



CAPITOL & 5TH

PUBLIC STRATEGIES

TN Occupational Therapy Association 2020 Legislative Report

EXECUTIVE SUMMARY

The second half of the 111th Tennessee General Assembly concluded early morning on June 19, 2020. This year Capitol & 5th tracked 47 bills on behalf of the Tennessee Occupational Therapy Association, including 25 caption bills. In what could effectively be deemed an “unprecedented” session, lawmakers were forced to pause business for eight weeks in March due to public health concerns arising from the pandemic. In a week’s time, the body passed “essential to function” legislation and an emergency budget. At that time, the fate of pending legislation was unclear.

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

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

TNOTA SUPPORTED LEGISLATION

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

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

Capitol & 5th carried this legislation on behalf of TNOTA to include occupational therapy as an alternative to opioids that must be explained to a patient before a physician may obtain informed consent for treatment with an opioid. This legislation was a collaborative effort with other interested entities that use interventional procedures to treat chronic pain. The bill was passed with no opposition in early session before the general assembly recessed in March. It has since been made Public Chapter.

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

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

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

The bill was one of the few pieces of legislation voted on before the General Assembly recessed back in March, but two versions were passed and would require a conference committee to reconcile the differences. Because the legislation

could not be signed by Gov. Bill Lee at that time, an Executive Order was issued which allowed telehealth to be utilized and reimbursed in the manner that HB1699 sought to codify.

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

SB1743/HB1556 WELFARE: Expands list of healthcare services covered by TennCare.

Sponsors: Sen. Hensley, Joey
Rep. Cepicky, Scott

Legislation that would expand TennCare coverage of occupational therapy services garnered favorable support from House members despite objections about potential over-utilization. Capitol & 5th worked closely with the House sponsor and Insurance chairman to ensure that accurate billable hours for OT professionals were recorded in order to arrive at a more accurate fiscal note. While other entities included in the initial legislation were proactive in working this bill, ultimately the legislature decided the high fiscal note would not be feasible during budget deficits.

TNOTA MONITORED LEGISLATION

SB37/HB1108 PROFESSIONS & LICENSURE: Repeals revocation of professional license for defaulting on student loans.

Sponsors: Sen. Gilmore, Brenda , Rep. Powell, Jason

Summary: Repeals revocations of professional licenses in cases where the revocation was the result of defaults on student loans. Requires reinstatement of licenses revoked or denied due to defaulting on repayment of student loans.

Fiscal Note: (Dated February 4, 2019) NOT SIGNIFICANT SB 37

Senate Status: 01/19/19 - Referred to Senate Commerce & Labor Committee.

House Status: 01/21/20 - Taken off notice in House Business Subcommittee.

SB55/HB781 PROFESSIONS & LICENSURE: Creates the professional art therapist advisory committee.

Sponsors: Sen. Massey, Becky , Rep. Ramsey, Bob

Summary: Creates the professional art therapist advisory committee, consisting of three governor appointed members, to regulate the practice of art therapy. Members must be licensed and practicing art therapy professionals, who, aside from travel expenses, will not be compensated. The committee is tasked with establishing procedures for art therapy licensure, standards or ethics, practice, and professional responsibility, investigation of unlawful acts or misconduct by art professionals, and requirements for engaging in private outpatient independent practice. The committee will also review applicants for art therapy licenses and may suspend or revoke licenses if they deem that appropriate.

Amendment Summary: Senate Government Operations Committee amendment 1, House Health Committee amendment 1 (015480) changes the expiration dates of three separate advisory committee appointments to June 30, 2022, June 30, 2023, and June 30, 2024. Adds "associate art therapists" to the group the advisory is required to promulgate rules for. Clarifies that an applicant has passed the board certification examination of the Art Therapy Credentials Board, Inc. when they have submitted their application and application fee and have proven their good moral character as well as have never had a professional credential refused, revoked, suspended, or restricted.

Fiscal Note: (Dated February 12, 2019) Increase State Revenue \$15,000/FY19-20/Board of Examiners in Psychology \$15,000/FY20-21/Board of Examiners in Psychology \$11,300/FY21-22 and Subsequent Years /Board of Examiners in Psychology Increase State Expenditures \$1,500/FY19-20 and Subsequent Years /Board of Examiners in Psychology Other Fiscal Impact Pursuant to Tenn. Code Ann. 4-29-121, all health related boards are required to be self-supporting over a two-year period. The Board of Examiners in Psychology had an annual surplus of \$64,956 in FY16- 17, an annual surplus of \$26,945 in FY17-18, and a cumulative reserve balance of \$1,085,308 on June 30, 2018.

