

2007 Legislative Wrap-up

The first day of the 105th General Assembly opened on January 9, 2007 with a shocker. In an unexpected result, due in large part to support from Sen. Rosalind Kurita, (D- Clarksville), Senator Ron Ramsey, (R- Blountville) was elected as Speaker of the State Senate and Lt. Governor, replacing long-time Senate leader, Sen. John Wilder, (D- Mason). For the first time in 150 years, Tennessee would be led by a Republican and the General Assembly would be led by two different parties.

By June 12th, when the legislature adjourned for the year, the session was known for some significant achievements. In fact, 2007 could well be the watershed year for public health in Tennessee. Efforts to establish a statewide smoke free workplace law, one that TMA has long supported, were ultimately successful, albeit with some limited exemptions. Tennessee will become the first tobacco-growing state to enact such far reaching legislation. Just as important, the legislature enacted a \$.42 tax increase on a pack of cigarettes, raising the tax from \$.20 to \$.62, and appropriated \$10 million to the Department of Health to implement a comprehensive tobacco control program. The increased tax on cigarettes will undoubtedly have a positive influence on smokers choosing to quit in the future and, as has been seen in other states when the cost of cigarettes rises, will be a real barrier to many adolescents to keep them from taking up the habit. Coupled with the comprehensive program which will address cessation, prevention, community and school-based education and the media, Tennessee took noteworthy steps to address the leading cause of premature mortality in this state. Less noticed, but important nonetheless, was passage of legislation which will require children younger than 18 years of age to wear an approved helmet, in most instances, while riding an off-road vehicle.

As has been the case for a number of years running, Medical Liability Reform represented TMA's primary objective during the session. In another surprise move, our sponsors worked closely with the chairman of the House Judiciary Committee, a trial lawyer adamantly opposed to reform, to draft an amendment that would only address one aspect of the crisis- the large number of malpractice claims that end up in no payment to the plaintiff. The Chairman had made it known that no comprehensive medical liability reform legislation would pass out of his committee. After much discussion between the legislators and representatives of TMA and our MLR Steering Committee as well as other coalition partners, the State Senate unanimously passed the amended version which would establish a notification and pre-certification process. If enacted, its success in reducing the number of meritless claims filed would be uncertain but would be tested. When the bill was then heard on the House side, the chairman of the House Judiciary Committee chose to rewrite the bill, weakening its provisions (and chances that it would be successful in addressing the issue of meritless lawsuits) and adding a twist that was not in the Senate version- a change in the longstanding locality rule which has been used to judge a defendant based upon the standard of care in his/her community or a like-size community. The revision would have established a statewide standard of care with the caveat (and the burden) that the defendant in a malpractice case could claim that the statewide standard did not apply. On balance, the revision represented a boon to plaintiff's attorneys. TMA and a number of its coalition partners felt that the House version was unfair and one-sided and chose to fight its passage when the bill made it to the floor of the House. In a rare move that amazed many, the House, on a 54-43 bipartisan vote, supported TMA's pleas and rejected the committee

amendment. The bill, due to a prior commitment, was rereferred to the House Judiciary Committee where it still lies. Despite the temporary setback, much progress was made during the year. The issue was unmistakably on the minds of many in the General Assembly but clearly barriers remain.

Through VoterVoice, hundreds of physicians contacted legislators this year, urging passage of legislation, voicing their concerns for some bills and thanking them for their support on others. For the second year, TMA organized Physician Tuesdays on the Hill which brought dozens of physicians, spouses and group practice managers to the plaza to lobby on issues of concern to organized medicine. The year was also a successful one at recruiting physicians to participate in the weekly "Doctor of the Day" program. TMA wants to thank all who participated and made the voice of organized medicine heard.

Notable Issues of the 2007 General Assembly

MEDICAL LIABILITY REFORM

Partial Givens Fix for Hospitals: (SB0309 by R. Finney/HB0301 by Overbey)

ACTION: Enacted as Public Chapter 391

Allows a health care provider to respond to a request from a hospital, including the hospital's attorney, regarding entries made in the patient's records of the requesting hospital by the health care provider during the course of providing care and treatment to the patient in the hospital.

