

TNA Legislative Calendar -- Week of April 2, 2018

TNA will be working on or monitoring the following bills

Monday, April 2, 2018

1:30pm - House Hearing Rm III, House Government Operations Committee -- MEMBERS: CHAIR J. Faison (R); VICE CHAIR J. Ragan (R); R. Williams (R); M. Stewart (D); B. Mitchell (D); C. Johnson (R); D. Howell (R); C. Halford (R); C. Fitzhugh (D); G. Casada (R); K. Calfee (R)

HB1831 Hawk D. -- **Requirements for prescribing, dispensing, and reporting of opioids.** Authorizes commissioner of health to establish the morphine milligram equivalent calculation for an opioid drug. Requires use of the calculation established by the federal centers for disease control and prevention for that drug, given that there is no such existing rule. Changes requirements of healthcare practitioners to check a controlled substance database when prescribing and dispensing the substances to patients, and to check the database every six months, instead of annually, of the patient's treatment. Provides the health commissioner with control of this database. Forbids practitioners from providing more than a five-day supply of opiates to patients, a ten-day supply in situations where refilling the prescription would prove difficult for the patient. Restricts the use of opiates to the treatment of patients in severe conditions where traditional treatment methods have been tried, and only after consultation with the patient. Requires the health commissioner to file a report on the effect of these restrictions by no later than November 2021. This bill is part of the governor's Administration Package. **Amendment Summary:** House Health Committee amendment 3 (015082) rewrites the bill and requires dispensers to update their software system to enable submission of ICD-10 codes by January 1, 2019. Requires healthcare practitioners to check the controlled substances database before prescribing any controlled substances. Changes the acceptable treatment period for controlled substances from seven days to three. Prohibits healthcare practitioners from treating patients with more than a three-day supply of an opioid. Lists specific procedures and rules for cases where more than a three-day supply of an opioid can be supplied.

SB2257 - M. Norris - 03/14/18 - Senate Health & Welfare Committee recommended with amendment. Sent to Senate Calendar Committee.

4:00pm - House Chamber, House Consent

HJR713 Deberry Jr. J. -- Expresses support for a minimum mandatory school nurse to student ratio of 1:750, encourages LEAs to access grants to fund school nurses, and encourages school nurses to work in collaboration with other health care professionals.

4:00pm - House Chamber, House Floor

HB2412 Lollar R. -- **Medical hardship and the payment of student loans.** Requires Tennessee Student Assistance Corporation (TSAC) to establish criteria that permit a debtor to retain a license when the debtor's default or delinquency is the result of a medical hardship that prevented the debtor from working in their licensed field and where the medical hardship significantly contributed to the default or delinquency. Prohibits TSAC from issuing a final determination of delinquency or default to the supreme court for a debtor who meets the criteria of this section. **Amendment Summary:** House Business & Utilities Committee amendment 1 (014207) deletes and rewrites all language after the enacting clause such that the only substantive changes provide agencies and licensing authorities of the state the authority to determine whether or not to suspend, deny, or revoke the registration of a respective licensee or accept a medical hardship exemption; and deletes language directing TSAC to establish criteria that permit a debtor to retain a license when the debtor's default or delinquency is the result of a medical hardship that prevented the debtor from working in the debtor's licensed field and the medical hardship significantly contributed to such default or delinquency. Senate Commerce and Labor Committee amendment 1 (013419) rewrites the bill so that organizations are discouraged rather than prohibited from revoking licenses for professionals who are delinquent on student loan payments. SB2306 - L. Harris - 03/19/18 - Senate passed with amendment 2 (014207).