Senate Status: 06/03/20 - Senate Health & Welfare Committee deferred to 12/01/20.

House Status: 06/09/20 - Taken off notice in House Government Operations Committee.

SB322/HB278 INSURANCE HEALTH: Requires drafting of a memorandum of understanding on a comprehensive online healthcare information system.

Sponsors: Sen. Reeves, Shane , Rep. Daniel, Martin

Summary: Requires commerce and insurance department draft a memorandum of understanding on development of comprehensive online healthcare information system.

Amendment Summary: House Insurance Committee amendment 1 (007837) deletes all language after the enacting clause. Requires the Executive Director of the Health Services and Development Agency (HSDA), no later than January 1, 2020, to establish an all payer claims database to support transparent public reporting of healthcare information that enables the Commissioner of the Department of Finance and Administration (F&A), the Director of the Division of TennCare, the Commissioner of the Department of Mental Health and Substance Abuse Services (DMHSAS), the Commissioner of the Department of Intellectual and Developmental Disabilities (DIDD), the Commissioner of the Department of Health (DOH), and the Commissioner of the Department of Labor and Workforce Development (DLWD) to carry out certain duties pertaining to healthcare.

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

Senate Status: 02/18/20 - Senate Commerce & Labor Committee deferred to summer study.

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

SB392/HB282 PROFESSIONS & LICENSURE: Legislation concerning licensure, certification, or registration requirements.

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

Summary: Requires any legislation that creates or modifies licensure, certification, or registration requirements for occupational and professional groups to be referred for review to the government operations committee or an appropriate standing committee by the speaker of each house.

Fiscal Note: (Dated February 7, 2019) NOT SIGNIFICANT

Senate Status: 02/06/19 - Referred to Senate Government Operations Committee.

House Status: 03/27/19 - Returned to House clerk's desk.

SB416/HB385 INSURANCE HEALTH: Benefits for neurological disorders, including autism.

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

Summary: Requires the commissioner of commerce and insurance to conduct a study for the purpose of determining the amount of insurance policies that provide benefits for neurological disorders in this state. Specifies that the study must include the amount of claims for treatment of autism spectrum disorder within the insurance policies that provide benefits for neurological disorders. Requires the commissioner to submit a copy of the report to the insurance committee of the house and the commerce and labor committee of the senate no later than January 1, 2020.

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

Senate Status: 02/06/19 - Referred to Senate Commerce & Labor Committee.

House Status: 03/11/20 - Taken off notice in House Life & Health Insurance Subcommittee.

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

Sponsors: Sen. Lundberg, Jon , Rep. Doggett, Clay

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

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

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

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

Priority: 1 - Top-tier

SB771/HB879 HEALTH CARE: Creation of mental health professional education loan forgiveness program.

Sponsors: Sen. Yarbro, Jeff , Rep. Dixie, Vincent
Summary: Allows the commissioner of health to select applicants each year for participation in the mental health professional education loan forgiveness program, limited to funding available. Requires participants to meet the service obligation up to a maximum of three years. Establishes the maximum amount to receive and the requirements that are required to be met for eligibility of the loan forgiveness program. Declares that if the minimum commitment is not met, the commissioner must collect the total amount paid in the program, plus interest established by rule.
Fiscal Note: (Dated March 20, 2019) Other Fiscal Impact To the extent the Department of Health is awarded a federal grant, any such funding would be expended to create the proposed program. The extent and timing of any such grant and subsequent expenditures for the program is unknown.
Senate Status: 02/07/19 - Referred to Senate Health & Welfare Committee.
House Status: 02/11/19 - Referred to House Mental Health & Substance Abuse Subcommittee.

SB774/HB1106 INSURANCE GENERAL: Tennessee Preexisting Conditions Protection Act.

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

SB791/HB935 PROFESSIONS & LICENSURE: Per-encounter opioid treatment.

Sponsors: Sen. Johnson, Jack , Rep. Lamberth, William
Summary: Clarifies that per-encounter opioid treatment by a healthcare practitioner is an exception to the prohibition on treatment of a patient with an opioid more frequently than every 10 days. Broadly captioned.
Fiscal Note: (Dated February 20, 2019) NOT SIGNIFICANT
Senate Status: 02/07/19 - Referred to Senate Health & Welfare Committee.
House Status: 02/11/19 - Referred to House Mental Health & Substance Abuse Subcommittee.
Priority: 2 - Second-tier

SB1204 LABOR LAW: Continuing education requirements of healthcare prescribers.

