



CAPITOL & 5TH

PUBLIC STRATEGIES

Tennessee Occupational Therapy Association Final Bill Report

EDUCATION

SB503/HB753 School-based health-related services.

Sen. Lundberg, Jon
Rep. White, Mark

Summary: Requires the department of finance and administration to pay, or cause to be paid, claims for reimbursements for eligible health-related or medical assistance services provided by LEAs pursuant to an eligible student's IEP. Requires each LEA to submit all claims for the previous school year on or before December 31 following the end of that school year. Specifies that any claim submitted after such date may be denied unless there is good cause shown for the delay in submission. Clarifies that a claim by an LEA shall not be denied because the provider is not a participating provider or does not have a contract with a managed care organization administering any claim under this bill.

Amendment Summary: Senate amendment 1 (006233) rewrites this bill and authorizes, for the purposes of providing services in a school setting pursuant to a child's individualized education program (IEP), the following licensed healthcare providers licensed to refer or order services within their scope of practice as part of a child's IEP: (1) A physical therapist may order or make a referral for physical therapy services for a child; (2) An occupational therapist may order or make a referral for occupational therapy services for a child; (3) A speech-language pathologist may order or make a referral for speech-language pathology services for a child; and (4) An audiologist may order or make a referral for audiology services for a child. This amendment specifies that the above-referenced providers will qualify as licensed practitioners for purposes of the federal regulations governing medical assistance programs. An order or referral made in accordance with this amendment may be evidenced by the signature of the healthcare provider in the student's IEP provided that the child has been appropriately evaluated and assessed by the provider making the referral or order. Senate amendment 2 (013415) changes the effective date to July 1, 2022 and makes a typographical correction to the bill.

Fiscal Note: (Dated March 25, 2021) Increase State Expenditures \$95,369,600/FY21-22 and Subsequent Years Increase Federal Expenditures \$187,584,200/FY21-22 and Subsequent Years Other Fiscal Impact There may be additional state expenditures to cover the claims for non-TennCare IEP students. Due to multiple unknown factors, the exact impact cannot be quantified.

Intro Dates: S: 02/10/21, H: 02/10/21

Senate Status: 02/17/22 - Senate passed with amendment 1 (006233) and amendment 2 (013415).

House Status: 02/28/22 - House passed.

Executive Status: 04/04/22 - Enacted as Public Chapter 0695 effective July 1, 2022.

HEALTH CARE

SB530/HB635 Establishes a uniform definition for medical necessity and medically necessary.

Sen. Briggs, Richard
Rep. Smith, Robin - RESIGNED 03-07-22

Summary: Establishes the new definition of "medical necessity" and "medically necessary" as reasonably calculated to prevent, diagnose, cure, alleviate or prevent worsening of conditions in the patient that endanger life, cause suffering or pain, resulting in an illness or infirmity. Assuming that there is no less costly treatment and that the doctor has completed an examination of the patient and documented their rationale for the procedure. (16pp)

Amendment Summary: House Insurance Committee amendment 1 (006238) deletes all language after the enacting clause such that the substantive changes are: (1) to specify that patient's best interest is in the opinion of the examining prescriber or healthcare provider; (2) adds language that establishes medical necessity is presumed if the ailment, disease, or illness constitutes an emergency medical condition as defined in 42 U.S.C. § 1395dd(e); and (3) removes the TennCare program and CoverKids programs from the application of this legislation.