HB2510 Favors J.-- Permits a licensed psychiatric nurse practitioner or physician assistant in this state for at least three years and has no limitations or conditions imposed on the practitioner's licensure within the prior three years by the board of nursing or the committee on physician assistants to prescribe buprenorphine. **Amendment Summary:** Senate Health & Welfare Committee amendment 1 (014459) establishes a working group to examine the potential impact of allowing nurses and physician assistants to prescribe buprenorphine containing products for the treatment of opioid abuse disorder. Lists the composition of the working group and states that all costs for the group will be paid for by the members and not by the state. House Health Committee amendment 1, Senate Government Operations Committee amendment 1 (015159) requires the Commissioner of the Department of Mental Health and Substance Abuse Services (DMHSAS) to convene a working group to examine the potential impact of authorizing advance

practice nurses and physician assistants in Tennessee to prescribe buprenorphine containing products for the treatment of opioid use disorder and any potentially appropriate clinical settings for any such prescribing authority. Requires the working group to include a least one representative from the Department of Health (DOH), the DMHSAS, the Tennessee Bureau of Investigation (TBI), the Tennessee Association of Chiefs of Police, the Tennessee Medical Association, the Tennessee Nurses Association, the Tennessee Academy of Physician Assistants, the Tennessee Society of Addiction Medicine, the Tennessee Recovery Coalition, the Tennessee Association of Alcohol and Drug, and Other Addiction Services, the Tennessee Association of Mental Health Organizations, Neighborhood Health, Watauga Recovery Centers, and a facility licensed as a nonresidential office-based treatment facility by the DMHSAS. Requires any costs associated with participation in the working group be borne by the individual participant or their respective associations or organizations, except for those employed by the state. The state will cover costs for those employed by the state. Requires the working group, no later than February 1, 2019, to submit a report regarding its findings and recommendations to the Commissioner of the DMHSAS, the Commissioner of the DOH, the Health Committees of the House and Senate, at which time the working group will cease to exist. SB2095 - S. Dickerson - 03/28/18 - Sent to Senate Calendar Committee.

4:00pm - Senate Chamber, Senate Floor

SB1869 Lundberg J.-- **Assigning of benefits to a health care provider.** Authorizes insured persons to assign their benefits to the healthcare provider. Requires the insurer to distribute funds in names of the insured and healthcare provider as joint payees in cases of medical expense benefits. Authorizes the insurer to disregard an insured's assignment of benefits under certain circumstances including but not limited to when the assignment of benefits is to an out-of-network physician. Patients must be notified when the physician they see are out-of-network and must understand that they are responsible for the difference in fees. Prohibits out-of-network physicians from contacting consumer reporting agencies regarding amount owed by the insured if the amount is greater than \$200 and a payment plan has been finalized within 45 days. **Amendment Summary:** Senate Commerce & Labor Committee amendment 1 (015617) amends language in the bill by deleting the word "Healthcare providers and healthcare" in subsection (b) of Section 3 and substituting the word "Healthcare." Senate Commerce & Labor Committee amendment 2 (015719) deletes subdivision (d)(3) from Section 1 of the bill, thereby removing the prohibition against healthcare providers collecting out-of-network charges from the insured if the written notice has not been provided to and signed by the insured. House Insurance & Banking Committee amendment 1, Joint Council on Pensions and Insurance amendment 1 (013948) changes agreement statement for the insured to include that they understand they will receive a bill for one hundred percent of billed charges for the amount unpaid by the insurer. Requires the facility to provide an estimated amount for the charge and a listing of contracted medical individuals by the facility as well as their contact information.

HB1935 - J. Zachary - 03/29/18 - Set for House Finance, Ways & Means Subcommittee 04/03/18.

Tuesday, April 3, 2018

8:45am - Senate Hearing Rm I, Senate Finance, Ways & Means Committee -- The committee will meet immediately following the Senate Appropriation Subcommittee. The committee will hear an Expansion Request by the TN Comptroller and the TN Dept of Mental Health. MEMBERS: CHAIR B. Watson (R); VICE CHAIR J. Stevens (R); 2ND VICE CHAIR J. Hensley (R); B. Massey (R); R. Tate (D); M. Norris (R); B. Ketron (R); T. Harper (D); F. Haile (R); T. Gardenhire (R); S. Dickerson (R)