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

SB1744/HB1859 INSURANCE GENERAL: Rebuttable presumption for person signing insurance contract or paying premium.

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

Summary: Clarifies that the rebuttable presumption that a person signing an insurance contract or application has read, understands, and accepts the contents of the contract, and the rebuttable presumption that an insured accepts coverage under an insurance contract through the payment of an insurance premium apply in all actions against insurance agents, producers, brokers, administrators, and companies, and the employees and contractors of insurance companies.

Fiscal Note: (Dated February 18, 2020) NOT SIGNIFICANT

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

House Status: 03/10/20 - Taken off notice in House Property & Casualty Subcommittee.

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

Sponsors: Sen. Reeves, Shane , Rep. Hall, Mark

Summary: Limits the risk to the assured and offers the best outcome for the assured based on the assured's informed choice given full disclosure to the assured of cost information by the other party by the insurance contracts. Implements a gold card program that waives certain prior authorization requirements or processes for entities using utilization review agents. Broadly captioned.

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

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

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

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

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

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

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

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

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

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

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

SB1838 EDUCATION: Changes to teacher evaluations and continuing contracts.

Sponsors: Sen. Akbari, Raumesh ,

Summary: Requires the state board of education, along with LEAs, to establish a general criteria for LEA teacher evaluations and sets requirements for such evaluation. Deletes restrictions for not keeping data obtained from TCAP exams for more than five years and that principals' annual evaluations must be based on student achievement data. Makes various changes to continuing contract requirements for LEAs. Broadly captioned.

Senate Status: 01/27/20 - Introduced in the Senate

SB1852/HB2390 HEALTH CARE: Reporting increased pricing of prescription drugs.

Sponsors: Sen. Akbari, Raumesh , Rep. Camper, Karen

Summary: Requires the commissioner of the department of health report to the health and welfare committee of the senate and the health committee of the house of representatives any prescription drugs having increased

more than two hundred percent (200%) during a fiscal year. Requires report be submitted to committees electronically by October 1 the following fiscal year that report was made. Broadly captioned.

Fiscal Note:

(Dated January 29, 2020) NOT SIGNIFICANT

Senate Status:

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

House Status:

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

SB1880/HB2748 EDUCATION: Policy governing background procedures for contract workers to be posted on local board of education's website.

Sponsors:

Sen. Yarbrow, Jeff, Rep. Miller, Larry

Summary:

Requires each local board of education and each governing body of a charter school to adopt a policy governing background check procedures for contract workers and volunteers and to post the policy on the local board's or governing body's website. Broadly captioned.

Fiscal Note:

(Dated February 12, 2020) NOT SIGNIFICANT

Senate Status:

03/16/20 - Senate Education Committee deferred to next available calendar.

House Status:

05/26/20 - Taken off notice in House Education K-12 Subcommittee.

SB1888/HB1875 HEALTH CARE: Determination of charity care for medical debt.

Sponsors:

Sen. Reeves, Shane, Rep. Vaughan, Kevin

Summary:

Changes definition of indigence income from an amount no greater than 100 percent of the federal poverty guidelines, to income determined by provider's posted charity care policy. If provider determines indigence and observes no improvement in beneficiary's financial situation, debt must be deemed uncollectable and determined to be charity care without application of the bad debt collection criteria.

Fiscal Note:

(Dated February 4, 2020) NOT SIGNIFICANT

Senate Status:

02/24/20 - Senate passed.

House Status:

03/16/20 - House passed.

Executive Status:

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

SB1894/HB2726 LOCAL GOVERNMENT: Prohibits license renewal of delinquent licensee by health related boards.

Sponsors:

Sen. Haile, Ferrell, Rep. Sexton, Cameron

Summary:

Prohibits boards under the division of health related boards from renewing the license of a licensee who has not paid the licensee's renewal fee and is currently incarcerated. Broadly captioned.

Amendment

Summary:

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

Fiscal Note:

(Dated February 13, 2020) NOT SIGNIFICANT

Senate Status:

03/11/20 - Senate Health & Welfare Committee deferred to next available calendar.

