

ROBINSONGREEN, LLC
Bill Tracking Form Prepared For

Tennessee Orthopaedic Society

February 1, 2010

66 Bills

SB 0076* **TORT LIABILITY: Health care liability actions as medical malpractice reform.**
HB 0289 Changes "medical malpractice" to "health care liability action" and revises provisions of law relative to such action. Specifies that recoverable damages do not include expenses or charges that have been discounted or forgiven for any reason, including discounts arising from a relationship with a health insurer or other payor. Stipulates that when liability is admitted or established, the damages awarded may include noneconomic losses, provided such damages do not exceed a total of \$250,000 against all health care practitioners and/or facilities who are defendants. Limits the aggregate amount of damages recovered by a plaintiff for such losses to \$500,000. Allows any party involved in such a case to enter a judgment ordering that damages be paid in whole or in part by periodic payments rather than by a lump sum payment if the award equals or exceeds \$75,000. Requires judgment debtors in such cases to post security adequate to assure full payment of such damages awarded by the judgment when not adequately insured. Makes debtors who become delinquent in paying liable for further damages including court and attorney costs. Establishes provision for transfer of payments upon death of creditor. Changes limitations for reasonable attorneys' fees from 33 1/3 percent of total damages to the following: 40 percent of the first \$50,000; 33 1/3 percent of the next \$50,000; 25 percent of the next \$500,000; and 15 percent of any amount by which the recovery exceeds \$600,000. Requires expert witnesses to have been practicing the same specialty as the defendant for the past year. Prohibits an action against an attorney for legal malpractice from arising based solely on the fact that the damages awarded in the underlying health care liability action exceeded the amount sought in the ad damnum of the complaint filed in such underlying action. Specifies that the plaintiff may not attempt to seek recovery on this difference from the attorney unless the attorney's conduct in the underlying action constituted fraud or willful misconduct. Requires a plaintiff in any action for damages alleging professional negligence against a health care provider to file a HIPAA-compliant medical authorization form when filing the complaint. Authorizes the release of certain health care information to attorneys in such cases. (S: [Stanley](#); H: [Kelsey](#))

Senate Status: Referred to Senate Judiciary.

House Status: Referred to House Judiciary Civil Practice Subcommittee.

SB 0215* **INSURANCE HEALTH: Physician rating by managed health insurance issuer.**
HB 0438 Requires a managed health insurance issuer who publishes quality ratings on a healthcare provider's care based primarily on administrative claims data to validate the data to an 85 percent confidence level, using industry standard chart sampling and auditing methodology. Requires that issuer make such information available to the provider. (S: [Tracy](#); H: [Favors](#))

Senate Status: Referred to Senate Commerce, Labor & Agriculture.

House Status: Taken off notice in House Commerce Industrial Impact Subcommittee 04/08/2009.

SB 0254* **PROFESSIONS & LICENSURE: Exemption from liability for volunteering physicians.**
HB 0572 Expands exemption from civil liability for physicians who voluntarily provide health care services to include those clinics that require some form of payment rather than only free clinics. (S: [Marrero](#); H: [Camper](#))

Senate Status: Referred to Senate Judiciary.

House Status: Taken off notice in House Criminal Practice Subcommittee 04/29/2009.