SB1227 Massey B. -- **Opioid prescriptions in the TennCare program.** Requires the bureau of TennCare, starting October 1, 2017, through a state pharmacy benefit manager or managed care organization contract, to monitor the use of prescribed opioids by TennCare enrollees, require a prior authorization for a period of 90 days for any opioid prescription to a non-pregnant enrollee after the third consecutive weekly opioid prescription, require a prior authorization for any opioid prescription to an enrollee who is pregnant after the second consecutive weekly opioid prescription, and develop exemptions from the prior authorization requirements for enrollees with medical conditions. **Amendment Summary:** House Health Committee Amendment 1 (006830) requires the Bureau of TennCare to place restrictions on opioid prescriptions such as authorization to prescribe, pregnancy status documentation, and prior exemptions for some enrollees. Requires TennCare to report any such results of reducing opioid use and addiction to the House and Senate Health Committees on February 1 of each year going forward. Senate Health and Welfare Committee Amendment 1 (007157) requires the Bureau of TennCare to restrict each opioid prescription to no more than a seven-day supply and the least amount of MME dosage appropriate, not to exceed 120 MME per day. Requires prior authorization for an opioid prescription to an enrollee, for the third weekly opioid prescription during a ninety-day period, whether the prescriptions are issued during consecutive weeks or not. Requires documentation of pregnancy status of any female enrollee of child bearing age at the time of prior authorization and requires the department to promulgate rules regarding the required documentation. Requires the Bureau of TennCare to develop exemptions from the prior authorization requirements for enrollees with medical conditions that justify a longer period of use or higher dosage of opioids. Requires the Bureau of TennCare to report results, if any, of reducing opioid use of and addiction to opioids by TennCare enrollees to the Senate Health and Welfare Committee and the House Health Committee by February 1, 2018 and every February 1 thereafter.

HB901 - S. Kumar - 03/29/18 - Set for House Finance, Ways & Means Subcommittee 04/03/18.

3:00pm - House Hearing Rm I, House Finance, Ways & Means Subcommittee -- MEMBERS: CHAIR G. McCormick (R); R. Williams (R); C. Sargent (R); S. McDaniel (R); H. Love Jr. (D); G. Hicks (R); P. Hazlewood (R); D. Hawk (R); C. Fitzhugh (D); J. Coley (R); K. Camper (D); K. Brooks (R)

HB630 Sexton C. **HEALTH CARE: Definition of device in the Tennessee Pharmacy Practice Act of 1996.** Adds a requirement to the definition of "device" as used in the Pharmacy Practice Act of 1996 that a device be used to administer a prescription drug. **Amendment Summary:** Senate Health & Welfare Committee amendment 1 (014468) changes the effective date to July 1, 2018. House Health Committee amendment 1 (015669) rewrites the bill. Requires the board of pharmacy promulgate rules regarding the board's oversight of facilities that manufacture, warehouse, and distribute medical devices. Requires the rulemaking process begin no later than September 1, 2018, and include the formation of an advisory committee composed of medical device industry representatives and a representative of ECD. Requires the rules be reviewed every three years. SB1258 - M. Norris - 03/07/18 - Senate Health & Welfare Committee recommended with amendment 1 (014468). Sent to Senate Calendar Committee.

HB901 Kumar S. **TENNCARE: Opioid prescriptions in the TennCare program.** Requires the bureau of TennCare, starting October 1, 2017, through a state pharmacy benefit manager or managed care organization contract, to monitor the use of prescribed opioids by TennCare enrollees, require a prior authorization for a period of 90 days for any opioid prescription to a non-pregnant enrollee after the third consecutive weekly opioid prescription, require a prior authorization for any opioid prescription to an enrollee who is pregnant after the second consecutive weekly opioid prescription, and develop exemptions from the prior authorization requirements for enrollees with medical conditions. **Amendment Summary:** House Health Committee Amendment 1 (006830) requires the Bureau of TennCare to place restrictions on opioid prescriptions such as authorization to prescribe, pregnancy status documentation, and prior exemptions for some enrollees. Requires TennCare to report any such results of reducing opioid use and addiction to the House and Senate Health Committees on February 1 of each year going forward. Senate Health and Welfare Committee Amendment 1 (007157) requires the Bureau of TennCare to restrict each opioid prescription to no more than a seven-day supply and the least amount of MME dosage appropriate, not to exceed 120 MME per day. Requires prior authorization for an opioid prescription to an enrollee, for the third weekly opioid prescription during a ninety-day period, whether the prescriptions are issued during consecutive weeks or not. Requires documentation of pregnancy status of any female enrollee of child bearing age at the time of prior authorization and requires the department to promulgate rules regarding the required documentation. Requires the Bureau of TennCare to develop exemptions from the prior authorization requirements for enrollees with medical conditions that justify a longer period of use or higher dosage of opioids. Requires the Bureau of TennCare to report results, if any, of reducing opioid use of and addiction to opioids by TennCare enrollees to the Senate Health and Welfare Committee and the House Health Committee by February 1, 2018 and every February 1 thereafter. SB1227 - B. Massey - 03/29/18 - Set for Senate Finance, Ways & Means Committee 04/03/18.