House Status:

06/11/20 - House passed with amendment 1 (016019), which rewrites this bill and revises present law provisions regarding disciplinary action reports for hospitals and other healthcare facilities. Present law requires the chief administrative official of each hospital or other health care facility to report to the respective licensing board, committee, council, or agency any disciplinary action taken concerning a licensed healthcare provider or healthcare facility when such action is related to professional ethics, professional incompetence or negligence, moral turpitude, or drug or alcohol abuse. This amendment removes the specific reference to "healthcare" in regard to the facilities to which the law applies and

additionally requires the official to report any information that the chief administrative official reasonably believes indicates that a licensee: (A) Inappropriately prescribed a controlled substance; (B) Diverted a controlled substance; (C) Engaged in sexual activity with a patient; (D) Has a mental or physical impairment that prevents the person from safely practicing the licensed profession; (E) Acted with incompetence; or (F) Engaged in unethical or unprofessional conduct. Present law requires the official to make the report within 60 days of the date of the action. This amendment instead requires the official to make the report within 60 days of: (1) The date of a disciplinary action; or (2) The date the chief administrative official first obtains the information described in (A)-(F).

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

Sponsors: Sen. Swann, Art , Rep. Hall, Mark

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

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

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

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

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

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

SB1942/HB1890 INSURANCE HEALTH: Prohibits pharmacy benefit managers from discriminating against certain pharmacies.

Sponsors: Sen. Briggs, Richard , Rep. Helton, Esther

Summary: Prohibits a pharmacy benefit manager, or any third party that makes payment for the drugs, from discriminating against the following with respect to a patient eligible to receive drugs subject to a federal drug discount agreement between the secretary of health and human services and a drug manufacturer: (1) A 340B entity (described below) in a manner that prevents or interferes with the patient's choice to receive those drugs from the 340B entity; (2) A pharmacy participating in a health plan as an entity authorized to participate under a federal drug discount program in a manner that prevents or interferes with the patient's choice to receive those drugs from the pharmacy; or (3) A 340B entity regarding reimbursement for pharmacy-dispensed drugs by reimbursing at a rate lower than that paid for the same drug to pharmacies that are not 340B entities. This bill also prohibits a pharmacy benefit manager from assessing any fee or other adjustment upon the 340B entity or excluding a 340B pharmacy from the pharmacy benefit manager's or third party's pharmacy network, on the basis that the 340B entity participates in the drug discount program. A "340B entity" is an entity participating in the federal 340B drug discount program, including the entity's pharmacy or pharmacies, or any pharmacy or pharmacies contracted with the entity to dispense drugs purchased through the program. This bill states that it creates a private cause of action for a pharmacy or 340B entity against a pharmacy benefit manager or third party who violates this bill.

Amendment Summary: Senate Commerce and Labor Committee amendment 1, House Insurance Committee amendment 1 (015717) adds language to the original bill that exempts the TennCare program, CoverKids and Cover RX programs. House Insurance Committee amendment 2 (017056) deletes the provision that creates a private cause of action for a pharmacy or 340B entity against a PBM or third party who violates this section.

Fiscal Note: (Dated February 27, 2020) Increase State Expenditures - \$10,620,500/FY20-21 and Subsequent Years Increase Federal Expenditures - \$20,504,500/FY20-21 and Subsequent Years Other Commerce Impact The proposed legislation will likely impact the contracts the Division of TennCare and the Division of Benefits Administration have with providers; however, due to multiple unknown factors, an exact fiscal impact cannot be reasonably determined.

Senate Status: 06/09/20 - Senate Commerce & Labor Committee deferred to summer study.

House Status: 06/17/20 - House Calendar & Rules Committee deferred to last calendar.

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

SB1953/HB1936 EDUCATION: Establishment of statewide career aptitude assessment program.

Sponsors: Sen. Haile, Ferrell , Rep. Dunn, Bill

Summary: Requires department of education receive annual funds to establish a statewide career aptitude assessment program to be made available to local education agencies at no cost. Encourages guidance counselors to use assessments to discuss possible career and education opportunities with students.

Fiscal Note: (Dated February 28, 2020) Increase State Expenditures \$600,000/FY20-21 and Subsequent Years

Senate Status: 03/16/20 - Senate Education Committee deferred to next available calendar.

House Status: 05/26/20 - Taken off notice in House Education Curriculum, Testing & Innovation Subcommittee.

SB1968/HB2118 TAXES BUSINESS: Exempts certain retired physicians from professional privilege tax.