Fiscal Note: (Dated March 11, 2021) On March 7, 2021, a fiscal note was issued for this legislation estimating a fiscal impact as follows: Increase State Expenditures Exceeds \$65,798,400/FY21-22 Exceeds \$69,124,200/FY22-23 and Subsequent Years Increase Federal Expenditures Exceeds \$123,144,900/FY21-22 Exceeds \$123,411,500/FY22-23 and Subsequent Years Increase Local Expenditures Exceeds \$777,400/FY21-22* Exceeds \$1,554,800/FY22-23 and Subsequent Years*And an estimated impact to commerce as follows: Increase Business Revenue Exceeds \$189,720,700/FY21-22 Exceeds \$192,535,700/FY22-23 and Subsequent Years Increase Business Expenditures Less than \$189,720,700/FY21-22 Less than \$192,535,700/FY22-23 and Subsequent Years Based on new information received from the Division of Benefits Administration, the estimated fiscal impact has been corrected as follows: (CORRECTED) Increase State Expenditures Exceeds \$67,331,200/FY21-22 Exceeds \$72,189,800/FY22-23 and Subsequent Years Increase Federal Expenditures Exceeds \$123,211,500/FY21-22 Exceeds \$123,544,800/FY22-23 and Subsequent Years Increase Local Expenditures Exceeds \$731,000/FY21-22* Exceeds \$1,462,100/FY22-23 and Subsequent Years* HB 635 - SB 530 (CORRECTED) 2Corrected

Intro Dates: S: 02/10/21, H: 02/10/21

Senate Status: 03/30/21 - Senate Commerce & Labor Committee deferred to first calendar of 2022.

House Status: 04/20/21 - Failed in House Insurance Committee.

Executive Status: 03/08/21 - Joint Council on Pensions and Insurance released to standing committees with favorable comment.

SB554/HB449 Health care facilities - posting of services provided and price for such services.

Sen. Kyle, Sara
Rep. Hodges, Jason

Summary: Requires healthcare facilities and healthcare providers to post a list of each healthcare services provided at the facility or by provider and a price for the service. Requires healthcare facilities and healthcare providers to accept the price as payment in full if any patient or third-party payer on behalf of the patient pays the price in full within 30 days after the date the healthcare service was provided.

Fiscal Note: (Dated February 1, 2021) NOT SIGNIFICANT

Intro Dates: S: 02/10/21, H: 02/08/21

Senate Status: 03/15/22 - Taken off notice in Senate Commerce & Labor Committee.

House Status: 03/08/22 - Taken off notice in House Health Subcommittee.

SB568/HB702 Time frame for notification of change of address to receive duplicate registration certificate.
 Sen. Johnson, Jack
 Rep. Whitson, Sam

Summary: Increases from 30 to 45 days the time within which a person issued a certificate of registration by the division of health related boards must notify the division of a change of address to receive a duplicate registration certificate. Broadly captioned.

Amendment Summary: Senate amendment 1 (015167) rewrites this bill and prohibits a covered entity from doing the following, solely on the basis of whether an individual has received or will receive a COVID-19 vaccine: (1) Considering an individual ineligible for transplantation or receipt of an anatomical gift; (2) Denying medical or other services related to transplantation, including evaluation, surgery, and counseling and treatment following transplantation; (3) Refusing to refer an individual to a transplant center or specialist; (4) Refusing to place an individual on an organ or tissue waiting list; or (5) Placing an individual at a position on an organ or tissue waiting list that is lower than the position at which the individual would have been placed if not for the individual's COVID-19 vaccine status. A "covered entity" is a healthcare provider; hospital; ambulatory surgical treatment center; home care organization; or any other entity responsible for matching anatomical gifts or organ donors to potential recipients. Senate amendment 2 (015772) changes the effective date to May 15, 2022.

Fiscal Note: (Dated February 10, 2021) NOT SIGNIFICANT

Intro Dates: S: 02/10/21, H: 02/10/21

Senate Status: 03/17/22 - Senate passed with amendment 1 (015167) and amendment 2 (015772).

House Status: 03/24/22 - House passed.

Executive Status: 04/13/22 - Enacted as Public Chapter 0769 effective May 15, 2022.

SB869/HB639 Agreement to receive medical services by an out-of-network provider can be provided by electronic means.
 Sen. Massey, Becky
 Rep. Helton, Esther

Summary: Permits a healthcare facility to provide by electronic means a method for an insured or a personal representative of an insured to acknowledge and sign an agreement to receive medical services by an out-of-network provider. Broadly captioned.