8:45am - Senate Hearing Rm I, Senate Finance, Ways & Means Committee -- The committee will meet immediately following the Senate Appropriation Subcommittee. The committee will hear an Expansion Request by the TN Comptroller and the TN Dept of Mental Health. MEMBERS: CHAIR B. Watson (R); VICE CHAIR J. Stevens (R); 2ND VICE CHAIR J. Hensley (R); B. Massey (R); R. Tate (D); M. Norris (R); B. Ketron (R); T. Harper (D); F. Haile (R); T. Gardenhire (R); S. Dickerson (R)

SB1227 Massey B. -- **Opioid prescriptions in the TennCare program.** Requires the bureau of TennCare, starting October 1, 2017, through a state pharmacy benefit manager or managed care organization contract, to monitor the use of prescribed opioids by TennCare enrollees, require a prior authorization for a period of 90 days for any opioid prescription to a non-pregnant enrollee after the third consecutive weekly opioid prescription, require a prior authorization for any opioid prescription to an enrollee who is pregnant after the second consecutive weekly opioid prescription, and develop exemptions from the prior authorization requirements for enrollees with medical conditions. **Amendment Summary:** House Health Committee Amendment 1 (006830) requires the Bureau of TennCare to place restrictions on opioid prescriptions such as authorization to prescribe, pregnancy status documentation, and prior exemptions for some enrollees. Requires TennCare to report any such results of reducing opioid use and addiction to the House and Senate Health Committees on February 1 of each year going forward. Senate Health and Welfare Committee Amendment 1 (007157) requires the Bureau of TennCare to restrict each opioid prescription to no more than a seven-day supply and the least amount of MME dosage appropriate, not to exceed 120 MME per day. Requires prior authorization for an opioid prescription to an enrollee, for the third weekly opioid prescription during a ninety-day period, whether the prescriptions are issued during consecutive weeks or not. Requires documentation of pregnancy status of any female enrollee of child bearing age at the time of prior authorization and requires the department to promulgate rules regarding the required documentation. Requires the Bureau of TennCare to develop exemptions from the prior authorization requirements for enrollees with medical conditions that justify a longer period of use or higher dosage of opioids. Requires the Bureau of TennCare to report results, if any, of reducing opioid use of and addiction to opioids by TennCare enrollees to the Senate Health and Welfare Committee and the House Health Committee by February 1, 2018 and every February 1 thereafter.

HB901 - S. Kumar - 03/29/18 - Set for House Finance, Ways & Means Subcommittee 04/03/18.

SB2165 Briggs R. -- **Prescribed claim form by healthcare providers on the department's website.** Authorizes the commissioner of commerce and insurance to make available to healthcare providers on the department's website any prescribed claim form for reporting by healthcare providers. Broadly captioned. **Amendment Summary:** Senate Commerce & Labor Committee amendment 1,

House Insurance & Banking Committee amendment 1 (014990) rewrites the bill to create mandates and requirements regarding coverage for mental health services under group health plans. Requires the department of commerce and insurance to enforce the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. Requires the department to provide the general assembly with a report on mental health parity market practices of health insurance carriers by January 31, 2020. HB2355 - G. McCormick - 03/29/18 - Set for House Finance, Ways & Means Subcommittee 04/03/18.