Sponsors: Sen. Southerland, Steve , Rep. Eldridge, Rick

Summary: Exempts retired physicians with active licenses used solely for the purpose of free healthcare services from the professional privilege tax.

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

Senate Status: 03/11/20 - Taken off notice in Senate Finance Revenue Subcommittee.

House Status: 02/05/20 - Referred to House Finance, Ways & Means Subcommittee.

SB2025/HB1954 EDUCATION: Prohibits schools from requiring teachers to work more than one extra hour per week.

Sponsors: Sen. Akbari, Raumesh , Rep. Lamar, London

Summary: Prohibits a public school, public charter school, LEA, local board of education, or charter school governing body from requiring a public school teacher or public charter school teacher to work more than one hour per week in addition to the required teacher workday, unless in the event of extraordinary circumstances at the principal's discretion. Broadly captioned.

Fiscal Note: (Dated February 28, 2020) NOT SIGNIFICANT

Senate Status: 02/06/20 - Referred to Senate Education Committee.

House Status: 03/10/20 - Taken off notice in House Education K-12 Subcommittee.

SB2055/HB2831 PUBLIC FINANCE: Requires general assembly's approval for federal block grants.

Sponsors: Sen. Niceley, Frank , Rep. Cochran, Mark

Summary: Requires the general assembly to approve, by joint resolution, a state agency entering into or renewing a contact for the receipt of federal block grants.

Fiscal Note: (Dated February 18, 2020) Other Fiscal Impact Restricting approval of agency involvement in federal block grants will result in a unknown impact to federal funding and state expenditures. Due to multiple unknown factors, a precise impact on state or local government cannot reasonably be determined.

Senate Status: 02/06/20 - Referred to Senate Finance, Ways & Means.

House Status: 02/11/20 - Referred to House Finance, Ways & Means Subcommittee.

SB2169/HB2238 PROFESSIONS & LICENSURE: Summary suspension of license or other licensure restriction.

Sponsors: Sen. Johnson, Jack , Rep. Lamberth, William

Summary: 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 2 years following the change. Part of Administration Package.

Fiscal Note: (Dated February 18, 2020) NOT SIGNIFICANT

Senate Status: 03/09/20 - Senate passed.

House Status: 03/09/20 - House passed.

Executive Status: 03/24/20 - Enacted as Public Chapter 0594 effective March 20, 2020.

SB2217/HB2608 INSURANCE HEALTH: Deletes a provision that allowed insured persons to assign their benefits to a healthcare provider.

Sponsors: Sen. Stevens, John , Rep. Cochran, Mark

Summary: Deletes a provision that allowed a person with health insurance to assign their benefits to a healthcare provider. Broadly captioned.

Fiscal Note: (Dated February 21, 2020) NOT SIGNIFICANT

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

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

Executive Status: 03/09/20 - Joint Council on Pensions and Insurance released to standing committees with favorable comment.

SB2246/HB2187 PROFESSIONS & LICENSURE: Publication of list of persons licensed to practice any branch of the healing arts in Tennessee.

Sponsors: Sen. Massey, Becky , Rep. Helton, Esther

Summary: Requires the division of health related boards publish the directory of persons licensed to practice any branch of the healing arts in Tennessee on the department of health's website as well as in other formats and places the division deems appropriate. Broadly captioned.

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

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

House Status: 02/06/20 - Caption bill held on House clerk's desk.

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

Sponsors: Sen. Hensley, Joey , Rep. Daniel, Martin

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

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

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

House Status: 03/04/20 - Taken off notice in House Public Service & Employee Subcommittee.

Executive Status: 03/02/20 - Taken off notice in Joint Council on Pensions and Insurance.

SB2317/HB1867 HEALTH CARE: Direct medical care agreements.

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

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

Amendment Summary: Senate amendment 1 (015123) substitutes the term "medical care services," which is a defined term in the full text of this bill, for the term "primary care services," which appears only once in this bill and is not defined.

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

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

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

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

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

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

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

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

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

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

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

SB2377/HB2688 HEALTH CARE: Modernizing Medication Utilization Act.

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

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

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

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

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

Executive Status: 03/02/20 - Taken off notice in Joint Council on Pensions and Insurance.

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

Sponsors: Sen. Kelsey, Brian , Rep. Curcio, Michael

Summary: Changes the deadline from not less than five days to not less than seven days before a hearing for an opposing party to file a response to a petition under the Tennessee Public Participation Act. Broadly captioned.