- SB 0321* **INSURANCE HEALTH: Payment of medical claims for personal injury.**
HB 0660 Specifies that an insurance entity that intentionally fails to pay a medical claim for personal injuries until the statute of limitations has run on personal tort actions violates the Consumer Protection Act. Also specifies that such action by the insurance entity is grounds for the commissioner of commerce and insurance to issue penalties against the insurance entity. (S: [Johnson J.](#); H: [Sargent](#))
- Senate Status:** Referred to Senate Commerce, Labor & Agriculture.
House Status: Caption bill held on House clerk's desk.
- SB 0394* **TORT LIABILITY: Civil liability for health care professionals volunteering.**
HB 0567 Clarifies that a free clinic is not immune to civil liability when accepting a contribution made by a person receiving services at the clinic. (S: [Tracy](#); H: [Cobb C.](#))
- Senate Status:** Taken off notice in Senate Judiciary 04/08/2009.
House Status: Referred to House Judiciary Civil Practice Subcommittee.
- SB 0446* **HEALTH CARE: Meetings of board of physical therapy.**
HB 1606 Requires the board of physical therapy to meet not less than quarterly. (S: [Overbey](#); H: [Maggart](#))
- Senate Status:** Referred to Senate General Welfare.
House Status: Referred to House Professional Occupations Subcommittee.
- SB 0488* **PROFESSIONS & LICENSURE: Reviews of adverse actions taken against physicians.**
HB 0837 Requires the board of medical examiners to appoint on a case-by-case basis an independent oversight committee to evaluate the disciplinary action taken by a medical peer review committee against a licensed physician. Requires the department of health, through the board of medical examiners, to establish and maintain a statewide database containing information pertaining to any adverse action taken by a medical peer review committee against a physician licensed to practice in Tennessee. (S: [Burchett](#); H: [Moore](#))
- Senate Status:** Taken off notice in Senate General Welfare 03/25/2009.
House Status: Referred to House Professional Occupations Subcommittee.
- SB 0526 **TENNCARE: Payment for orthotic and prosthetic services.**
HB 0354* Requires TennCare to reimburse providers of orthotic and prosthetic services at a rate of 100 percent of Medicare allowable costs for certain TennCare enrollees. (S: [McNally](#); H: [Hackworth](#))
TennCare Oversight Committee: This bill would increase expenditures in the TennCare program. Also, it is customary in most state Medicaid programs to pay a percentage of Medicare rates. This bill would create a special exception for a particular service.
- Senate Status:** Referred to Senate General Welfare.
House Status: Referred to House Public Health and Family Assistance Subcommittee.
Other Status: TennCare Oversight Committee 05/04/2009 released without recommendation.
- SB 0545* **WORKERS COMPENSATION: Injuries occurring at employee's residence.**
HB 0900 Limits definition of "injury" when it occurs at an employee's residence to only include injuries that occur while the employee is engaged in a defined work activity within an established immediate work area. (S: [Norris](#); H: [Casada](#))
- Senate Status:** Referred to Senate Commerce, Labor & Agriculture.
House Status: Taken off notice in House Employee Affairs Subcommittee 04/28/2009.
Other Status: Oversight Committee on Workers' Compensation 04/09/2009 taken off notice.

- SB 0579* **JUDICIARY: Limit on presumption of medical bills in civil action.**
HB 1111 Establishes that the \$4,000 limit on presumption that medical bills attached to complaint in a civil action were necessary and reasonable applies regardless of the total amount of the bills incurred or paid. (S: [Jackson](#); H: [Shepard](#))
- Senate Status:** Taken off notice in Senate Judiciary 04/23/2009.
House Status: Referred to House Judiciary Civil Practice Subcommittee.
- SB 0692* **INSURANCE HEALTH: Preferred Provider Organization Transparency Act.**
HB 1906 Enacts the "Preferred Provider Organization Transparency Act." Requires that any person that enters into direct contracts with providers for the delivery of health care services to register with the department of commerce and insurance unless the person is licensed by the department as an insurer. Establishes specific registration requirements with the department. Establishes rules for when and how an individual or entity may grant access to a health care provider's health care services and contractual discounts pursuant to a provider network contract. Requires that such individuals and entities maintain a website or toll-free phone number through which a health care provider can obtain a listing of the third parties to which the individual or entity has executed contracts to grant access to such provider's health care services and contractual discounts pursuant to the provider network contract. Specifies which provider network contracts do not apply. (S: [Southerland](#); H: [Curtiss](#))
- Senate Status:** Senate Commerce, Labor & Agriculture deferred to 04/28/2009.
House Status: Taken off notice in House Commerce Industrial Impact Subcommittee 04/22/2009.
- SB 0694* **INSURANCE HEALTH: Rental Network Contract Arrangements Act.**
HB 1584 Enacts the "Rental Network Contract Arrangements Act." Requires that any person that enters into direct contracts with providers for the delivery of health care services to register with the department of commerce and insurance unless the person is licensed by the department as an insurer. Establishes registration requirements with the department. Establishes rules for when and how an individual or entity may grant access to a health care provider's health care services and contractual discounts pursuant to a provider network contract. (S: [Southerland](#); H: [Curtiss](#))
- Senate Status:** Senate Commerce, Labor & Agriculture deferred to 04/28/2009.
House Status: Referred to House Commerce Industrial Impact Subcommittee.
- SB 0701* **PROFESSIONS & LICENSURE: Engaging in practice of medicine or similar activity.**
HB 1124 Prohibits a person from engaging in any activity similar to the practice of medicine in any of the departments of the state unless the person has received a license from the board of medical examiners. (S: [Henry](#); H: [Gilmore](#))
- Senate Status:** Referred to Senate General Welfare.
House Status: Taken off notice in House Professional Occupations Subcommittee 04/07/2009.
- SB 0704* **TAXES BUSINESS: TN Employer Privilege Tax Act.**
HB 1734 Enacts Tennessee Employer Privilege Tax, a 3% tax on compensation. Tax is on employer, but employer may withhold tax from employee wages. Broadly captioned. (S: [Tate](#); H: [Camper](#))
- Senate Status:** Referred to Senate Finance Tax Subcommittee.
House Status: Caption bill held on House clerk's desk.
- SB 0733 **HEALTH CARE: Community-related health centers.**
HB 0410* Revises credentialing requirement for reimbursement at federally qualified health centers. Requires the department to establish guidelines encouraging the development of outreach and enrollment efforts at community health centers. Broadly captioned. (S: [Watson B.](#); H: [Pitts](#))

Senate Status: Referred to Senate General Welfare.

