate Health and Welfare Committee to Dec. 1, 2020.

House Status: Taken off notice in House Health Committee.

LICENSING OF AND PRESCRIBING AUTHORITY FOR ADVANCED PRACTICE REGISTERED NURSES SB2110/HB2203

Sponsors: Sen. Jon Lundberg/Rep. Bob Ramsey

- Creates definition of "advanced practice registered nurse," which includes individuals licensed to engage in the practice of professional nursing in one of the following roles:
 - Certified nurse practitioner;
 - Certified registered nurse anesthetist;
 - Certified nurse-midwife; or
 - Clinical nurse specialist.
- Specifies licensure and education requirements for advanced practice registered nurses.
- Requires the state Board of Nursing to grant prescribing, ordering, selecting, administering, dispensing and issuing authority through the advanced practice registered nurse license, as long as the licensee has completed an accredited graduate or post-graduate level advanced practice registered nurse program.

Senate Status: Taken off notice in Senate Health and Welfare Committee.

House Status: Taken off notice in House Facilities, Licensure and Regulations Subcommittee.

SUMMARY SUSPENSION OF HEALTH-RELATED LICENSEES SB2169/HB2238

Sponsors: Sen. Jack Johnson/Rep. William Lamberth

- Allows an agency finding that public health, safety or welfare imperatively requires emergency action to order a summary action, including a suspension of a license or other licensure restriction or action within the context of a contested case hearing. Expands references for disciplinary proceedings against health-related licensees to include all boards, councils, committees, agencies or regulatory programs.
- Requires entities posting on their website about changes in laws affecting license holders to be posted within 30 days of the change and maintained on the website for two years following the change.
- Part of Administration package.

Enacted as Public Chapter 0594. Effective March 20, 2020.

REDUCES PROFESSIONAL PRIVILEGE TAX ON CERTAIN OCCUPATIONS SB2201/HB2268

Sponsors: Sen. Jack Johnson/Rep. William Lamberth

- Reduces from \$400 to \$200 the amount of the annual professional privilege tax imposed on certain occupations.
- Part of Administration package.

Senate Status: Senate Finance Revenue Subcommittee recommended.

House Status: Referred to House Finance, Ways and Means Subcommittee.

LICENSURE OF SERVICE MEMBERS SB2237/HB2313

Sponsors: Sen. Ed Jackson/Rep. Mike Stewart

- Requires an agency with an applicant who is a member of the armed forces and is licensed to practice a professional service in another state to allow the member to practice in this state.

Senate Status: Action deferred in Senate Commerce and Labor Committee.

House Status: Taken off notice in House Commerce Committee.

PAY SUPPLEMENT TO EMERGENCY MEDICAL PROFESSIONALS FOR TRAINING SB2882/HB2715

Sponsors: Sen. Paul Bailey/Rep. John Mark Windle

- Requires any unit of government with emergency medical professionals to provide a \$1,000 pay supplement for the completion of 40 hours of in-service training.
- Requires that funds be used only as a cash salary bonus and prohibits use to supplement existing salaries or normal salary increases.

Senate Status: Action deferred in Senate State and Local Government Committee to Dec. 1, 2020.

House Status: Placed behind the budget. On calendar in House Finance, Ways, and Means Subcommittee for June 15, 2020.

LICENSING INDEPENDENCE FOR FUTURE TENNESSEANS ACT SB2451/HB1944

Sponsors: Sen. Kerry Roberts/Rep. Martin Daniel

- Enacts the Licensing Independence for Future Tennesseans Act or "LIFT Act."
- Authorizes a licensing authority to issue a license to practice if an applicant meets certain requirements, including if the applicant holds a valid license in another state, they held the license in another state for at least one year prior to application, the other state required the application to pass an examination and the applicant does not have a disqualifying criminal history.

Senate Status: Action deferred in Senate Commerce and Labor Committee.

House Status: Taken off notice in House Business Subcommittee.

ELIMINATION OF PROFESSIONAL PRIVILEGE TAX SB2669/HB2676

Sponsors: Sen. Dolores Gresham/Rep. Ron Gant

- Deletes the professional privilege tax except for persons licensed or registered under the Tennessee Securities Act as agents and broker-dealers.
- Sets the tax for any tax year ending on or before May 21, 2021, at \$400 and any tax year ending on or after May 31, 2022, at \$200.
- Deletes requirement that any tax levied against real estate brokers shall be levied only upon such licensees who act as principal brokers.
- Deletes exemption for medical practitioners issued a special volunteer license to practice free healthcare.