Amendment Summary: Senate amendment 3 (018612) deletes all language after the enacting clause. Enacts the "Tennessee Recovery and Safe Harbor Act." Provides immunity from civil liability for damages, injury, or death that results from, or in connection with, a health emergency claim unless the claimant proves by clear and convincing evidence of gross negligence or willful misconduct and that the covered entity did not substantially comply with any public health guidance. Specifies that a healthcare provider is not liable for any injury or death alleged to have been caused by an act or omission during the provision of healthcare services or treatment if the act or omission was caused by a lack of resources due to the coronavirus unless the lack of resources resulted from the healthcare provider's gross negligence or willful misconduct. Requires any action alleging a health emergency claim to file a verified complaint and a certificate of good faith with a written statement from an expert. Applies to all causes of action from March 5, 2020 to July 1, 2022. Stipulates a severability clause, should any part of the legislation be held invalid.

Fiscal Note: (Dated February 8, 2020) NOT SIGNIFICANT

Senate Status: 06/18/20 - Senate adopted conference committee report.

House Status: 06/19/20 - House failed to adopt the conference committee report.

SB2504/HB1926 PROFESSIONS & LICENSURE: Decreases penalty for the unlawful practice of medicine or surgery

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

SB2518/HB2698 HEALTH CARE: Pilot project - opioid abuse treatment.

Sponsors: Sen. Hensley, Joey , Rep. Kumar, Sabi
Summary: 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 health and welfare committee of the senate, the health committee of the house of representatives, and the mental health and substance abuse subcommittee of the house of representatives and to the sponsors of this act no later than November 30, 2020.
Fiscal Note: (Dated February 18, 2020) NOT SIGNIFICANT
Senate Status: 03/11/20 - Senate Health & Welfare Committee deferred to next available calendar.
House Status: 03/10/20 - House Health Committee recommended. Sent to House Calendar & Rules.

SB2542/HB2681 HEALTH CARE: Expands prescription supplies for opioids and benzodiazepines for sufferers of long-term pain.

Sponsors: Sen. Niceley, Frank , Rep. Hill, Timothy
Summary: Increases the possible prescription supply for opioids or benzodiazepines for a patient who suffers from long-term chronic pain from a 30-day supply to a 90-day supply. Broadly captioned.
Amendment Summary: House Mental Health & Substance Abuse Subcommittee amendment 1 (016129) rewrites the bill. Deletes all language after the enacting clause. Allows a patient who suffers from long term chronic pain to be issued multiple prescriptions for opioids in quantities up to a 90-day supply if deemed appropriate by the patient's prescriber.
Fiscal Note: (Dated February 24, 2020) NOT SIGNIFICANT
Senate Status: 02/10/20 - Referred to Senate Judiciary Committee.
House Status: 06/02/20 - Taken off notice in House Health Committee.

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

Sponsors: Sen. Watson, Bo , Rep. Hill, Timothy
Summary: Allows healthcare facilities to provide an electronic method for insured persons or their representatives to acknowledge and sign the required notice that the insured person agrees to receive medical services by an out-of-network provider and will receive a bill for the amount unpaid by the insured's insurer. Broadly captioned.
Amendment Summary: House amendment 2 (018046) rewrites this bill to do the following: (1) Establish an independent dispute resolution process that ensures a fair reimbursement for out-of-network services; (2) Implement a balance bill prohibition for emergency services in an out-of-network facility and for facility-based non-emergency services; and (3) Creates opportunities for transparency and notice to a patient of unexpected medical bills that arise from receiving care from out-of-network providers. Applicability Subject to certain exceptions, this amendment generally applies to health benefit plans, health carriers, out-of-network facility-based physicians, and healthcare facilities. This amendment only applies to entity providing or administering an ERISA self-funded employee welfare plan if the plan voluntarily opts-in. This amendment does not apply to the following: (1) Coverage only for a specified disease; specified accident or accident- only coverage; credit, dental, or disability income; hospital indemnity; long-term care insurance; vision care; any other limited supplemental benefit; or to a medicare supplement policy of insurance; (2) Coverage under a plan through medicare or the Federal Employees Health Benefits Program (FEHB); (3) TennCare, CoverKids, or Access Tennessee; (4) Any medical and dental coverage issued under federal law for military service members and their dependents; and (5) Any self-funded employee welfare plan regulated under ERISA. Dispute Resolution This amendment requires the commissioner of commerce and insurance to establish an