House Status: Caption bill held on House clerk's desk.

SB 0754 **PROFESSIONS & LICENSURE: Penalties for practicing medicine without compliance.**
HB 0728* Increases the penalties for practicing medicine without complying with current requirements to a Class A misdemeanor from a Class B misdemeanor and for using a forged diploma or false identification to a Class D felony from a Class E felony. (S: [Johnson J.](#); H: [Hensley](#))

Senate Status: Referred to Senate General Welfare.

House Status: Referred to House Professional Occupations Subcommittee.

SB 0877 **WORKERS COMPENSATION: Medical care and cost containment committee membership.**
HB 0734* Increases the membership of the medical care and cost containment committee from 15 to 18 voting members. Requires that the three new members to the medical care and cost containment committee be licensed physicians. Broadly captioned. (S: [Ketron](#); H: [Matheny](#))

Senate Status: Referred to Senate Commerce, Labor & Agriculture.

House Status: Taken off notice in House Employee Affairs Subcommittee 04/28/2009.

Other Status: Taken off notice in Oversight Committee on Workers' Compensation 04/09/2009.

SB 1161* **JUDICIARY: Court-approved attorney fees in medical malpractice cases.**
HB 1453 Establishes that any court-approved attorney fees in medical malpractice cases are conclusively presumed to be reasonable in any subsequent action before the board of professional responsibility based on a complaint concerning the amount or reasonableness of the attorney fees. (S: [Finney L.](#); H: [Coleman](#))

Senate Status: Senate Judiciary deferred to 02/02/2010.

House Status: House passed 05/26/2009.

Other Status: Tennessee Judicial Council reviewed 03/19/2009 with comment.

SB 1284* **TENNCARE: Recovering of reimbursement costs from a third party.**
HB 1965 Requires recipients of TennCare benefits to provide written notice to the state prior to initiating any legal proceeding to pursue reimbursement costs from a third party. (S: [Bunch](#); H: [McCormick](#))
TennCare Oversight Committee: The provisions of this bill are already provided for under current law. TennCare is required by federal law to be the payor of last resort.

Senate Status: Taken off notice in Senate General Welfare 05/06/2009.

House Status: Referred to House Judiciary Civil Practice Subcommittee.

Other Status: TennCare Oversight Committee 05/04/2009 released without recommendation.

SB 1297 **WORKERS COMPENSATION: Requirements on contracting agents.**
HB 0857* Imposes various requirements on contracting agents who sell, lease, assign, transfer, or convey their lists of contracted health care providers and their contracted reimbursement rate. (S: [Crowe](#); H: [Mumpower](#))

Senate Status: Senate Commerce, Labor & Agriculture deferred subject to call of the chair.

House Status: House Consumer & Employee Affairs deferred subject to call of the chair.

Other Status: Workers' Compensation Advisory Council 06/04/2009 released with comment.

SB 1361* **TENNCARE: Medicaid reimbursements to physician assistants.**
HB 1999 Revises limitation on Medicaid reimbursements to physician assistants from not exceeding 60 percent of reimbursements provided to licensed physicians under the Medicaid program to an amount not exceeding 70 percent of such reimbursements. (S: [Tate](#); H: [Curtiss](#))
TennCare Oversight Committee: Because TennCare providers are paid based on rates they

negotiate with managed care organizations, this bill would not directly impact the TennCare program.

Senate Status: Referred to Senate Commerce, Labor & Agriculture.

House Status: Caption bill held on House clerk's desk.

Other Status: TennCare Oversight Committee 05/04/2009 released without recommendation.

SB 1366*

HB 1967

INSURANCE HEALTH: Assignment of benefits to health care providers.

Authorizes insured or other persons entitled to benefits under a health insurance policy to assign such benefits to an eligible health care provider regardless of when the benefits were provided. (S: [Johnson J.](#); H: [McCormick](#))

Senate Status: Referred to Senate Commerce, Labor & Agriculture.

House Status: Referred to House Commerce Industrial Impact Subcommittee.

SB 1372

HB 1386*

INSURANCE HEALTH: Retroactive denial of reimbursement to a provider.

Reduces the period in which a health insurance entity can retroactively deny reimbursement to a provider from 18 to 12 months, except in cases of fraud. (S: [Johnson J.](#); H: [Hensley](#))

Senate Status: Referred to Senate Commerce, Labor & Agriculture.

House Status: Referred to House Commerce Industrial Impact Subcommittee.

SB 1376*

HB 1459

WORKERS COMPENSATION: Written notice of claim amount to division of workers' comp.