Fiscal Note: (Dated February 8, 2021) NOT SIGNIFICANT

Intro Dates: S: 02/11/21, H: 02/10/21

Senate Status: 02/22/21 - Referred to Senate Commerce & Labor Committee.

House Status: 02/11/21 - Caption bill held on House clerk's desk.

SB956/HB642 Implicit bias training program for healthcare professionals and perinatal patient bill of rights.
 Sen. Yarbro, Jeff
 Sen. Lamar, London

Summary: Requires the department of health and the maternal mortality review and prevention team to create an evidence-based implicit bias training program for healthcare professionals. Establishes requirements for the training program curriculum. Requires healthcare professionals to take the training program for license renewal. Requires the department of health to collect data regarding infant and maternal mortality for the purposes of making ongoing improvements to the training program. Establishes a perinatal patient bill of rights and requires that facilities give perinatal patients a copy of the bill of rights as soon as reasonably practical following admission to the facility.

Fiscal Note: (Dated March 14, 2021) Increase State Expenditures - \$110,900/FY21-22 \$66,300/FY22-23 and Subsequent Years

Intro Dates: S: 02/11/21, H: 02/10/21

Senate Status: 03/31/21 - Taken off notice in Senate Health & Welfare Committee.
House Status: 03/30/21 - House Health Subcommittee deferred to summer study.

SB1253 Disposal of controlled substances and prescription drugs.

Sen. Reeves, Shane

Summary: Requires the board of pharmacy and the board for licensing health care facilities to promulgate rules to establish certain guidelines for pharmacies and facilities to provide for disposal of unused controlled substances and prescription drugs.

Fiscal Note: (Dated April 4, 2021) NOT SIGNIFICANT

Senate Status: 02/22/21 - Referred to Senate Health & Welfare Committee.

SB1254/HB1357 Commissioner of health report regarding the Tennessee Prescription Safety Act of 2016.

Sen. Reeves, Shane

Rep. Ramsey, Bob

Summary: Changes, from March 1 to February 15, the date by which the commissioner of health must file the annual report with the health committees of the general assembly regarding the Tennessee Prescription Safety Act of 2016 program with respect to its effect on distribution and abuse of controlled substances, including recommendations for improving control and prevention of diversion of controlled substances in this state. Broadly captioned.

Fiscal Note: (Dated February 19, 2021) NOT SIGNIFICANT

Intro Dates: H: 02/24/21

Senate Status: 02/22/21 - Referred to Senate Judiciary Committee.

House Status: 02/25/21 - Caption bill held on House clerk's desk.

SB1329/HB1208 Filing of objection by health care institution opposing CON application.

Sen. Hensley, Joey

Rep. Travis, Ron

Summary: Increases from 15 to 20 the number of days before a health services and development agency meeting at which a certificate of need application is originally scheduled that a health care institution wishing to oppose the application must file a written objection with the agency and serve a copy on the contact person for the applicant. Broadly captioned.

Fiscal Note: (Dated February 11, 2021) NOT SIGNIFICANT

Intro Dates: H: 02/22/21

Senate Status: 02/22/21 - Referred to Senate Commerce & Labor Committee.

House Status: 02/24/21 - Caption bill held on House clerk's desk.

SB2234 Availability of healthcare personnel in healthcare facilities during a healthcare staffing crisis.

Sen. Jackson, Ed

Summary: Authorizes the commissioner of health and the commissioner of mental health and substance abuse services to allow certain rules to not be applied to certain healthcare professionals and students in order for those persons to operate outside of normal licensure requirements during a healthcare staffing crisis; requires certain notice to governor and speakers of the senate and house of representatives and the commissioner may impose geographic and time limitations on the measures authorized by this section but shall not extend the measures for longer than 180 days, unless the commissioner provides an additional finding addressed to the governor and the speakers of the senate and house of representatives that a healthcare staffing crisis still exists.