independent dispute resolution process by which a dispute for a bill for out-of-network emergency services or a balance bill may be resolved. This amendment defines "balance bill" to mean means a bill for healthcare services, other than emergency services, received by: (1) An enrollee for services rendered by an out-of-network facility-based physician at a participating hospital or ambulatory surgical treatment center, where a participating physician is unavailable or an out-of-network facility-based physician renders services without the enrollee's knowledge, or unforeseen medical services arise at the time the healthcare services are rendered. However, a "balance bill" does not mean a bill received for healthcare services when a participating physician is available and the enrollee has elected to obtain services from an out-of-network facility-based physician; (2) An enrollee for services rendered by an out-of-network facility-based physician, where the services were referred by a participating physician to an out-of-network facility-based physician without explicit written consent of the enrollee acknowledging that the participating physician is referring the enrollee to an out-of-network facility-based physician and that the referral may result in costs not covered by the health benefit plan; or (3) A patient who is not insured for services rendered by a physician at a hospital or ambulatory surgical treatment center. This amendment authorizes the commissioner to grant and revoke certifications of independent dispute resolution entities to conduct the dispute resolution process. This amendment requires each dispute resolution entity to use Tennessee licensed physicians in active practice in the same or similar specialty as the physician providing the service that is subject to the dispute. The full text of this amendment contains a nonexclusive list of eight relevant factors that a dispute resolution entity must consider when determining the appropriate amount to pay for a healthcare service. Additionally, in making such a determination, this amendment prohibits the dispute resolution entity from considering: (1) Any benchmarking database that includes medicare or medicaid reimbursement rates; or (2) Medicare or medicaid reimbursement rates. The full text of this amendment specifies various procedural requirements that will apply to dispute resolution involving bills for out-of-network emergency services and for balance bills. The independent dispute resolution entity's determination is binding on the parties. The process for dispute resolution involving bills for out-of-network emergency services will be available to an out-of-network facility-based physician, healthcare facility, or health carrier; and to uninsured patients. The process for dispute resolution involving balance bills will be available to an out-of-network facility-based physician, health carrier, insured patients who are not experiencing an emergency and who do not make an assignment of benefits, and uninsured patients. The full text of this amendment specifies obligations for fee payment and negotiation, which vary depending on the type of bill that is in dispute. This amendment establishes a "loser pays" method of assessing the cost of independent dispute resolution, whereby the party whose payment or fee is determined to be reasonable is the prevailing party and the other party will pay the costs. Hold Harmless and Assignment of Benefits Under this amendment, when an insured assigns benefits to an out-of-network facility-based physician in writing and the out-of-network facility-based physician knows the patient is insured by a plan with an out-of-network benefit, the insured is only responsible for any applicable co-payment, coinsurance, or deductible that would be owed if the insured utilized a participating physician. Also, when an insured receives emergency services from an out-of-network facility and assigns benefits to an out-of-network facility for an emergency medical condition and the out-of-network facility knows the patient is insured by a plan with an out-of-network benefit, the insured is only responsible for any applicable co-payment, coinsurance, or deductible that would be owed if the enrollee utilized a participating facility. These limitations on an insured's responsibility for payment do not apply to: (1) Coinsurance, co-payments, or deductibles for services provided by an in-network facility or physician; and (2) Services, other than emergency services, provided to enrollees who choose to receive services from an out-of-network facility or out-of-network facility-based physician. Effective Date This amendment takes effect upon becoming a law for rulemaking purposes and on January 1, 2022, for all other purposes.

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

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

House Status: 06/18/20 - House passed with amendment 2 (018046), which rewrites this bill to do the following: (1) Establish an independent dispute resolution process that ensures a fair reimbursement for out-of-network services; (2) Implement a balance bill prohibition for emergency services in an out-of-network facility and for facility-based non-emergency services; and (3) Creates opportunities for transparency and notice to a patient of unexpected medical bills that arise from receiving care from out-of-network providers. Applicability Subject to certain exceptions, this amendment generally applies to health benefit plans, health carriers, out-of-network facility-based physicians, and healthcare facilities. This amendment only applies to entity providing or administering an ERISA self-funded employee welfare plan if the plan voluntarily opts-in. This amendment does not apply to the following: (1) Coverage only for a specified disease; specified accident or accident- only coverage; credit, dental, or disability income; hospital indemnity; long-term care

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

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

SB2700/HB2346 HEALTH CARE: Medical Debt Protection Act.