Requires the insurer to file written notice with the division of workers' compensation when it appears that the amount of medical benefits to which the employee may be entitled will exceed \$10,000, rather than \$5,000. (S: [Johnson J.](#); H: [Mumpower](#))

Senate Status: Referred to Senate Commerce, Labor & Agriculture.

House Status: Taken off notice in House Employee Affairs Subcommittee 04/28/2009.

Other Status: Oversight Committee on Workers' Compensation 04/09/2009 released with positive recommendation, if amended.

SB 1381*

HB 1590

TENNCARE: Equal medical services among various patients.

Removes provision that allows the providing of medical services in lesser amounts, duration, and scope to "medically needy" persons than to other Medicaid recipients. (S: [Johnson J.](#); H: [Curtiss](#))

TennCare Oversight Committee: This bill is being held in the House as a caption bill, pending amendment.

Senate Status: Referred to Senate Commerce, Labor & Agriculture.

House Status: Caption bill held on House clerk's desk.

Other Status: TennCare Oversight Committee 05/04/2009 released without recommendation.

SB 1408*

HB 1969

PROFESSIONS & LICENSURE: Consumer member of board of chiropractic examiners.

Requires at least one actors consumer member of board of chiropractic examiners to have five total years of professional experience as a licensed physician. (S: [Ketron](#); H: [McCormick](#))

Senate Status: Referred to Senate Commerce, Labor & Agriculture.

House Status: Referred to House Professional Occupations Subcommittee.

SB 1421

HB 0668*

TAXES GENERAL: Rates for professional privilege tax.

Revises amounts of professional privilege tax to be paid for persons licensed or registered after July 1, 2009, by basing amount upon years a person has been licensed or registered as a professional. (S: [Stewart E.](#); H: [Hackworth](#))

Senate Status: Referred to Senate Finance Tax Subcommittee.

House Status: Referred to House Finance Budget Subcommittee.

- SB 1426* **HEALTH CARE: Healthcare Freedom of Conscience Act.**
HB 1706 Enacts the "Healthcare Freedom of Conscience Act." Allows health care providers to choose not to participate in the performance of a health care act that violates their conscience. Clarifies that such health care acts includes, but is not limited to, abortions, euthanasia, fetal experimentation, and physician-assisted suicide. Prohibits discrimination against individuals or institutions that decline to perform certain medical procedures or acts. (S: [Stanley](#); H: [Hensley](#))
- Senate Status:** Referred to Senate General Welfare.
House Status: Referred to House Professional Occupations Subcommittee.
- SB 1500 **WORKERS COMPENSATION: Injuries that occur during recreational activities.**
HB 1229* Excludes from workers' compensation coverage any injuries that occur during recreational activities, that are not required by the employer, and do not directly benefit the employer. (S: [McNally](#); H: [Fitzhugh](#))
- Senate Status:** Taken off notice in Senate Commerce, Labor & Agriculture 04/15/2009.
House Status: Taken off notice in House Employee Affairs Subcommittee 04/28/2009.
Other Status: Taken off notice in Oversight Committee on Workers' Compensation 04/09/2009.
- SB 1552* **PROFESSIONS & LICENSURE: On call physicians under one hour time constraint.**
HB 1895 Establishes that a licensed physician who agrees to serve as an "on call" physician must arrive when summoned within one hour of being called. (S: [Burchett](#); H: [Haynes R.](#))
Amendment: Senate amendment 1 authorizes a hospital chief of staff to voice concern to the Boards of Medical Examiners and Osteopathic Examiners when a licensed physician has agreed to serve as an on-call physician and has failed on multiple occasions to take action within a timeframe enunciated through hospital policy.
- Senate Status:** Senate 04/30/2009 passed with amendment 1.
House Status: Referred to House Professional Occupations Subcommittee.
- SB 1553* **PROFESSIONS & LICENSURE: Corporations employing certain licensed physicians.**
HB 1656 Removes prohibition on corporations employing radiologists, anesthesiologists, pathologists, or emergency physicians. (S: [Burchett](#); H: [Armstrong](#))
- Senate Status:** Referred to Senate General Welfare.
House Status: Referred to House Professional Occupations Subcommittee.
- SB 1580* **INSURANCE HEALTH: Failing to timely pay a clean claim.**
HB 1844 Removes the current specific penalty for a health insurance entity failing to timely pay a clean claim from a provider and substitutes the general penalty for violation of insurance statutes, rules, or orders. (S: [Burchett](#); H: [Harmon](#))
- Senate Status:** Referred to Senate Commerce, Labor & Agriculture.
House Status: Referred to House Commerce Industrial Impact Subcommittee.
- SB 1583* **PROFESSIONS & LICENSURE: Non-liability of hospital for non-employee physicians.**
HB 1717 Establishes non-liability of hospital for non-employee physicians. Revises restrictions on the ability of hospitals to employ physicians. (S: [Burchett](#); H: [McCormick](#))
- Senate Status:** Referred to Senate General Welfare.
House Status: Referred to House Judiciary Civil Practice Subcommittee.
- SB 1680 **WORKERS COMPENSATION: Comprehensive medical fee schedule.**
HB 1192* Requires that any lower fees paid for medical services provided on or after January 1, 2010 be made according to a contract or agreement negotiated and signed directly between the health care provider

and the employer, trust, pool, insurer or preferred provider organization network. (S: [Ketron](#); H: [Mumpower](#))

Senate Status: Senate Commerce, Labor & Agriculture deferred subject to call of the chair.