Intro Dates: S: 02/02/22

Senate Status: 02/03/22 - Referred to Senate Health & Welfare Committee.

SB2235 Availability of healthcare personnel in healthcare facilities.

Sen. Jackson, Ed

Summary: Authorizes the commissioner of health and the commissioner of mental health and substance abuse services to allow certain rules to not be applied to certain healthcare professionals and students in order for those persons to operate outside of normal licensure requirements. Authorizes the department of health and department of mental health and substance abuse services to promulgate rules to effectuate the purposes of this act.

Intro Dates: S: 02/02/22

Senate Status: 02/02/22 - Withdrawn in Senate.

SJR993 Constitutional amendment - right to refuse medical treatment.

Sen. Bowling, Janice

Summary: Proposes adding a provision to Article I of the Constitution of Tennessee to declare an individual right to refuse medical treatment, and to require that an individual's other rights not be denied or abridged due to the individual exercising the right to refuse medical treatment.

Intro Dates: S: 02/10/22

Senate Status: 04/05/22 - Failed in Senate Health & Welfare Committee.

INSURANCE GENERAL

SB1557/HB1381 Notice to a domestic insurance company that its capital stock is impaired.

Sen. Bailey, Paul
Rep. Todd, Chris

Summary: Increases from 60 to 90 days the time period following notice to a domestic insurance company that its capital stock is impaired to the extent of 20 percent or more and subject to be made good, within which the company must lawfully repair or reduce its capital or be subject to proceedings by the commissioner. Broadly captioned.

Fiscal Note: (Dated February 22, 2021) NOT SIGNIFICANT

Intro Dates: H: 02/24/21

Senate Status: 04/21/21 - Taken off notice in Senate Commerce & Labor Committee.

House Status: 02/25/21 - Caption bill held on House clerk's desk.

INSURANCE HEALTH

SB603/HB636 Health Benefit Plan Network Access and Adequacy Act.

Sen. Watson, Bo
Rep. Smith, Robin - RESIGNED 03-07-22

Summary: Enacts the "Health Benefit Plan Network Access and Adequacy Act," which establishes standards for the creation and maintenance of networks by health carriers. Defines "network" as the group or groups of participating providers providing services under a network plan. Defines "health carrier" as an entity subject to the insurance laws and rules of this state or subject to the jurisdiction of the commissioner, that contracts or offers to contract to provide, deliver, arrange for, pay for or reimburse the costs of healthcare services. States that violation of the act is a class A misdemeanor subject to a fine of between \$500 and \$5,000. (36 pp.)

Amendment Summary: Senate Commerce & Labor Committee amendment 1, House Insurance Committee amendment 1 (006804) specifies that the act does not apply to the TennCare, CoverKids or any successor programs. Establishes protocol for if a provider relies on the health care network's participation method. House Government Operations Committee amendment 1 (007276) clarifies that an individual must be declared dead by a licensed physician.

Fiscal Note: (Dated February 27, 2021) Increase State Expenditures \$171,700/FY21-22 \$168,500/FY22-23 and Subsequent Years Other Fiscal Impact An additional increase in state expenditures to the Division of TennCare may be realized as a result of this legislation, as well as a corresponding increase in federal expenditures. The extent of any increase in HB 636 - SB 603 1 expenditures

associated with an increase in provider rates and paying out-of-network providers is unknown and dependent upon further action by the Department of Commerce and Insurance. Passage of the proposed legislation could jeopardize a portion or all of federal funding to the Division of TennCare received for the Medicaid program of approximately \$9,502,600,952 in FY21-22 and subsequent years if it is determined the state is noncompliant with federal law.