SB1797 Ketron B. -- **Tennessee Public Safety Behavioral Health Act.** Requires public safety employers to provide not less than ten visits or sessions with a mental health service provider for the purpose of treating PTSD through the employee's health benefits or otherwise, in addition to any other behavioral or mental health benefits offered. Prohibits public safety employers from engaging in the retaliatory treatment of public safety employees seeking or utilizing mental health service providers or behavioral health programs. **Amendment Summary:** House Health Committee amendment 1, Senate Health & Welfare Committee amendment 1 (013054) adds language to the original bill to include occupational therapists licensed by the Board of Occupational Therapy as mental health providers for the purposes of this legislation
HB1510 - S. Whitson - 03/29/18 - Set for House Finance, Ways & Means Subcommittee 04/03/18.

9:00am - House Hearing Rm I, House Health Committee -- Note time change to 9:00 am. MEMBERS: CHAIR C. Sexton (R); VICE CHAIR S. Kumar (R); R. Williams (R); S. Whitson (R); B. Terry (R); R. Staples (D); P. Sherrell (R); B. Ramsey (R); J. Ragan (R); S. Jones (D); D. Jernigan (D); J. Holsclaw, Jr. (R); M. Hill (R); G. Hicks (R); R. Gant (R); J. Favors (D); J. Faison (R); J. Clemmons (D); S. Butt (R)

HB2440 Terry B. -- **Prescriptions for controlled substances - partial fill allowed.** Authorizes a prescription for an opioid to be partially filled under certain circumstances. In the case of a partial fill the pharmacy where the prescription was initially filled is required to retain the original prescription. Requires that the prescribing practitioner be notified in the case of partial fill. **Amendment Summary:** House Health Subcommittee amendment 1, Senate amendment 1 (014603) makes this bill's requirements for partial fills applicable to all controlled substances instead of only opioids, adds submission of information to the controlled substance database as an optional form of notification that a pharmacist may use to notify a prescriber of a partial fill, deletes this bill's prohibition against a health insurance entity or other payer requiring the insured to pay any additional cost-sharing for subsequent partial fills of the original prescription, and changes this bill's effective date from January 1, 2019, to upon becoming law. SB2025 - F. Haile - 03/26/18 - Senate passed with amendment 1 (014603), which makes this bill's requirements for partial fills applicable to all controlled substances instead of only opioids, adds submission of information to the controlled substance database as an optional form of notification that a pharmacist may use to notify a prescriber of a partial fill, deletes this bill's prohibition against a health insurance entity or other payer requiring the insured to pay any additional cost-sharing for subsequent partial fills of the original prescription, and changes this bill's effective date from January 1, 2019, to upon becoming law.

HB1749 Faison J. **HEALTH CARE: Medical Cannabis Act.** Enacts the "Medical Cannabis Act," which establishes the medical cannabis commission for regulation of cannabis-related health care. Specifies that the commission shall consist of nine members and specifies appointing process for members. Specifies that the official domicile for the commission is Nashville and that all meetings of the commission are to be held in Nashville. Specifies compensation for members of commission and specifies duties of commission. Defines "medical cannabis establishment" to mean a cultivation facility, testing facility, processing facility, dispensary, wholesaler, or other medical cannabis entity licensed by the commission. Establishes licensure process for medical cannabis establishments and specifies grounds for the commission to immediately revoke a medical cannabis establishment license. Requires each medical cannabis establishment to have the capability to send data to and receive data from the electronic verification system established by the commission. Also requires each dispensary to check the electronic verification system established by the commission prior to dispensing any cannabis product. Establishes process for voters of a municipality or county to permit the retail sale of medical cannabis product at a licensed dispensary within the territorial limits of such county or municipality, by a majority vote, at a local option election. Requires the medical cannabis commission to promulgate rules governing the transportation of cannabis and cannabis products on public highways in the state and requires the commission to consult with the commissioner of safety in promulgating these rules. Establishes other provisions regarding medical cannabis. (74 pp.) **Amendment Summary:** House Criminal Justice Committee amendment 2 (015893) removes language from amendment 015689 that established that proof of a legal order of recommendation included, but was not limited to, a valid medical marijuana card issued by the person's state of residence for a debilitating medical condition. House Criminal Justice Committee amendment 3 (016151) removes severe chronic pain and severe nausea from the list of chronic or debilitating diseases or medical conditions listed in amendment 015689. Sent to House Health. SB1710 - S. Dickerson - 03/29/18 - Set for Senate Judiciary Committee 04/03/18.