House Status: House Consumer & Employee Affairs deferred subject to call of chair.

Other Status: Workers' Compensation Advisory Council 06/04/2009 released with comment.

SB 1700 **INSURANCE HEALTH: Coverage for prosthetic devices.**

HB 1359* Requires health care plans to include or offer coverage for prosthetic devices. Also requires coverage for prosthetic devices in such health care plans to be, at a minimum, equal to the coverage and payment for prosthetic devices provided under federal laws and regulations for the aged and disabled. (S: [Overbey](#); H: [Niceley](#))

Senate Status: Senate Commerce, Labor & Agriculture deferred to 04/28/2009.

House Status: House Commerce Industrial Impact Subcommittee, Mandate Study commented on bill and deferred action to 2010.

SB 1795* **INSURANCE HEALTH: Appeals against publication of disputed information.**

HB 2104 Provides for an appeal to the commissioner of commerce and insurance by health care providers against a managed health insurance issuer concerning publication of certain disputed profiling, tiering, comparison, or ratings data, including claims data. (S: [Herron](#); H: [Shepard](#))

Senate Status: Referred to Senate Commerce, Labor & Agriculture.

House Status: Taken off notice in House Commerce Industrial Impact Subcommittee 04/22/2009.

SB 1797* **PROFESSIONS & LICENSURE: Medical care services at free health clinics - liability.**

HB 2107 Establishes that a clinic or sponsoring organization for a physician who otherwise meets specified requirement to be permitted to use the liability protection available and to charge patients for medical care services performed at the clinic on the basis of a sliding fee schedule that is approved by commissioner of health as being a nominal fee or as being less than the rates charged in the commercial market for medical care services, so long as the physician's services are volunteer and the physician receives no compensation from the clinic (S: [Herron](#); H: [Fincher](#))

Senate Status: Senate Judiciary deferred to 04/21/2009.

House Status: Referred to House Judiciary Civil Practice Subcommittee.

SB 1828 **WORKERS COMPENSATION: Penalties for noncompliance with insurance requirements.**

HB 1408* Rewrites provisions on noncompliance with insurance requirements. Lists powers granted to department of labor and workplace development, including issuing subpoenas and stop-work orders, and assessing penalties. Broadly captioned. (S: [Kyle](#); H: [Ferguson](#))

Senate Status: The Senate Commerce chair announced that this bill will be on its summer study calendar.

House Status: Taken off notice in House Employee Affairs Subcommittee 04/28/2009.

Other Status: Taken off notice in Oversight Committee on Workers' Compensation 04/09/2009.

SB 1853 **TAXES BUSINESS: Occupational privilege tax exemptions.**

HB 0649* Clarifies that medical interns, residents, and fellows issued a special training license while participating in an accredited training program are exempt from the occupational privilege tax. Broadly captioned. (S: [Kyle](#); H: [Fitzhugh](#))

Senate Status: Referred to Senate Finance Tax Subcommittee.

House Status: Caption bill held on House clerk's desk.