Intro Dates: S: 02/10/21, H: 02/10/21
Senate Status: 04/21/21 - Senate Commerce & Labor Committee deferred to 2022 after adopting amendment 1 (006804).
House Status: 04/27/21 - Taken off notice in House Finance, Ways & Means Subcommittee.
Executive Status: 03/15/21 - Joint Council on Pensions and Insurance released to standing committees with favorable comment.

SB838/HB939 State health plan rates.

Sen. Niceley, Frank
Rep. Sparks, Mike

Summary: Requires the state group insurance plan establish an alternate allowable charges schedule providing an enrollee to use any licensed medical provider in the United States services without resulting in out-of-network cost sharing charges beginning in 2022. Establishes limitations on costs and requires the plan to have a preferred tier and non-preferred tier.

Fiscal Note: (Dated March 18, 2021) Decrease State Expenditures \$10,494,700/FY21-22 \$20,989,400/FY22-23 and Subsequent Years Decrease Federal Expenditures \$1,025,300/FY21-22 \$2,050,600/FY22-23 and Subsequent Years

Intro Dates: S: 02/10/21, H: 02/11/21
Senate Status: 02/11/21 - Referred to Senate Commerce & Labor Committee.
House Status: 03/31/21 - House Public Service Subcommittee deferred to summer study.
Executive Status: 03/29/21 - Joint Council on Pensions and Insurance released to standing committees with unfavorable comment.

SB1248/HB1195 Communication regarding patient's medical claim.

Sen. Reeves, Shane
Rep. Garrett, Johnny

Summary: Requires health facilities to notify a patient of communication between the health facility and a health insurance entity concerning healthcare services covered by the patient's health insurance coverage within two business days of the communication. Requires the notification to be through electronic means and include a summary.

Amendment Summary: Senate amendment 2 (013467) requires a health insurance entity, a health services provider, or a health facility to notify a patient of communication among the entity, a health services provider, and a health facility concerning the patient's medical claim within five business days after the communication has occurred. Requires a utilization review agent who requires additional information from an enrollee, provider, or healthcare facility to make a determination on a request for prior authorization no later than five days after the receipt of the request. Effective January 1, 2023. House amendment 2 (006961) removes the definition of "patient" from this bill, which had been previously defined as "an individual who has health insurance coverage and is being treated by a provider for a healthcare service".

Fiscal Note: (Dated March 10, 2021) NOT SIGNIFICANT
Intro Dates: H: 02/22/21
Senate Status: 02/24/22 - Senate passed with amendment 2 (013467).
House Status: 03/03/22 - House concurred in Senate amendment 2 (013467).
Executive Status: 03/30/22 - Enacted as Public Chapter 0664 effective March 18, 2022.

SB1249/HB1530 Providing information about enrollee's benefit and covered medication.

Sen. Reeves, Shane
Rep. Hicks, Gary

Summary: Requires a health plan or pharmacy benefits manager to provide specific cost, benefit, and coverage data regarding covered medication upon the request of an enrollee or their authorized representative. Specifies that the data is to include the enrollee's eligibility for each medication, a list of clinically appropriate alternatives, cost-sharing information for the medications and clinically appropriate alternatives and applicable utilization management requirements.

Fiscal Note: (Dated March 5, 2021) Increase State Expenditures - \$1,476,700/FY21-22 \$852,800/FY22-23 and Subsequent Years Increase Federal Expenditures - \$5,851,300/FY21-22 \$2,014,000/FY22-23 and Subsequent Years SB 1249 - HB 1530 1

Intro Dates: H: 02/25/21

Senate Status: 02/22/21 - Referred to Senate Commerce & Labor Committee.

House Status: 03/01/21 - Referred to House Insurance Subcommittee.

Executive Status: 03/29/21 - Joint Council on Pensions and Insurance released to standing committees with unfavorable comment.

SB1295/HB914 Method of calculating payment for services rendered by a chiropractor.

Sen. Roberts, Kerry
Rep. Hawk, David

Summary: Prohibits the method of calculating payment for services rendered by a chiropractor from being different from the calculation for a medical physician under a sickness and accident health insurance policy or service contract.