Senate Status: Senate Finance Revenue Subcommittee returned to full committee with a negative recommendation.

House Status: House Finance Subcommittee placed behind the budget. Placed on calendar in House Finance, Ways, and Means Subcommittee for June 15, 2020.

REIMBURSEMENT FOR OUT-OF-NETWORK EMERGENCY SERVICES

SB612/HB709

Sponsors: Sen. Shane Reeves/Rep. Bryan Terry

- Requires a health insurer, if a person is covered by a health benefit plan and receives out-of-network emergency services, to reimburse the healthcare provider or facility that provided the emergency services at a rate that is no less than FAIR Health value.

Senate Status: Action deferred in Senate Commerce and Labor Committee.

House Status: Taken off notice in House Life and Health Insurance Subcommittee.

ASSOCIATIONS CREATING HEALTH INSURANCE PLANS

SB645/HB874

Sponsors: Sen. Kerry Roberts/Rep. Michael Curcio

- Attempts to match Tennessee code with federal law in an effort to reduce regulation concerning associations banding together to create health insurance plans.
- Deletes the requirement that bona fide associations must have been in existence for at least five years and maintained in good faith for purposes other than obtaining insurance.
- Adds that associations or business coalitions entering into an agreement to pool liabilities must have at least one substantial business purpose unrelated to offering and providing insurance coverage.
- Allows such coverage to serve as the primary purpose.

Enacted as Public Chapter 0515. Effective July 1, 2020.

STATE EMPLOYEE HEALTH PLAN

SB1502/HB1366

Sponsors: Sen. Joey Hensley/Rep. Mike Sparks

- Requires, by the beginning of the 2021 plan year, the state employee basic health plan to establish an alternate allowable charges schedule that allows an enrollee to utilize the services of any medical provider in the U.S. without being penalized with out-of-network costs.
- Requires the plan to be modified to have a preferred tier and non-preferred tier and that providers who agree to accept charges below the maximum to be in the preferred tier.

Senate Status: Action deferred in Senate Commerce and Labor Committee.

House Status: Failed in House Finance, Ways, and Means Subcommittee.

INSURANCE

CAPS COST OF INSULIN

SB1718/HB1832

Sponsors: Sen. Katrina Robinson/Rep. Vincent Dixie

- Requires a health insurance carrier that provides coverage for prescription insulin drugs pursuant to the terms of a policy, program or contract of insurance to cap the total amount that a covered patient with diabetes is required to pay for covered prescription insulin drugs at an amount not to exceed \$100 per 30-day supply of insulin, regardless of the amount, type or number of insulin prescriptions needed to fill the monthly insulin prescriptions of the covered patient.

Senate Status: Action deferred in Senate Commerce and Labor Committee.

House Status: Taken off notice in House Life and Health Insurance Subcommittee.

Executive Status: Joint Council on Pensions and Insurance released to standing committees with unfavorable comment.

CREATES INSURANCE CARRIER GOLD CARD PROGRAM

SB1758/HB1701

Sponsors: Sen. Shane Reeves/Rep. Mark Hall

- Implements a gold card program that waives certain prior authorization requirements or processes for entities using utilization review agents.

Senate Status: Action deferred in Senate Commerce and Labor Committee.

House Status: Taken off notice in House Life and Health Insurance Subcommittee.

Executive Status: Joint Council on Pensions and Insurance released to standing committees with unfavorable comment.

NOTIFICATION OF STEP THERAPY EXCEPTIONS

SB1935/HB1866

Sponsors: Sen. Art Swann/Rep. Mark Hall

- Requires a patient and prescribing practitioner to have access to a clear, readily accessible and convenient process to request a step therapy exception, if coverage of a prescription drug for the treatment of any medical condition is restricted for use by an insurer, health plan or utilization review organization through the use of a step therapy protocol.
- Requires an insurer, health plan or utilization review organization to grant a step therapy exception within 72-hours of receipt or within 24-hours of receipt in an emergency medical condition, if certain criteria are met.
- The proposed legislation takes effect Jan. 1, 2021, and applies to agreements for health insurance or health plans entered into, amended or renewed on or after that date.

Senate Status: Action deferred in Senate Commerce and Labor Committee.

House Status: Taken off notice in House Insurance Committee.