- SB 1881* **TENNCARE: Reimbursement of crossovers claims.**
HB 1634 Requires the bureau of TennCare to reimburse ambulance services for TennCare crossover claims of full benefit dual eligibles at one 100 percent of the Medicare program's allowable charge for participating providers under its appropriate fee schedule. (S: [Kyle](#); H: [Jones U.](#))
TennCare Oversight Committee: This bill would increase expenditures in the TennCare program. Also, it is customary in most state Medicaid programs to pay a percentage of Medicare rates. This bill would create a special exception for a particular service.
- Senate Status:** Referred to Senate General Welfare.
House Status: Referred to House Public Health and Family Assistance Subcommittee.
Other Status: TennCare Oversight Committee 05/04/2009 released without recommendation.
- SB 1924* **WORKERS COMPENSATION: Medical care and cost containment committee membership.**
HB 1839 Requires the three physician members of the medical care and cost containment committee to represent different specialty practice areas. Broadly captioned. (S: [Barnes](#); H: [Pitts](#))
- Senate Status:** Senate Commerce, Labor & Agriculture deferred to February 2010.
House Status: House Consumer & Employee Affairs deferred to 1st calendar of 2010.
Other Status: Oversight Committee on Workers' Compensation 04/09/2009 released back to the Workers' Compensation Advisory Council for comment, after adopting an amendment that makes the bill.
- SB 1986 **HEALTH CARE: Copay reimbursements for Medicare and Medicaid enrollees.**
HB 1763* Requires department of finance to fully fund copay reimbursements for Medicare and Medicaid dual eligible enrollees who utilize emergency medical services. (S: [Crowe](#); H: [Shipley](#))
- Senate Status:** Referred to Senate General Welfare.
House Status: Caption bill held on House clerk's desk.
- SB 2001* **WORKERS COMPENSATION: Reporting dates changed to January 1 of each year.**
HB 1776 Revises reporting dates for certain specified reports related to workers' compensation to January 1 of each year rather than December 1. Broadly captioned. (S: [Haynes J.](#); H: [Moore](#))
- Senate Status:** Taken off notice in Senate Commerce, Labor & Agriculture 04/15/2009.
House Status: Taken off notice in House Employee Affairs Subcommittee 04/28/2009.
Other Status: Oversight Committee on Workers' Compensation 04/09/2009 released with negative recommendation.
- SB 2062 **INSURANCE HEALTH: Failing to accept licensed physicians into a network.**
HB 1927* Requires each health insurance entity to contract with any physician who is licensed and in good standing with the board of medical examiners for reimbursement at fair market value. (S: [Burks](#); H: [Fincher](#))
- Senate Status:** Senate Commerce, Labor & Agriculture deferred to 04/28/2009.
House Status: Referred to House Commerce Industrial Impact Subcommittee.

- SB 2119 **TAXES BUSINESS: Property leased or rented - medical equipment.**
HB 2124* Provides that for purposes of determining whether leased property is inventory of merchandise held for exchange, property leased or rented with medical equipment, substances, or implants includes property leased or rented simultaneously regardless of whether it is separately invoiced and whether there is a written lease. (S: [Norris](#); H: [Sargent](#))
- Senate Status:** Set for Senate Finance Tax Subcommittee 06/11/2009.
House Status: House Budget Subcommittee 06/15/2009 deferred to next calendar.
- SB 2173 **INSURANCE HEALTH: Authorization for diagnostic radiology testing.**
HB 2178* Requires any decision to deny authorization of a treating physician's order or recommendation to be made by a medical doctor licensed in this state and subject to regulation by the board of medical examiners. Specifies that this decision is applicable only if a health insurance policy or health plan provides coverage for diagnostic radiology testing and if a treating physician presents an order or recommendation for a diagnostic radiology test to a radiology benefits manager for authorization. Requires the treating physician and patient to be furnished with the full name, mailing address and telephone number of the physician who is making the denial decision for diagnostic radiology testing. Prohibits a health care provider's claim for payment of diagnostic radiology testing services from being denied and requires it be timely paid unless there was fraud on the part of the provider in procuring the authorization. Clarifies that a person who countermands the treatment order or recommendation of a treating physician in order to influence the patient to refuse service will be regarded as practicing medicine in this state. (S: [Crowe](#); H: [Ferguson](#))
- Senate Status:** Senate Commerce, Labor & Agriculture deferred to 05/05/2009.
House Status: Referred to House Commerce Industrial Impact Subcommittee.
- SB 2292 **WORKERS COMPENSATION: Venue for certain workers' compensation claims.**
HB 2253* Following the exhaustion of the benefit review conference process, sets venue as follows: (1) If the employee resides in Tennessee, in the circuit or chancery court of the county in which the employee resides; (2) If the employee resides outside Tennessee, in the circuit or chancery court of the county in which the alleged injury occurred; (3) If the employee resides outside Tennessee and the injury occurred outside Tennessee, in the circuit court or chancery court of any county where the employer maintains an office; (4) If not determined by (1), (2) or (3), in the circuit or chancery court of Davidson County; (5) If the employer is a county or municipal corporation that has accepted the provisions of the Workers' Compensation Law, in the circuit or chancery court of the county in which the governmental entity is located. (Part of Administration Package.) (S: [Kyle](#); H: [Turner M.](#))
- Senate Status:** Referred to Senate Commerce, Labor & Agriculture.
House Status: Taken off notice in House Employee Affairs Subcommittee 04/28/2009.
Other Status: Taken off notice in Oversight Committee on Workers' Compensation 04/09/2009.
- SB 2490* **INSURANCE HEALTH: TN Freedom of Choice in Health Care Act.**
HB 2654 Prohibits any statute, common law, or rule from compelling, directly or indirectly, any person, health care provider, or employer from participating in any health care system. Broadly captioned. (S: [Black](#); H: [Maggart](#))
- Senate Status:** Referred to Senate Commerce, Labor & Agriculture.
House Status: House companion bill introduced. (H: Maggart)