1:00pm - Senate Hearing Rm I, Senate Judiciary Committee -- Final Meeting. Final calendar 2. The following bill have been added to the calendar by suspension of rule 83(8): SB2526, SB2356. MEMBERS: CHAIR B. Kelsey (R); VICE CHAIR J. Lundberg (R); 2ND VICE CHAIR J. Bowling (R); M. Bell (R); L. Harris (D); S. Kyle (D); K. Roberts (R); J. Stevens (R); S. Reeves (R)

SB1710 Dickerson S.**HEALTH CARE: Medical Cannabis Act.** Enacts the "Medical Cannabis Act," which establishes the medical cannabis commission for regulation of cannabis-related health care. Specifies that the commission shall consist of nine members and

specifies appointing process for members. Specifies that the official domicile for the commission is Nashville and that all meetings of the commission are to be held in Nashville. Specifies compensation for members of commission and specifies duties of commission. Defines "medical cannabis establishment" to mean a cultivation facility, testing facility, processing facility, dispensary, wholesaler, or other medical cannabis entity licensed by the commission. Establishes licensure process for medical cannabis establishments and specifies grounds for the commission to immediately revoke a medical cannabis establishment license. Requires each medical cannabis establishment to have the capability to send data to and receive data from the electronic verification system established by the commission. Also requires each dispensary to check the electronic verification system established by the commission prior to dispensing any cannabis product. Establishes process for voters of a municipality or county to permit the retail sale of medical cannabis product at a licensed dispensary within the territorial limits of such county or municipality, by a majority vote, at a local option election. Requires the medical cannabis commission to promulgate rules governing the transportation of cannabis and cannabis products on public highways in the state and requires the commission to consult with the commissioner of safety in promulgating these rules. Establishes other provisions regarding medical cannabis. (74 pp.) **Amendment Summary:** House Criminal Justice Committee amendment 2 (015893) removes language from amendment 015689 that established that proof of a legal order of recommendation included, but was not limited to, a valid medical marijuana card issued by the person's state of residence for a debilitating medical condition. House Criminal Justice Committee amendment 3 (016151) removes severe chronic pain and severe nausea from the list of chronic or debilitating diseases or medical conditions listed in amendment 015689. Sent to House Health. HB1749 - J. Faison - 03/29/18 - Set for House Health Committee 04/03/18.

3:00pm - House Hearing Rm I, House Finance, Ways & Means Subcommittee -- MEMBERS: CHAIR G. McCormick (R); R. Williams (R); C. Sargent (R); S. McDaniel (R); H. Love Jr. (D); G. Hicks (R); P. Hazlewood (R); D. Hawk (R); C. Fitzhugh (D); J. Coley (R); K. Camper (D); K. Brooks (R)

HB1510 Whitson S. -- **Tennessee Public Safety Behavioral Health Act.** Requires public safety employers to provide not less than ten visits or sessions with a mental health service provider for the purpose of treating PTSD through the employee's health benefits or otherwise, in addition to any other behavioral or mental health benefits offered. Prohibits public safety employers from engaging in the retaliatory treatment of public safety employees seeking or utilizing mental health service providers or behavioral health programs. SB1797 - B. Ketron - 03/29/18 - Set for Senate Finance, Ways & Means Committee 04/03/18.