Liability Protection for Volunteer Providers: (SB 1210 by Southerland/HB 2049 by Armstrong)

ACTION: Enacted as Public Chapter 69

Allows an organization that sponsors volunteer health care services to file reports concerning the physicians providing such volunteer services on a quarterly basis and to maintain confirmation of licensure of such physicians as provided on the state Web site; clarifies that activities that are not otherwise authorized cannot be performed at the physician's office on behalf of the sponsoring organization.

Medical Liability Reform: (SB 2001 by Norris/HB 1993 by Overbey) -TMA Legislation

ACTION: Senate Passed in Amended Form/Senate Version failed in House, Bill sent back to Committee

Replaces the term "medical malpractice" with "health care liability action" and revises provisions concerning damages, expert testimony, attorney fees, and other matters in such actions. TMA's legislation generated much discussion during the session but failed to generate sufficient support to pass as filed, especially in the House where leadership is adamantly opposed to caps on non-economic damages and other provisions that would adversely impact trial lawyers. An

amendment crafted by our sponsors and the chairman of the House Judiciary Committee, a trial lawyer, which addressed the high number of meritless claims was passed unanimously by the Senate but, after being weakened by the Judiciary Committee chairman and a provision modifying the locality rule was added, TMA and many of our coalition partners successfully defeated the House version on the floor. The bill was rereferred to the House Judiciary Committee where it could be revived next year.

Judgments over Limit of Insurance Policy: (SB 0008 by Jackson/HB 0027 by Briley)

ACTION: Taken Off Notice

Makes governmental entity liable for all medical, pharmacy, and physical rehabilitation costs rendered against such entity regardless of the amount of such costs.

Expanded Liability Protection for Volunteer Providers: (SB 734 by Southerland/HB 1881 by Overbey)

ACTION: Taken Off Notice

Expands the types of clinics to include those that charge a nominal fee at which volunteer health care licensees may receive limited liability protection.

PUBLIC HEALTH

Institute of Public Health: (SB 207 by Ketron/HB 204 by Hood)

Enacted as Public Chapter 42

Requires the Tennessee Higher Education Commission, in consultation with the Department of Health, the University of Tennessee System, the Tennessee Board of Regents, and private colleges and universities in Tennessee to develop an Institute of Public Health.

TN Unattended Children in Motor Vehicle Safety Act: (SB 270 by Tracy/HB 304 by Hood)

ACTION: Enacted as Public Chapter 214

Creates a new offense of knowingly leaving a child under seven in a motor vehicle without supervision by someone at least 13 years of age; punishable by permissible safety training and as Class B misdemeanor by \$200 fine for first offense and \$500 fine for second or subsequent offense.

Hospitals Providing Immunizations: (SB0334 by McNally/HB1346 by Shepard)

ACTION: Enacted as Public Chapter 27

Requires hospitals, during the fall and winter months, to offer elderly inpatients immunizations for influenza and pneumococcal diseases before discharge.

TN Alzheimer Disease Task Force: (SB 826 by Burchett/HB 1971 by Armstrong)

ACTION: Enacted

Establishes a 14-member Tennessee Alzheimer's Disease Task Force, including a representative of the medical care provider community to be appointed by the Governor. The task force is directed to assess the current and future impact of Alzheimer's disease on Tennesseans; to examine the existing industries, services and resources addressing the needs of persons with Alzheimer's, their families, and caregivers; and to develop a strategy to mobilize a state response to this public health crisis. The task force must submit a report of its findings and date-specific recommendations, including any suggested legislation, to the General Assembly and the Governor in the form of a State Alzheimer's Plan no later than February 15, 2009.