- SB 2522 **TORT LIABILITY: Gross negligence in medical malpractice cases.**
HB 2543* Changes the liability standard from negligence to gross negligence in medical malpractice cases involving doctors rendering care in a hospital emergency room. (S: [Johnson J.](#); H: [Casada](#))
- Senate Status:** Referred to Senate Judiciary.
House Status: Referred to House Judiciary Civil Practice Subcommittee.
- SB 2541* **PROFESSIONS & LICENSURE: Prescriptions in cases where prescriber dies.**
HB 2585 Establishes that the prescription ordered by a prescriber who has died can only be honored for a period not to exceed six months from the date of the prescriber's death. (S: [Overbey](#); H: [Shepard](#))
- Senate Status:** Referred to Senate General Welfare.
House Status: Referred to House Health & Human Resources.
- SB 2542 **MEDIA & PUBLISHING: SSN prohibited from electronic medical records.**
HB 2574* Prohibits any hospital record that is or will be stored in an electronic database or electronically submitted from including a patient's social security number. (S: [Marrero](#); H: [Hackworth](#))
- Senate Status:** Referred to Senate General Welfare.
House Status: Referred to House Health & Human Resources.
- SB 2561 **HEALTH CARE: Health care reporting: person seeking controlled substances.**
HB 2581* Requires health care providers with actual knowledge to report persons who have intentionally obtained or attempted to obtain controlled substances illegally within five days, rather than three days, to law enforcement. Specifies that health care providers treating patients with mental illnesses are not required, but allowed, to report the same activities. Specifies that such requirement does not apply to TennCare recipients. Allows health care providers to avoid civil liability unless they have willfully failed to make reports required by state law. (S: [Henry](#); H: [Odom](#))
- Senate Status:** Referred to Senate General Welfare.
House Status: Introduced 1/25/2010
- SB 2563* **HEALTH CARE: Colby Stansberry Act.**
HB 2651 Prohibits a health care provider from releasing a patient's medical records to a person other than the patient or the patient's authorized representative unless such release is authorized through the informed consent of the patient. Specifies if a patient dies or is incapacitated before obtaining the consent, the release of the records is to be contingent upon receipt of the informed consent of the patient's authorized representative. If the patient does not have an authorized representative, the consent is to come from the patient's next of kin. (S: [Bunch](#); H: [Brooks, Kevin](#))
- Senate Status:** Referred to Senate General Welfare.
House Status: Referred to House Health & Human Resources.
- SB 2716* **TENNCARE: TennCare reimbursement methodologies.**
HB 3397 Requires the bureau of TennCare to use the same reimbursement methodologies for public and private providers of ICF/MR services. (S: [Watson B.](#); H: [Rich](#))
- Senate Status:** Referred to Senate General Welfare.
House Status: Introduced 2/1/2010
- SB 2845 **INSURANCE HEALTH: Employees and health insurance: notifications.**
HB 2850* Extends the time period for the employer to notify the insurer when an employee previously covered by the insurance ceases to be eligible for coverage from 30 days to 60 days. Allows the health insurance entity, if it believes the person is no longer eligible, to notify the health insurance provider if the provider requests coverage status verification within 2 business days before the date of service.

Allows the health insurance entity to be not liable for any civil damages if its actions were in good faith. (S: [Southerland](#); H: [Harwell](#))

Senate Status: Introduced 1/27/2010

House Status: Introduced 1/27/2010

SB 2887

HEALTH CARE: Penalty for practicing medicine without a license, forgery.

HB 2985*

Increases to a Class A misdemeanor, from a Class B misdemeanor, the offense of practicing medicine or surgery without a license. Increases to a Class D felony, from a Class E felony, the offense of filing or attempting to file as one own a diploma or license of another or a forged affidavit of identification. Broadly captioned. (S: [Crowe](#); H: [Mumpower](#))

Senate Status: Introduced 1/27/2010

House Status: Introduced 1/27/2010

SB 2928

WORKERS COMPENSATION: Maximum medical improvement involving pain management.

HB 3015*

Provides that for purposes of temporary total disability, an employee claiming an injury occurring on or after July 1, 2010, that results in pain management treatments is conclusively presumed to be at maximum medical improvement upon earliest of (1) at the time the treating physician concludes the employee has reached maximum medical improvement; or (2) 52 weeks after the employee has reached maximum medical improvement as a result of the physical injury that it the proximate cause of need for pain management. Contains broad caption. (S: [Johnson](#); H: [Sargent](#))

Senate Status: Introduced 1/26/2010

House Status: Introduced 1/27/2010

SB 2984*

WORKERS COMPENSATION: Court-ordered depositions by physicians.