Executive Status: Joint Council on Pensions and Insurance released to standing committees with unfavorable comment.

INSURANCE

PROHIBITS PHARMACY BENEFIT MANAGERS FROM DISCRIMINATING AGAINST 340B ENTITIES **SB1942/HB1890**

Sponsors: Sen. Richard Briggs/Rep. Esther Helton

- Prohibits a pharmacy benefit manager, or any third party that makes payment for the drugs, from discriminating against the following with respect to a patient eligible to receive drugs subject to a federal drug discount agreement between the secretary of the U.S. Department of Health and Human Services and a drug manufacturer:
 - A 340B entity in a manner that prevents or interferes with the patient's choice to receive those drugs from the 340B entity;
 - A pharmacy participating in a health plan as an entity authorized to participate under a federal drug discount program in a manner that prevents or interferes with the patient's choice to receive those drugs from the pharmacy; or
 - A 340B entity regarding reimbursement for pharmacy-dispensed drugs by reimbursing at a rate lower than that paid for the same drug to pharmacies that are not 340B entities.
- Prohibits a pharmacy benefit manager from assessing any fee or other adjustment upon the 340B entity or excluding a 340B pharmacy from the pharmacy benefit manager's or third party's pharmacy network, on the basis that the 340B entity participates in the drug discount program.
- Creates a private cause of action for a pharmacy or 340B entity against a pharmacy benefit manager or third party that violates this bill.
- Exempts the TennCare, CoverKids and Cover RX programs.

Senate Status: Deferred to summer study.

House Status: Reset on final calendar of House Calendar and Rules Committee.

Executive Status: Joint Council on Pensions and Insurance released to standing committees with favorable comment.

PROHIBITS HEALTH CARRIERS FROM LIMITING ADVANCED METASTATIC CANCER TREATMENTS **SB2132/HB2162**

Sponsors: Sen. Richard Briggs/Rep. Robin Smith

- Prohibits health benefit plans covering advanced metastatic cancer from requiring that the enrollee prove that other drugs were unsuccessful before providing coverage to a federal Food and Drug Administration-approved prescription drug.
- Exempts the TennCare and CoverKids programs.

Senate Status: Action deferred in Senate Commerce and Labor Committee.

House Status: House Finance Subcommittee placed behind the budget. Set for House Finance, Ways, and Means Subcommittee calendar on June 15, 2020.

Executive Status: Joint Council on Pensions and Insurance released to standing committees with unfavorable recommendation.

INSURANCE

ASSIGNMENT OF BENEFITS

SB2217/HB2608

Sponsors: Sen. John Stevens/Rep. Mark Cochran

- Deletes a provision that allowed a person with health insurance to assign their benefits to a healthcare provider.
- Does not apply to hospitals.

Senate Status: Action deferred in Senate Commerce and Labor Committee.

House Status: Taken off notices in House Life and Health Insurance Subcommittee.

Executive Status: Joint Council on Pensions and Insurance released to standing committees with favorable comment.

DIRECT MEDICAL CARE AGREEMENTS

SB2317/HB1867

Sponsors: Sen. Kerry Roberts/Rep. Robin Smith

- Expands the Health Care Empowerment Act to allow all licensed medical professionals to use direct medical care agreements without regulation by the insurance laws of this state.

Enacted as Public Chapter 0739. Effective July 1, 2020.

MENTAL HEALTHCARE AND SUBSTANCE ABUSE SERVICES NETWORK ADEQUACY ACT

SB2328/HB2829

Sponsors: Sen. Sara Kyle/Rep. John Clemmons

- Requires a health carrier providing a network plan to:
 - o Maintain a network that is sufficient in numbers and appropriate types of providers, including essential community providers, to ensure all covered mental healthcare services and substance abuse services to covered persons, including children and adults, will be accessible without unreasonable travel or delay;
 - o Ensure covered persons have access to emergency services 24 hours per day, seven days per week;
 - o Assure a covered person obtains a covered benefit at an in-network level of benefits, including an in-network level of cost-sharing, from a non-participating provider, or to make other arrangements acceptable to the commissioner of Commerce and Insurance when:
 - The health carrier has a sufficient network, but does not have a type of participating provider available to provide the covered benefit to the covered person; or
 - The health carrier has an insufficient number or type of participating providers available to provide the covered benefit to the covered person without unreasonable travel or delay;

INSURANCE

- o Treat the mental healthcare services or substance abuse services the covered person receives from a nonparticipating provider as if the services were provided by a participating provider, including applying the covered person's cost-sharing for the services toward any maximum out-of-pocket limit applicable to services obtained from participating providers under the health benefit plan;
- o Have a system that documents all requests to obtain a covered benefit from a nonparticipating provider and provide this information to the commissioner upon request; and
- o Establish and maintain adequate arrangements to ensure covered persons have reasonable access to participating providers located near their home or business address.