Non-Smoker Protection Act: (SB 1325 by Tracy/HB 1851 by Bone)

ACTION: Enacted as Public Chapter 410

Establishes a statewide smoke free workplace law in Tennessee. Exempts private homes and vehicles, designated smoking rooms (maximum of 25%) in hotels, long term care facilities and retail tobacco stores, private clubs, businesses with three or fewer employees but which must provide a room that is separately ventilated, and age restricted venues, such as bars and restaurants, that only allow individuals 21 years or older in their establishment at all times and in which age verification is completed before individuals can be admitted into the facility. Businesses with garage doors when they are open, restaurant patios and commercial vehicles where the driver is the sole occupant are also exempted. The Departments of Health and Labor and Workforce Development are jointly tasked with regulating the provisions of the legislation. **Effective 10/1/07.**

Children, Helmets and ATVs: (SB1994 by Black/HB1974 by Maggart)

ACTION: Enacted as Public Chapter 481

Creates a Class C misdemeanor offense subject to a fine only for a parent or legal guardian to permit a child under the age of 18 to operate or be a passenger on an off-highway motor vehicle on certain property without wearing a helmet that meets the U. S. Department of Transportation standards.

Cigarette Tax Increase: (SB 2326 by Kyle/HB 2354 by Odom)

ACTION: Enacted as Public Chapter 368

Increases the tax on cigarettes from \$.20 to \$.62 cents per pack; requires that all cigarette tax revenue realized from the increase be deposited into the general fund. Stipulates that \$.40 be

deposited in the education trust fund and \$.02 be directed to support of trauma centers. **Effective July 1, 2007**

Comprehensive Tobacco Prevention, Education and Cessation Program: (SB 2334 by Kyle/HB 2353 by Odom)

ACTION: Enacted

The State appropriation bill that funds the operation of state government in 2007/08 included \$10 million to allow the Department of Health to implement a comprehensive tobacco program based upon the CDC's guidelines. Included are elements which will support cessation efforts, youth prevention programs, a media campaign, an expanded Quitline, community grants, a statewide best practice summit and additional resources for the department to expand its efforts in this state to address tobacco use.

Comptroller Study of Substance Abuse Laws: (SJR 91 by Finney/Hensley) TMA Legislation

ACTION: Enacted

Urges the comptroller to study the state laws dealing with identification, treatment and rehabilitation of persons with substance abuse problems and report back to the General Assembly by 12/1/08 any recommendations for statutory changes that can improve the state's ability to provide better care for and improve the outcome of persons who abuse alcohol and drugs. Among other issues, the comptroller will be studying ways to prevent illegal access to alcohol and drugs, review sentencing laws to ensure that convicted persons receive proper treatment before and after release and review the state's Uniform Accident and Sickness Policy Provision (UPPL) statute to determine if the statutory authorization has been or could become an impediment to identifying and referring individuals for treatment with alcohol and substance abuse problems.

Asthma Study (SJR 320 by McNally)

ACTION: Enacted

Establishes a legislative Asthma Strategic Planning Joint Study Committee to conduct a thorough study of the current status of asthma in Tennessee, including the disease's prevalence and the current health care delivery system for asthma victims. The study will determine a statewide strategy for reducing the prevalence of asthma as well as improving the health status of asthma victims and report by December 10, 2007.

HPV Immunizations: (SB 1958 by Finney/HB 1580 by Hensley)

ACTION: Defeated in House Public Health Subcommittee

Requires the General Assembly, instead of authorizing the commissioner of health, subject to the approval of the public health council, to specifically authorize an immunization for a disease only transmitted sexually, for which a preventive vaccine has been approved and recommended for girls and women in a specific age group. Both the Administration and TMA fought this legislation on philosophical grounds.

Seat belts and School Buses: (SB 0098 by R. Finney/HB 292 by Harwell)

ACTION: Taken Off Notice

Requires all school buses to be equipped with safety belts. Despite strong support for placing seatbelts on buses, the large fiscal note of \$40 million annually prevents passage of this legislation.

Prohibits Children Under 12 from Riding Motorcycles: (SB 101 by Burchett/HB 1536 by Briley)

ACTION: Taken Off Notice

Prohibits any person under the age of 12 years to ride or be carried on a motorcycle; imposes penalties for motorcycle operators who violate this section.