HB901 Kumar S. -- **Opioid prescriptions in the TennCare program.** Requires the bureau of TennCare, starting October 1, 2017, through a state pharmacy benefit manager or managed care organization contract, to monitor the use of prescribed opioids by TennCare enrollees, require a prior authorization for a period of 90 days for any opioid prescription to a non-pregnant enrollee after the third consecutive weekly opioid prescription, require a prior authorization for any opioid prescription to an enrollee who is pregnant after the second consecutive weekly opioid prescription, and develop exemptions from the prior authorization requirements for enrollees with medical conditions. **Amendment Summary:** House Health Committee Amendment 1 (006830) requires the Bureau of TennCare to place restrictions on opioid prescriptions such as authorization to prescribe, pregnancy status documentation, and prior exemptions for some enrollees. Requires TennCare to report any such results of reducing opioid use and addiction to the House and Senate Health Committees on February 1 of each year going forward. Senate Health and Welfare Committee Amendment 1 (007157) requires the Bureau of TennCare to restrict each opioid prescription to no more than a seven-day supply and the least amount of MME dosage appropriate, not to exceed 120 MME per day. Requires prior authorization for an opioid prescription to an enrollee, for the third weekly opioid prescription during a ninety-day period, whether the prescriptions are issued during consecutive weeks or not. Requires documentation of pregnancy status of any female enrollee of child bearing age at the time of prior authorization and requires the department to promulgate rules regarding the required documentation. Requires the Bureau of TennCare to develop exemptions from the prior authorization requirements for enrollees with medical conditions that justify a longer period of use or higher dosage of opioids. Requires the Bureau of TennCare to report results, if any, of reducing opioid use of and addiction to opioids by TennCare enrollees to the Senate Health and Welfare Committee and the House Health Committee by February 1, 2018 and every February 1 thereafter. SB1227 - B. Massey - 03/29/18 - Set for Senate Finance, Ways & Means Committee 04/03/18.

HB1935 Zachary J. **INSURANCE HEALTH: Assigning of benefits to a health care provider.** Authorizes insured persons to assign their benefits to the healthcare provider. Requires the insurer to distribute funds in names of the insured and healthcare provider as joint payees in cases of medical expense benefits. Authorizes the insurer to disregard an insured's assignment of benefits under certain circumstances including but not limited to when the assignment of benefits is to an out-of-network physician. Patients must be notified when the physician they see are out-of-network and must understand that they are responsible for the difference in fees. Prohibits out-of-network physicians from contacting consumer reporting agencies regarding amount owed by the insured if the amount is greater than \$200 and a payment plan has been finalized within 45 days. **Amendment Summary:** Senate Commerce & Labor Committee amendment 1 (015617) amends language in the bill by deleting the word "Healthcare providers and healthcare" in subsection (b) of Section 3 and substituting the word "Healthcare." Senate Commerce & Labor Committee amendment 2 (015719) deletes subdivision (d)(3) from Section 1 of the bill, thereby removing the prohibition against healthcare providers collecting out-of-network charges from the insured if the written notice has not been provided to and signed by the insured. House Insurance & Banking Committee amendment 1, Joint Council on Pensions and Insurance amendment 1 (013948) changes agreement statement for the insured to include that they understand they will receive a bill for one hundred percent of billed charges

for the amount unpaid by the insurer. Requires the facility to provide an estimated amount for the charge and a listing of contracted medical individuals by the facility as well as their contact information SB1869 - J. Lundberg - 03/29/18 - Set for Senate Floor 04/02/18.

HB2675 Fitzhugh C.-- **Authorizes needle and hypodermic syringe exchange program.** Allows county and district health departments to petition for approval from county legislative bodies to create needle and hypodermic syringe exchange programs. **Amendment Summary:** Senate amendment 1, House Health Committee amendment 1 (014319) specifies that needle and hypodermic syringe exchange programs established under present law, as amended by this bill, must be funded entirely by the county legislative body making petition to the county or district health department. SB2359 - J. Yarbrow - 03/22/18 - Senate passed with amendment 1 (014319), which specifies that needle and hypodermic syringe exchange programs established under present law, as amended by this bill, must be funded entirely by the county legislative body making petition to the county or district health department.

HB2355 McCormick G. -- **Prescribed claim form by healthcare providers on the department's website.** Authorizes the commissioner of commerce and insurance to make available to healthcare providers on the department's website any prescribed claim form for reporting by healthcare providers. Broadly captioned. **Amendment Summary:** Senate Commerce & Labor Committee amendment 1, House Insurance & Banking Committee amendment 1 (014990) rewrites the bill to create mandates and requirements regarding coverage for mental health services under group health plans. Requires the department of commerce and insurance to enforce the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. Requires the department to provide the general assembly with a report on mental health parity market practices of health insurance carriers by January 31, 2020. SB2165 - R. Briggs - 03/29/18 - Set for Senate Finance, Ways & Means Committee 04/03/18.

Wednesday, April 4, 2018

8:00 am -- House and Senate Floor Sessions

Thursday, April 5, 2018

8:00 am -- House and Senate Floor Sessions