Senate Status: Action deferred in Senate Commerce and Labor Committee.

House Status: Taken off notice in House Life and Health Insurance Subcommittee.

Executive Status: Joint Council on Pensions and Insurance released to standing committees with unfavorable comment.

CATASTROPHIC HEALTH PLANS

SB2373/HB2065

Sponsors: Sen. Shane Reeves/Rep. Bryan Terry

- Requires the commissioner of the Tennessee Department of Commerce and Insurance to apply, no later than 180 days after the effective date, to the secretary of the U.S. Department of Health and Human Services for a five-year state innovation waiver to enable insurance carriers in this state to offer catastrophic health plans through a reinsurance pool to an individual residing in this state for plan years starting on or after Jan. 1, 2022.

Senate Status: Action deferred in Senate Commerce and Labor Committee.

House Status: House Life and Health Insurance Subcommittee deferred to summer study.

MODERNIZING MEDICATION UTILIZATION ACT

SB2377/HB2688

Sponsors: Sen. Shane Reeves/Rep. Timothy Hill

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

Senate Status: Action deferred in Senate Commerce and Labor Committee.

House Status: Referred to House Life and Health Insurance Subcommittee.

Executive Status: Taken off notice in Joint Council on Pensions and Insurance.

INSURANCE

PHARMACY BENEFITS MANAGER BASIS FOR COINSURANCE SB2786/HB2575

Sponsors: Sen. Ed Jackson/Rep. Robin Smith

- Requires a pharmacy benefits manager (PBM) or a covered entity to base the calculation of any coinsurance for a prescription drug or device on the allowed amount of the drug or device.
- Prohibits charging a covered entity an amount greater than the reimbursement paid by the PBM to contracted pharmacy for the prescription drug or device.
- “Allowed amount” means the cost of a prescription drug or device after applying all PBM or covered entity discounts.
- The proposed legislation applies to all policies or contracts entered into, renewed, amended or delivered on or after July 1, 2020.

Senate Status: Referred to Senate Commerce and Labor Committee.

House Status: Taken off notice in House Insurance Committee.

Executive Status: Joint Council on Pensions and Insurance released to standing committees with favorable comment.

PBMS - SPECIALTY DRUGS SB2847/HB2178

Sponsors: Sen. Paul Bailey/Rep. Robin Smith

- Requires a covered entity or pharmacy benefits manager (PBM) to:
 - Permit a person covered under a group medical benefit contract that provides coverage for prescription drugs to obtain a specialty drug from a physician’s office or hospital outpatient infusion center that provides and administers the specialty drug;
 - Permit a person covered under a pharmacy benefit contract that provides coverage for prescription drugs to obtain a specialty drug from a physician’s office or hospital outpatient infusion center that provides and administers the specialty drug;
 - Not limit coverage or benefits of a person covered under a group medical benefit contract or a pharmacy benefit contract;
 - Not require a person covered under a group medical benefit contract that provides coverage for specialty drugs to pay an additional fee, higher copay, higher coinsurance, second copay, second coinsurance or any other penalty if the person obtains a specialty drug from a physician’s office or a hospital outpatient infusion center that provides and administers the specialty drug; and
 - Not require a person covered under a pharmacy benefit contract that provides coverage for specialty drugs to pay an additional fee, higher copay, higher coinsurance, second copay, second coinsurance or any other penalty if the person obtains a specialty drug from a physician’s office or a hospital outpatient infusion center that provides and administers the specialty drug.

INSURANCE

- The proposed legislation applies to contracts entered into, issued, delivered, renewed or amended on after July 1, 2020.

Senate Status: Action deferred in Senate Commerce and Labor Committee.

House Status: Taken off notice in House Insurance Committee.

Executive Status: Joint Council on Pensions and Insurance released to standing committees with unfavorable comment.