Newborn Umbilical Cord Blood Initiative: (SB 760 by Kyle/HB 1326 by Briley)

ACTION: Taken Off Notice

Enacts the "Newborn Umbilical Cord Blood Initiative Act of 2007" which would establish a network of postnatal tissue and fluid banks. Creates the Tennessee Commission for the Newborn Umbilical Cord Blood Initiative. However, a fiscal note costing the state \$7 million prevented passage.

Motorcycle Helmets: (SB 1511 by Burchett/HB 1283 by Todd)

ACTION: Taken Off Notice

Exempts persons 21 years of age and older from requirement that persons riding a motorcycle must wear a helmet.

INSURANCE

Delays in Credentialing Applications: (SB 720 by Watson/HB 315 by J. DeBerry) -TMA Legislation

ACTION: Enacted as Public Chapter 365

Requires insurance plans to both complete the credentialing process, notify the provider of the result and advise the provider of the plan's intent to contract (assuming the contract is not signed) within 90 days of submittal of a completed CAQH application. In addition, the amendment also requires that the plan initiate processing of the completed CAQH application within 90 days of the expected employment date, prohibits requiring an active malpractice policy at the time of credentialing (unless required by an accrediting body) and forbids listing a provider as an in-network provider until a contract is signed. **Effective Date: October 1, 2007**

Public Dissemination of Physician Evaluations: (SB 732 by Southerland/HB 1452 by Favors) -TMA Legislation

ACTION: Enacted as Public Chapter 406

Clarifies and expands the existing statute to ensure that providers are given the methodology and data by which an individual provider's ratings are based and have a reasonable time- 30 days- to comment before specific provider information is sent to plan enrollees or placed on a website. The bill provides an opportunity for changes to be made in the evaluation if the plan concurs and alerts members that there are limitations to the ratings utility. **Effective Date: October 1, 2007**

Additional Visits for MH/Chemically Dependent Patients: (SB1305 by Bunch/HB1605 by Shepard)

ACTION: Enacted as Public Chapter 287

Increases the minimum number of visits a mental health or chemically dependent patient can be authorized for between utilization reviews from at least seven to at least 12 additional visits.

Hearing Screenings for Newborns: (SB 0074 by Harper/HB 0011 by Pruitt and SB 107 by Burchett/HB 817 by McCord)

ACTION: Failed

Requires hospitals to screen infants for hearing pre-discharge; attending health professionals to refer certain newborns; tests specified; follow-ups referred to department of health or education; adds insurance coverage; misdemeanor violations.

Medical Charges for Uninsured Patients: (SB 1414 by Herron/HB 1922 by Rinks)

ACTION: Taken Off Notice

Prohibits health care facilities and health care providers from charging an uninsured patient more for services rendered to the patient than the participating fee amount the facility or provider would receive from Medicare if the same services were provided to a Medicare recipient.

State Action Doctrine: (SB 1258 by Burchett/HB 1078 by M. Turner)

ACTION: Taken Off Notice

Enacts the "Patient and Physician Empowerment Act" which would allow providers to jointly negotiate in certain circumstances with insurance carriers under state regulatory oversight.

Silent PPO: (SB 754 by McNally/HB 550 by Shepard) -TMA Legislation

ACTION: Taken Off Notice

Regulates the secondary market in physician discounts in health insurance.

Payment for Services Provided by Chiropractors: (SB 195 by Jackson/HB 218 by Odom)

ACTION: Taken Off Notice

Prohibits health insurance entities from imposing on chiropractic physicians any coverage limitations, co-payments, or compensation that differ from those imposed on physicians, osteopathic physicians, or occupational therapists or physical therapists.

TENNCARE

False Claims (SB2193 by *Kyle/HB2250 by Odom.)

ACTION: Enacted as Public Chapter 103

Classifies knowingly presenting a false claim for payment to TennCare, or any TennCare subcontractor or vendor, by any person or entity other than a TennCare enrollee, recipient, or applicant as a Class B, C or D felony, depending on the value of the claim.

Controlled Substances (SB2227 by Kyle/HB2261 by Odom)

Action: Enacted as Public Chapter 458

Makes it a Class E felony for a TennCare enrollee, recipient, or applicant to knowingly, willfully and with the intent to deceive a health care provider to obtain a controlled substance when the person received the same or similar controlled substance in the previous 30 days and used TennCare to pay for the clinical visit or prescription.