Fiscal Note: (Dated March 11, 2021) Increase State Expenditures \$1,464,000/FY21-22 \$2,928,000/FY22-23 and Subsequent Years Increase Federal Expenditures \$95,700/FY21-22 \$191,400/FY22-23 and Subsequent Years Increase Local Expenditures \$223,800/FY21-22* \$447,500/FY22-23 and Subsequent Years*

Intro Dates: H: 02/11/21

Senate Status: 02/22/21 - Referred to Senate Commerce & Labor Committee.

House Status: 02/22/21 - Referred to House Insurance Subcommittee.

Executive Status: 03/29/21 - Joint Council on Pensions and Insurance released to standing committees with unfavorable comment.

SB2453/HB2655 Telehealth services reimbursement regulations.

Sen. Yager, Ken
Rep. Hawk, David

Summary: Extends the statutory provision regulating reimbursements for healthcare services provided during a telehealth encounter beyond April 1, 2022. Tolls for the duration of any state of emergency the 16-month period that a provider can offer telemedicine services to the patient without having an in-person encounter. Allows a healthcare provider to provide medical services through telehealth if the service is not otherwise outside the provider's license.

Amendment Summary: House amendment 1 (014001) extends indefinitely the period for reimbursement for healthcare services provided by a telehealth encounter past April 1, 2022. Tolls the 16-month period that a provider can offer telemedicine services to their patient without having an in-person encounter for the duration of a state of emergency declared by the governor, provided that the healthcare services provider or the patient, or both, are located in the geographical area covered by the applicable state of emergency.

Fiscal Note: (Dated February 12, 2022) NOT SIGNIFICANT

Intro Dates: S: 02/03/22, H: 02/03/22

Senate Status: 03/21/22 - Senate passed.

House Status: 02/28/22 - House passed with amendment 1 (014001).

Executive Status: 04/08/22 - Enacted as Public Chapter 0766 effective April 1, 2022.

Status:

HB1841 Reimbursements for healthcare services provided during a telehealth encounter.

Rep. Hawk, David

Summary: Extends the statutory provision regulating reimbursements for healthcare services provided during a telehealth encounter beyond April 1, 2022, which is date statute is set to be repealed under current law. Tolls, for the duration of any state of emergency, the 16-month period that a provider can offer telemedicine services to the patient without having an in-person encounter.

Intro Dates: H: 01/20/22

House Status: 02/02/22 - Withdrawn in House.

LABOR LAW

SB672/HB1295 Tennessee Family Insurance Act.

Sen. Kyle, Sara

Rep. Johnson, Gloria

Summary: Enacts the "Tennessee Family Insurance Act," which establishes that family and medical leave insurance benefits are payable to a covered individual who is caring for a new child during the first year of adoption or placement, is caring for a family member with a serious health condition, has a serious health condition that makes them unable to perform their job duties or has a qualifying exigency resulting from the deployment of a family member. Specifies that the maximum amount of time benefits are payable during a year is 12 weeks. Creates the family and medical leave insurance fund in the state treasury to pay family and medical leave insurance benefits. Prohibits employers from interfering with the right to family and medical leave insurance. Establishes regulations for the calculation and payment of benefits. (13 pp.)

Fiscal Note: (Dated March 26, 2021) Increase State Revenue \$178,125,000/FY21-22/Family and Medical Leave Insurance Fund \$356,250,000/FY22-23 and Subsequent Years/Family and Medical Leave Insurance Fund Increase State Expenditures \$7,820,800/FY21-22/General Fund \$15,641,600/FY22-23 and Subsequent Years/General Fund \$178,125,000/FY21-22/Family and Medical Leave Insurance Fund \$356,250,000/FY22-23 and Subsequent Years/Family and Medical Leave Insurance Fund Increase Local Expenditures Exceeds \$20,625,000/FY21-22* Exceeds \$41,250,000/FY22-23 and Subsequent Years* SB 672 - HB 1295 2

Intro Dates: S: 02/10/21, H: 02/22/21

Senate Status: 03/15/22 - Taken off notice in Senate Commerce & Labor Committee.

