

The 109th Tennessee General Assembly adjourned on April 22, 2015.

TMA took positions on hundreds of bills that could impact the medical profession and the business of medicine. Following is a summary of our top legislative priorities and other bills of interest.

The legislature convenes again on January 12, 2016.



BILL TMA POSITION OUTCOME Addiction Treatment Act of 2015 SB0871/HB1036 by Sen. Steve Dickerson, MD and Rep. Bill Dunn • Provides Good Samaritan protections for an individual who is having a drug overdose or in good faith seeks medical assistance for a person experiencing or believed to be The bill was heard and experiencing a drug overdose. passed both chambers of • Limits the prescribing of buprenorphine/ the legislature and was naloxone to healthcare provider with a DEAx sent to the governor for his license and only in circumstances in which the signature. Support FDA has approved the use of the drug. • Repeals a section of the code that allows an insurer to prohibit payment to a provider if the patient seeks treatment and it is determined that the patient is under the influence of alcohol or illegal drugs. This provision of the code is referred to as UPPL. Credentialing SB0284/HB0440 by Sen. Richard Briggs, MD and Rep. Bryan Terry, MD • Streamlines the credentialing process for providers, improves beneficiary access to services and protects patient cost-sharing The bill was heard and limits. passed both chambers of • Requires payment for medical services the legislature and was rendered to a beneficiary by a physician/ sent to the governor for his provider who has a credentialing application Support signature. pending with the insurance company/payer. • Payment will be at in-network rates for contracts already in place between a medical group and an insurance company/payer. • TMA worked with the Neuro-Spine Committee and the Group Practice Coalition as well as others to support the bill.

BILL	TMA POSITION	OUTCOME
 Patient Steerage SB0358/HB0867 by Sen. Steve Dickerson, MD and Rep. David Shepard Requires that an ordering physician has a right to designate a preferred provider for imaging or other medical services. If an insurer or subcontractor steers a patient toward a different provider/location for ordered services, then the patient has a right to be notified that the ordering physician has a preferred provider, and if they choose, to discuss his/her options with the ordering physician before making a decision. TMA worked with the Tennessee Radiological Society on passage of legislation. 	Support	The bill was heard and passed both chambers of the legislature and was sent to the governor for his signature.
 Payer Accountability SB0937/HB0936 by Sen. Bo Watson and Rep. Jon Lundberg The ultimate goal of this bill is to offer predictability in reimbursement by limiting insurance companies' ability to arbitrarily change reimbursement terms in the middle of a contract. While the bill does not prohibit changes, it does restrict changes in a manner that is not seen anywhere in the country by limiting modifications to both fee schedules and payment policies/ methodologies during the year. Requires notice and transparency surrounding any reimbursement policies and makes it easier for providers to find, understand, and deal with changes when they are made. 	Support	The bill is being held in the Senate Finance committee and the House Finance subcommittee. The administration has been able to tack on a \$5 million fiscal note.
Physician-Led, Team-Based Care <i>SB0521/HB0861 by Sen. Joey Hensley, MD and</i> <i>Rep. Mike Harrison</i> The Tennessee Healthcare Improvement Act of 2015 would allow healthcare in our state to evolve toward a more efficient and effective physician-led, team-based delivery model.	Support	Taken off notice in order for involved parties to discuss compromises during the summer.
Nurse Independent Practice SB0680/HB0456 by Sen. Becky Massey and Rep. JoAnne Favors Would allow for nurses to practice independently after working collaboratively with a physician for 2080 hours.	Oppose	Taken off notice in order for involved parties to discuss compromises during the summer.
Statute of Limitations in Medical Malpractice SB0764/HB0666 by Sen. Todd Gardenhire and Rep. Andy Farmer Would extend the statute of limitations from one year to three years for personal injury	Oppose	Taken off notice.