CATASTROPHIC ILLNESS COVERAGE

SB2646/HB2514

Sponsors: Sen. Shane Reeves/Rep. Michael Curcio

- Deletes statute encouraging insurance providers to develop a plan to provide only major medical insurance coverage for catastrophic illness requiring inpatient hospital care.
- Relocates in code the requirement that pharmacy benefits managers notify a pharmacist within 14 days of a failure by any health insurer to provide timely payment for non-disputed claims.

Senate Status: Action deferred in Senate Commerce and Labor Committee.

House Status: House Insurance Committee recommended passage. Reset on final calendar of House Calendar and Rules Committee.

INSURANCE

PHARMACY

REGULATION OF COMPOUNDING PHARMACIES SB2122/HB2451

Sponsors: Sen. Shane Reeves/Rep. Mike Sparks

- Allows an out-of-state pharmacy practice site to be inspected by any agency approved by the Tennessee Board of Pharmacy.
- Requires any pharmacy engaged in compounding to comply with relevant United States Pharmacopeia guidelines adopted by the board.
- Requires pharmacies engaged in sterile compounding, except hospital pharmacies, to make available to the board the quantity of sterile compounded products dispensed in a defined time period.

Senate Status: Senate passed.

House Status: Taken off notice in House Health Committee.

PRESERVATION OF PUBLIC RECORDS

SB2313/HB2578

Sponsors: Sen. Todd Gardenhire/Rep. Yusef Hakeem

- Prohibits local governments from destroying documents that have been requested for viewing or may be requested in the future.
- Requires governmental entities to preserve certain records for a minimum of five years. Establishes that a violation is a Class B misdemeanor, punishable by a fine of \$500 and authorizes certain persons to seek injunctive relief in certain circumstances.

Enacted as Public Chapter 0738. Effective June 22, 2020.

PUBLIC DISCLOSURE OF MEDICAL REPORTS

SB2355/HB2495

Sponsors: Sen. Joey Hensley/Rep. Micah Van Huss

- Declares that medical records of deceased persons, law enforcement investigative reports and photographs, video and other images of deceased persons are not public records.
- Prohibits county medical examiner, toxicology or autopsy reports from being released unless they are subject to subpoena or court order or upon request by the decedent's next of kin or legal representative.

Senate Status: Senate Health and Welfare Committee deferred action to Dec. 1, 2020.

House Status: Reset on final calendar of House Calendar and Rules Committee.

CONFIDENTIALITY OF PUBLIC OFFICER AND EMPLOYEE'S PROPRIETARY INFORMATION

SB2693/HB2897

Sponsors: Sen. Jon Lundberg/Rep. Ron Travis

- Makes proprietary information provided to the Tennessee Department of Finance and Administration Division of Benefits Administration for the purposes of administering group insurance plans for public officers and employees confidential.
- Effectively would prevent public disclosure of negotiated provider rates for the state employee health plan.

Senate Status: Action deferred in Senate State and Local Government Committee.

House Status: Taken off notice in House State Committee.

Executive Status: Joint Council on Pensions and Insurance released to standing committees with favorable comment.

PUBLIC RECORDS

ACCESS TO PUBLIC RECORDS

SB2756/HB2132

Sponsors: Sen. Mike Bell/Rep. William Lamberth

- Increases access to public records by establishing new requirements for government bodies to make documents available.
- Requires by Jan. 1, 2021, that government bodies provide notice of meetings at least three days in advance and provide certain meeting documents within three days after the meeting, as well as post such documents on their websites.
- Requires a government entity to post meeting minutes, contact information of members and financial reports.
- A governing body is not required to make available to the public any supplemental documents that are deemed confidential under state or federal law and does not restrict a governing body's ability to consider or vote on items of new business not listed on a public agenda.

Senate Status: Action deferred in Senate State and Local Government Committee.

House Status: Taken off notice in House State Committee.

PUBLIC RECORDS

TENNCARE REIMBURSEMENT FOR AMBULANCE SERVICES SB1469/HB1175

Sponsors: Sen. Ken Yager/Rep. Terri Lynn Weaver

- As amended, requires TennCare to seek an intergovernmental transfer of funds for the sole purpose of increasing the rate of reimbursement to ambulance service providers that provide covered services to TennCare recipients at a rate greater than 67.5 percent of the federal Medicare program's allowable charge for participating providers.
- Specifies the requirement would not affect the Ground Ambulance Service Provider Assessment Act and funds described under the amendment and under the Act may not be used to fund the other.

Enacted as Public Chapter 658. Effective April 3, 2020.