House Status: 03/16/22 - Returned to House clerk's desk.

PROFESSIONS & LICENSURE

SB292/HB1240 Waiving licensure fees for healthcare professionals.

Sen. Robinson, Katrina - EXPELLED 02-02-22

Rep. Parkinson, Antonio

Summary: Waives licensure fees for healthcare professionals from July 1, 2021, to June 30, 2025. Requires licensing authorities to refund the portion of any licensure fee paid to the authority that is credited to a healthcare provider for that period of time. Broadly captioned.

Amendment Summary: House Health Subcommittee amendment 1 (004639) waives the licensing fee for 1 year or until the conclusion of the COVID-19 pandemic.

Fiscal Note: (Dated March 14, 2021) Decrease State Revenue - \$22,823,600/FY21-22/Health Related Boards \$22,823,600/FY22-23/Health Related Boards \$22,823,600/FY23-24/Health Related Boards \$22,823,600/FY24-25/Health Related Boards Increase to state Expenditures - \$22,700,000/FY21-22/General Fund \$22,700,000/FY22-23/General Fund \$22,700,000/FY23-24/General Fund \$22,700,000/FY24-25/General Fund Pursuant to Tenn. Code Ann. 4-29-121, all health-related boards are required to be self-supporting over a two-year period. The Boards had an annual surplus of \$2,524,075 in FY18-19, an annual surplus of \$1,107,948 in FY19-20, and a cumulative reserve balance of \$34,229,587 on June 30, 2020.

Intro Dates: S: 02/08/21, H: 02/22/21
Senate Status: 04/13/21 - Taken off notice in Senate Health & Welfare Committee.
House Status: 04/06/21 - Failed in House Health Subcommittee after adopting amendment 1 (004639).

SB1094 Allows chiropractors to complete annually required continuing education courses via remote learning.

Sen. Southerland, Steve

Summary: Establishes that chiropractors may complete annually required continuing education requirements via remote learning. Specifies that chiropractors may not be denied continuing education credit for the sole reason that they completed the course via remote learning. Mandates that the board of chiropractic examiners may not deny accreditation to any course for the sole reason that it can be completed via remote learning. Broadly captioned.

Fiscal Note: (Dated March 31, 2021) NOT SIGNIFICANT

Intro Dates: S: 02/11/21

Senate Status: 02/22/21 - Referred to Senate Health & Welfare Committee.

SB2295/HB2545 Qualifications for certification as a medication aide.

Sen. Bell, Mike

Rep. Alexander, Rebecca

Summary: Makes various changes to the qualifications for certification as a medication aide by the board of nursing including age and schooling. Permits graduates of certain nursing programs to perform the duties of a medication aide if certain conditions are met including qualifications and applications requirements.

Amendment Summary: House amendment 1 (016580) restores the responsibility for including multicultural diversity when developing frameworks and curricula to be taught at appropriate grade levels kindergarten through grade 12 to the state board of education. This amendment also changes this bill's effective date from July 1, 2022, to July 1, 2025.

Fiscal Note: (Dated February 19, 2022) Increase State Revenue - \$56,200/FY24-25 and Subsequent Years/Board of Nursing. Increase State Expenditures - \$74,500/FY22-23/Board of Nursing \$62,800/FY23-24 and Subsequent Years/Board of Nursing. 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 Nursing had a surplus of \$60,992 in FY19-20, a surplus of \$375,321 in FY20-21, and a cumulative reserve balance of \$9,054,180 on June 30, 2021.

Intro Dates: S: 02/02/22, H: 02/03/22

Senate Status: 04/28/22 - Senate concurred in House amendment 1 (016580).