TennCare Fraud and Corporate Compliance Program: (SB 1675 by Herron/HB 2205 by Shepard)

ACTION: Taken Off Notice

Establishes various initiatives to combat Medicaid fraud, including new bribery and drug diversion offenses as well as sharing of fraud recoveries with local governments and a corporate compliance program. If enacted, TennCare providers would be responsible for implementing an onerous, practice-specific compliance program that could incentivize most TennCare providers to terminate their participation.

SCOPE

Licensure of Polysomnographic Technicians: (SB 495 by Burchett/HB 1885 by Overbey)

ACTION: Enacted as Public Chapter 469

Licenses polysomnographic technologists who operate under the general supervision of physicians; creates a committee placed under the oversight of the Board of Medical Examiners to oversee polysomnographic technologists; sets standards of practice.

Genetic Counselors: (SB 935 by Henry/HB 806 by Odom)

ACTION: Enacted as Public Chapter 366

Enacts "Genetic Counselors' Licensing Act" and places licensees under BME purview. A medical referral must occur before counseling could be initiated.

PT Direct Access: (SB 1144 by Watson/HB 964 by Overbey)

ACTION: Enacted as Public Chapter 423

The bill allows patients to be seen and a treatment regimen initiated by certain qualified PTs without a physician referral. Unless instructed otherwise by the patient and an informed consent signed acknowledging that a physician will not be involved in treatment, the PT must notify the patient's physician within five business days of the initial visit that treatment has begun and consult with the physician within 15 days or six visits, whichever comes first, after initiation of treatment or all subsequent treatment is to be halted. Additionally, treatment is halted at 15 days or six visits, whichever comes first, if the patient does not show substantial progress. If no physician has been involved in the patient's therapy, treatment stops 30 days after initiation.

SLPs Performing Endoscopies: (SB 1168 by Black/HB 233 by Overbey)

ACTION: Enacted as Public Chapter 324

Authorizes licensed speech pathologists to use endoscopes to observe pharyngeal and laryngeal areas of throat. An SLP must take a course and receive written notification from a board certified ENT, after observation, that the SLP is competent to perform the procedure. The amendment which made the bill requires referral and supervision of an MD before SLPs could perform endoscopies and mandates that a report and copy of the visual recording be sent to the referring physician.

Licensure of Naturopaths: (SB 236 by Burchett/HB 1176 by S. Jones)

ACTION: Taken Off Notice

Provides for the licensure of naturopathic physicians.

Psychology Prescribing: (SB 661 by Burchett/HB 1607 by Odom)

ACTION: Taken Off Notice

Authorizes certain specifically-certified psychologists to prescribe drugs and sets forth requirements related to that prescriptive authority

PRACTICE

Anti-Epileptic Drugs: (SB 442 by Burchett/HB 121 by L. DeBerry)

ACTION: Enacted as Public Chapter 370

Requires that the patient, family member or friend be notified before an interchange for a prescribed anti-epileptic drug takes place. The prescriber is also to be notified prior to the interchange. These provisions do not apply to prescriptions dispensed for inpatients of a health care facility.

Payment of Forensic Sexual Assault Examination Costs: (SB0724 by Woodson/HB1188 by S. Jones)

ACTION: Enacted as Public Chapter 511

Permits a victim of a sexually-oriented crime to be entitled to a forensic medical examination without charge to the victim. No bill for such examination is to be submitted to the victim, nor shall the victim be held responsible for payment. All claims for forensic medical examinations are eligible for payment from the Criminal Injuries Compensation Fund. A claim for compensation under this section must be filed no later than one (1) year after the date of the examination by the health care provider who performed the examination. Caps the amount of compensation that may be awarded at \$750 which constitutes full compensation to the health care provider that provided the service.