Sponsors: Sen. Kyle, Sara , Rep. Clemmons, John

Summary: Creates requirements regarding medical debt lawsuits including a complaint must contain a signature from a medical care provider, healthcare facility employee or a custodian of medical billing records, not a

collections agency employee, arrest warrants cannot be issued or any other action to arrest a medical debtor unless the act or failure to act is against state law and no real property owned by the medical debtor and used as the debtor's primary residence or transportation can be subject to execution, seizure, or attachment. Also requires that if a debtor's total household income is less than 400% of federal poverty guidelines, their wages and salary are not subject for garnishment. Establishes a statute of limitations of three years for filing medical debt lawsuits. Creates other regulations regarding medical debt. Broadly captioned.

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

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

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

SB2717/HB2881 EDUCATION: Licensure requirements for school officials and teachers.

Sponsors: Sen. Gresham, Dolores , Rep. Weaver, Terri

Summary: Requires persons possessing active teaching, supervisor, or principal licenses in other states be issued an equivalent license if the other state has a reciprocal agreement with the state board of education. Requires the state board of education approve alternative teacher endorsement and licensure pathways for current and prospective educators including any professional experience the board deems sufficient to ensure the quality of the educator. Establishes requirements for issuance of practitioner licenses to teach grades nine through 12.

Amendment Summary: House amendment 1 (017952) deletes all language after the enacting clause. Establishes rules for SBE to issue equivalent educator licensure related to teachers, supervisors, and principals coming from states with reciprocal agreements with Tennessee. Requires DOE to submit a report on the relative effectiveness of supervisors, principals, and teachers who obtained a Tennessee educator license through an out-of-state pathway to the Education Committees of the Senate and House of Representatives by July 31, 2021, and by each July 31st thereafter. Requires DOE to post the annual report on its website.

Fiscal Note: (Dated March 7, 2020) Increase State Expenditures \$40,000/FY20-21

Senate Status: 03/16/20 - Senate Education Committee deferred to next available calendar.

House Status: 06/16/20 - House passed with amendment 1 (017952), which deletes all language after the enacting clause. Establishes rules for SBE to issue equivalent educator licensure related to teachers, supervisors, and principals coming from states with reciprocal agreements with Tennessee. Requires DOE to submit a report on the relative effectiveness of supervisors, principals, and teachers who obtained a Tennessee educator license through an out-of-state pathway to the Education Committees of the Senate and House of Representatives by July 31, 2021, and by each July 31st thereafter. Requires DOE to post the annual report on its website.

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

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

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

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

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

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

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

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

SB2820/HB2711 EDUCATION: Extends required period for IEP meetings to convene after using isolation or restraint.

Sponsors: Sen. Akbari, Raumesh , Rep. Hakeem, Yusuf
Summary: Extends from 10 to 14 days the period within which an individual education program (IEP) meeting must be convened following the use of isolation or restraint. Broadly captioned.
Fiscal Note: (Dated February 8, 2020) NOT SIGNIFICANT
Senate Status: 02/10/20 - Referred to Senate Education Committee.
House Status: 02/11/20 - Referred to House Education K-12 Subcommittee.

SB2838/HB2281 TENNCARE: Excludes charges related to decreasing opioid use from insurance payments.

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

SB2839/HB1889 HEALTH CARE: Adds occupational therapy as a type of alternative treatment.

Sponsors: Sen. Watson, Bo , Rep. Helton, Esther
Summary: Adds the words "occupational therapy" to the definition of alternative treatments when dealing with treatments that relieve pain without the use of opioids.
Fiscal Note: (Dated February 1, 2020) NOT SIGNIFICANT
Senate Status: 02/10/20 - Referred to Senate Health & Welfare Committee.
House Status: 01/31/20 - Referred to House Mental Health & Substance Abuse Subcommittee.

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

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

SB2870/HB2787 EDUCATION: Allows for electronic submission of annual report by the advisory council for the education of students with disabilities.

Sponsors: Sen. Bailey, Paul , Rep. Keisling, Kelly
Summary: Allows the advisory council for the education of students with disabilities to electronically submit its annual report to the governor, the general assembly, and the state board of education regarding the progress or lack of progress made in special education by the state, its agencies and institutions, and its school districts during the preceding year. Broadly captioned.
Fiscal Note: (Dated February 10, 2020) NOT SIGNIFICANT
Senate Status: 03/16/20 - Senate Education Committee deferred to next available calendar.
House Status: 02/10/20 - Caption bill held on House clerk's desk.