House Status: 04/27/22 - House passed with amendment 1 (016580).

Executive Status: 04/28/22 - Sent to the speakers for signatures.

SB2689/HB2478 Occupational therapy licensure requirements.

Sen. Pody, Mark

Rep. Hawk, David

Summary: Increases from 90 to 120 days from the date of receipt of a limited permit, the date by which an applicant for licensure as an occupational therapist or as an occupational therapy assistant who has received such permit must take an examination designed to test the applicant's knowledge of the basic and clinical services related to occupational therapy, occupational therapy techniques and methods, and other subjects that may help to determine an applicant's fitness to practice.

Fiscal Note: (Dated February 1, 2022) NOT SIGNIFICANT

Intro Dates: S: 02/03/22, H: 02/02/22

Senate Status: 02/07/22 - Referred to Senate Health & Welfare Committee.

House Status: 02/03/22 - Caption bill held on House clerk's desk.

TENNCARE

SB1278/HB1258 Annual report on the all payer claims database.

Sen. Reeves, Shane
Rep. Smith, Robin - RESIGNED 03-07-22

Summary: Requires reporting on the cost, utilization, and effectiveness of the all payer claims database to be submitted annually on February 15 to the general assembly.

Amendment Summary: House Insurance Subcommittee amendment 1 (006197) deletes all original language in the bill and establishes a health information committee. Specifies that the purposes of this committee are to facilitate evidence-based improvements to the access, quality and cost of healthcare. Requires the health information committee to establish and operate the all payer claims database. Establishes the membership and appointment process for the committee.

Fiscal Note: (Dated February 11, 2021) NOT SIGNIFICANT

Intro Dates: H: 02/22/21

Senate Status: 04/06/21 - Taken off notice in Senate Commerce & Labor Committee.

House Status: 04/06/21 - House Insurance Subcommittee deferred to summer study after adopting amendment 1 (006197).

SJR25 Authorizes the governor to implement the TennCare III demonstration waiver.

Sen. Johnson, Jack

Summary: Authorizes the governor to implement the TennCare III demonstration waiver.

Fiscal Note: (Dated January 13, 2021) Other Fiscal Impact An exact fiscal impact cannot be determined with reasonable certainty. No significant administrative cost increases are anticipated as a result of this waiver. Any increase in federal funding associated with achieved savings under this demonstration will not be known until FY22-23.

Intro Dates: S: 01/13/21

Senate Status: 01/14/21 - Senate adopted.

House Status: 01/15/21 - House concurred.

Executive Status: 01/15/21 - Signed by governor.

HJR18 Authorizes the governor to implement the TennCare III demonstration waiver.

Rep. Lamberth, William

Summary: Authorizes the governor to implement the TennCare III demonstration waiver.

Fiscal Note: (Dated January 13, 2021) Other Fiscal Impact An exact fiscal impact cannot be determined with reasonable certainty. No significant administrative cost increases are anticipated as a result of this waiver. Any increase in federal funding associated with achieved savings under this demonstration will not be known until FY22-23.

House Status: 01/15/21 - House substituted and conformed to SJR25.

WELFARE

SB418/HB602 Medicaid Buy-In Act.

Sen. Yarbro, Jeff
Rep. Hodges, Jason

Summary: Enacts the "Medicaid Buy-In Act," which establishes a medicaid buy-in program to provide residents with a choice of quality, affordable health insurance. Requires the department of finance and administration to establish benefits under the medicaid buy-in plan and to ensure that the covered benefits include ambulatory patient services, emergency services, maternity and newborn care, behavioral health treatment, and other services. Requires the department to pursue available federal funding and financial participation for the services and benefits provided.

Intro Dates: S: 02/08/21, H: 02/10/21

Senate Status: 02/10/21 - Referred to Senate Commerce & Labor Committee.

House Status: 02/20/21 - Referred to House Insurance Subcommittee.