Level III Office Based Surgery: (SB 1209 by Kurita/HB 1056 by L. DeBerry)

ACTION: Enacted as Public Chapter 373

Stipulates that the Board of Medical Examiners will have responsibility for regulating office based surgery, defined as requiring a level of sedation beyond the level of sedation defined by the BME as Level II surgery that is performed outside a hospital, an ambulatory surgical treatment center, or other medical facility licensed by the Department of Health. Limits a physician's office to no more than three (3) patients undergoing Level III office-based surgery who are incapable of self-preservation at the same time. The board is to set forth those procedures that are to be permitted to be performed in a physician's office and promulgate rules relative to infection control, life safety, patient rights, hazardous waste and equipment and supplies necessary to assure the safety of patients undergoing Level III office-based surgery. Prohibits physicians from performing Level III OBS until a site survey is completed and the

BME certifies the surgical suite. Mandates unusual incident reporting and requires reporting of claims data and payment of an annual fee to the Department of Health. **Effective 10/1/07.**

Posting Information in Medical Offices: (SB 1412 by Herron/HB 633 by Ferguson)

ACTION: Enacted as Public Chapter 446

Requires physicians, certain health care facilities, community centers, and pharmacies to post information concerning assistance for teenagers involved in relationships that include dating violence, and further allows that information and all information required to be posted concerning adult abuse and domestic violence be combined and printed on one poster. **Effective 7/1/07 however medical board is to notify licensees of the statement to be posted and numbers to include in the statement.**

Domestic Abuse Reporting to DOH: (SB 1551 by Burks/HB 1183 by S. Jones)

ACTION: Enacted as Public Chapter 83

Requires, rather than encourages, physicians to report suspected or known domestic abuse to the department of health for the compilation of anonymous statistical data on such abuse. No patient identifiers are used in the report. TMA's amendment sunsets the mandatory reporting provision after two years.

Restrictive Covenants: (SB 1688 by Herron/HB 240 by Overbey)

ACTION: Enacted as Public Chapter 487

Authorizes certain covenants not to compete involving a number of different health care providers. Overturns Tennessee Supreme Court decision in the Udom case. The provisions of a covenant could offer two options. The first option would leave the duration restriction of two years in the bill but the geographic restriction would be either the county in which the physician practices or 10 miles, whichever is greater. The second option would leave the duration restriction of two years in place along with no geographic restriction but would restrict the provider from practicing in a hospital or other facility where his/her employer or contracting entity provided services. Radiologists, Emergency Room and Osteopathic physicians are exempted from the provisions of the bill. A covenant could be legally binding on a physician who has been at the same practice for no more than six years. **Effective 1/1/08.**

Physician Statements for Handicapped Placards: (SB2029 by Johnson/HB1729 by P. Johnson)

ACTION: Enacted as Public Chapter 112

Exempts persons with a permanent disability from being required to furnish a physician's statement upon renewal of a handicapped placard or tag.

HIV Counseling: (SB 2232 by Kyle/HB 2317 by Favors)

ACTION: Enacted as Public Chapter 154

Removes requirement that health care providers must provide counseling regarding HIV during prenatal care and that health care providers report to the Department of Health the number of pregnant women tested for HIV each month and the number who test positive. Women who test positive must be referred to appropriate medical and social services. Adds a requirement for HIV testing during the third trimester, unless the woman has refused testing in writing and the refusal is placed in the medical chart. A pregnant woman who presents herself for delivery and who does not have a documented negative HIV test during the last trimester of the pregnancy, unless known to already be HIV positive, must be tested for HIV using a rapid HIV test, unless she refuses in writing. In such cases, she should be counseled regarding the consequences of exposing her unborn child to HIV when the time and circumstances are medically appropriate.

Cosmetic Surgery: (SB 1368 by Haynes/HB 1306 by West)

ACTION: Defeated in House Health and Human Resources Committee

Requires board of medical examiners to formulate a list of common risks for five most frequent cosmetic surgery procedures in the state; list must be provided to patient before cosmetic surgery procedure is undertaken.