TREATMENT FOR PATIENTS UNDERGOING ACTIVE TREATMENT SB1743/HB1556

Sponsors: Sen. Joey Hensley/Rep. Scott Cepicky

- Provides that the amount, duration and scope of TennCare services cannot be limited for any recipients:
 - Undergoing active cancer treatment;
 - Receiving palliative care treatment;
 - Receiving hospice care;
 - Diagnosed with sickle cell disease;
 - Being administered opioids at certain facilities;
 - Receiving treatment from or in collaboration with a pain management specialist;
 - Receiving treatment in an outpatient hospital that holds itself out to the public as a pain management clinic;
 - Diagnosed opioid use disorder and is receiving treatment from a healthcare practitioner; or
 - Suffered a severe burn or major physical trauma and for whom sound medical judgment would determine that the risk of adverse effects from the pain exceeds the risk of the development of a substance use disorder or overdose event.

Senate Status: Senate Health and Welfare Committee deferred to next available calendar.

House Status: House Finance Subcommittee placed behind the budget. On calendar in House Finance, Ways, and Means Subcommittee for June 15, 2020.

GROUND AMBULANCE ASSESSMENT SB2078/HB2184

Sponsors: Sen. Ken Yager/Rep. Jay Reedy

- Extends the Ground Ambulance Provider Assessment Act until June 30, 2021.

Enacted as Public Chapter 0643. Effective April 1, 2020.

NURSING HOME ASSESSMENT SB2123/HB2138

Sponsors: Sen. Shane Reeves/Rep. Curtis Johnson

- Extends the Nursing Home Annual Assessment Fee to June 30, 2021.

Enacted as Public Chapter 0644. Effective July 1, 2020.

DATA COLLECTED BY TENNCARE MCOS SB2384/HB2574

Sponsors: Sen. Ferrell Haile/Rep. Bryan Terry

- Requires any contract made between the Department of Finance and Administration and a TennCare managed care organization provide that data collected or generated by the organization is the property of the state and not the organization.

Senate Status: Action deferred in Senate Commerce and Labor Committee.

House Status: Taken off notice in House Insurance Committee.

AMENDMENT FOR TENNCARE II WAIVER SB2526/HB2529

Sponsors: Sen. Richard Briggs/Rep. Ron Travis

- Directs the governor, acting through the commissioner of Finance and Administration, to seek an appropriate amendment for the TennCare II waiver within 180 days of the effective date of this act to provide medical assistance coverage for the same population groups and services as the Insure Tennessee proposal while retaining any block grant financing arrangement and work and community engagement requirements.
- Requires authorization by the General Assembly before any amendment takes effect.

Senate Status: Action deferred in Senate Commerce and Labor Committee.

House Status: Taken off notice in House TennCare Subcommittee.

TENNCARE ELIGIBILITY APPEALS SB2775/HB2502

Sponsors: Sen. Mike Bell/Rep. David Hawk

- Requires an administrative judge or hearing officer to grant a nursing facility the right to intervene in the appeal of a resident or former resident's eligibility for TennCare if intervention will not cause resident unnecessary expenses.

Enacted as Public Chapter 0750. Effective June 22, 2020.

ATTORNEY FEES UNDER WORKERS' COMPENSATION SB2861/HB2154

Sponsors: Sen. Paul Bailey/Rep. Clark Boyd

- Limits the Court of Workers' Compensation Claims to award reasonable attorneys' fees not exceeding \$15,000.
- Allows, in extraordinary circumstances, an award of attorneys' fees not exceeding \$30,000 if the presiding workers' compensation judge determines that limiting the fees to \$15,000 is inequitable.
- Requires a judge awarding more than \$15,000 to make specific, documented findings of the fact to detail the reasons for the award.

Senate Status: Action deferred in Senate Commerce and Labor Committee.

House Status: House passed. Engrossed and ready for transmission to Senate.

Executive Status: Joint Advisory Council on Workers' Compensation released to standing committees with favorable comment.

WORKERS' COMPENSATION

TENNESSEE HOSPITAL ASSOCIATION

LEGISLATIVE

REPORT

2020

FOR MORE INFORMATION, CONTACT:

Joe Burchfield

Senior Vice President, Government Affairs
jburchfield@tha.com • 615.306.8333

Lacey Blair

Senior Director of Advocacy, Government Affairs
lblair@tha.com • 615.256.8442



THA.com