HB 3313

(1) Permits a court to order a physician to give a deposition if a physician refuses to make a reasonable effort to give the deposition in a workers' compensation case within a reasonable period of time -- rather than within 90 days of receipt of notice. (2) Provides that a nominee's name for medical director in the workers' compensation program may only appear on one list of nominees for appointment. Contains broad caption. (S: [Tate](#); H: [Camper](#))

Senate Status: Introduced 1/28/2010

House Status: Introduced 2/1/2010

SB 3005

INSURANCE HEALTH: Insurer coverage and non-covered medical procedures.

HB 2942*

Requires insurers to pay the cost of covered medical procedures when provider orders a non-covered medical procedure and insured agrees to pay any difference in costs. (S: [Jackson](#); H: [Hackworth](#))

Senate Status: Senate companion bill introduced. (S: Jackson)

House Status: Introduced 1/27/2010

SB 3162*

WORKERS COMPENSATION: Rental and Assignment of PPO Network Rights.

Enacts the Rental and Assignment of PPO Network Rights. Requires contracting agent that sells, leases, assigns, transfers, or conveys its list of contracted medical providers and their contractual reimbursement rates, upon entering or renewing a medical provider contract to disclose to the medical provider whether the list of contracted medical providers may be sold, leased, transferred, or conveyed to other payors or agents, to disclose whether workers' compensation payors to whom the list of contracted medical providers may be sold, leased, transferred, or conveyed may be permitted to pay a medical provider's contracted rate if less than the workers' compensation fee schedule, to allow medical providers, upon the initial signing or renewal of a medical provider contract, to decline to participate in networks solely to serve workers' compensation payors that are sold, leased, transferred, or conveyed to workers' compensation payors, and to maintain a web page that contains a complete

listing of customers to whom the network is sold, leased, transferred, or conveyed, as well as to maintain a toll-free telephone number whereby medical providers may access workers' compensation payor summary information and a list of lessees of the network. Sets forth what information must be delineated in the explanation of payment or explanation of review transmitted to the medical provider. Requires workers' compensation payor to demonstrate that it is entitled to pay a contracted reate within 30 days of receipt of a written request from a medical provider who has received a claim payment from the workers' compensation payor. (S: [Johnson J.](#))

Senate Status: Introduced 1/27/2010

SB 3418 **HEALTH CARE: Health and sanitation rules for health care providers.**
HB 3257 State Summary: Hospitals and Health Care Facilities - As introduced, provides for health and sanitation rules governing offices, clinics, and centers of certain health care providers. - Amends TCA Title 4; Title 63 and Title 68. (S: [Crowe](#); H: [Armstrong](#))

Senate Status: Introduced 1/28/2010

House Status: Introduced 1/28/2010

SB 3468 **WORKERS COMPENSATION: Health care provider rendering excessive services - penalty.**
HB 3127* Increases from "\$100 to \$1,000" to "\$200 to \$2,000" the range of the civil penalty that may be charged to a health care provider that is found by the commissioner of department of labor and workforce development, purusant to utilization reveiw, to have rendered excessive or inappropriate services. Contains broad caption. (S: [Stewart E.](#); H: [Shepard](#))

Senate Status: Introduced 1/28/2010

House Status: Introduced 1/28/2010

SB 3486 **TORT LIABILITY: Noneconomic losses to plaintiff in medical malpractice suit.**
HB 2887* Establishes that in any medical malpractice action in which liability is admitted or established, the damages awarded may include noneconomic losses, provided the damages awarded for such losses must not exceed 1 million dollars. (S: [Ramsey](#); H: [Mumpower](#))

Senate Status: Introduced 1/28/2010

House Status: Introduced 1/27/2010

SB 3605 **WORKERS COMPENSATION: Funding for advisory council on workers compensation.**
HB 3157* Allocates a sum sufficient from the premium tax collected for workers' compensation insurance to pay for the administration of the advisory council on workers compensation. (S: [Ketron](#); H: [Curtiss](#))

Senate Status: Introduced 1/28/2010

House Status: Introduced 1/28/2010

SB 3645* **INSURANCE HEALTH: Study of recent trends in health insurance and medicine.**
State Summary: Insurance Companies, Agents, Brokers, Policies - As introduced, requires the commissioner of commerce and insurance to convene a working group of representatives from the insurance industry and the medical professions to study recent trends concerning various issues affecting the health insurance industry and the medical professions. - Amends TCA Title 7, Chapter 57; Title 56 and Title 68. (S: [Ketron](#))

Senate Status: Introduced 1/28/2010

HB 1241* **CAMPAIGNS & LOBBYING: Filing cycle for biannual employer disclosure reports.**
Revises filing cycle for biannual employer disclosure reports from within 45 days of the end of the 1st and 3rd quarters to within 45 days of the end of the 2nd and 4th quarters. (H: [Curtiss](#))

House Status: House State Government Subcommittee deferred to 2010.