Drug Use When Pregnant as a Class E Felony: (SB 316 by R. Finney/HB 555 by Hensley)

ACTION: Taken Off Notice

Creates Class E felony for a person who is pregnant to ingest illegal controlled substance; adds to definition of "severe child abuse" person who ingests illegal controlled substance while pregnant; requires health care provider to report if provider discovers pregnant patient is using illegal controlled substance to law enforcement.

DNR Necklaces: (SB 481 by R. Finney/HB 556 by Hensley)

ACTION: Taken Off Notice

Authorizes do not resuscitate necklaces. TMA, hospitals, and other health care providers voiced concern that the necklaces would override a written DNR order and had the potential to conflict with the comprehensive end-of-life legislation enacted in 2004.

Register of Chemically Sensitive Persons: (SB 862 by Finney/HB 597 by M. Turner)

ACTION: Taken Off Notice

Requires the commissioner of health to establish and maintain a registry of chemically sensitive persons; requires health care professionals and facilities to report health-related illnesses cited as

relating to the aerial drift of pesticides. TMA objected to the provisions of the bill in that it required the provider to submit the names of patients who believe, but do not have to show causality, that aerial spraying caused them ill health.

Level III Office Based Surgery: (SB 865 by Watson/HB 271 by Mumpower)- TMA Legislation

ACTION: Taken Off Notice

Establishes procedures for the board of medical examiners and the board of osteopathic examiners to regulate Level III office-based surgery. After coming to agreement with THA on the provisions of the legislation, it was decided to enact THA's legislation, SB 1209/HB 1056.

Cosmetic Surgery on Minors: (SB 1092 by Bunch/HB 980 by Campfield)

ACTION: Taken Off Notice

Requires physicians and osteopathic physicians to obtain parental consent to perform cosmetic surgery on minor; performing procedure without parental consent is a Class A misdemeanor.

Induced Termination of Pregnancies: (SB 1094 by Bunch/HB 982 by Campfield)

ACTION: Taken Off Notice

Requires death certificates be issued for each induced termination of pregnancy in this state.

Consequences of Missing Appointments: (SB 1367 by Haynes/HB 1310 by West)

ACTION: Taken Off Notice

Requires written notification to patient of consequences of changing or missing appointment for certain medical imaging procedures, including x-rays, at least 48 hours before the appointment. TMA and other health care providers adamantly opposed this bill.

Abortion 24-Hour Wait: (SB 1561 by Herron/HB 1848 by Pinion)

ACTION: Taken Off Notice

Requires informed consent prior to an abortion; requires a 24-hour period of reflection prior to an abortion; provides for an exception to regulation to preserve the life or health of the woman. Would overturn the Tennessee Supreme Court decision in Planned Parenthood of Middle Tennessee vs. Sundquist.

Prenatal Substance Abuse Reporting: (SB 1564 by Herron/HB 2044 by J. DeBerry)

ACTION: Taken Off Notice

Requires health care providers to report illegal drug use by pregnant women to the Department of Children's Services. A \$30 million fiscal note prevented this bill from making any progress.

Parental Notification for Dispensing Contraceptives to Minors: (SB 1795 by Ketron/HB 1441 by Dunn)

ACTION: Taken Off Notice

Declares the legislative policy to include requiring that parents or legal guardians are notified before a minor is provided with contraceptive procedures or supplies by medical professionals, including all state or local health professionals. A \$6 million fiscal note kept this bill from making any progress.

Abortion Providers and Mifepristone: (SB 2096 by Johnson/HB 1973 by Maggart)

ACTION: Taken Off Notice

Requires a health care provider who induces an abortion by the administration of the drug mifepristone to provide the patient with a copy of the Medication Guide and Patient Agreement from the drug manufacturer and to verbally provide certain other information, including the fact that the regimen requires two return visits.

PHARMACY

TBI Access to Controlled Substance Database: (SB 2192 by Kyle/HB 2249 by Coleman)

ACTION: Enacted as Public Chapter 518 but not in Original Intent

Removes provision whereby controlled substance database information is available to TBI personnel actively engaged in analysis of controlled substances prescription information as a part of their assigned duties and responsibilities related directly to TennCare. TMA and the TN Pharmacists Association worked with the administration to assure that any access is pursuant to an ongoing investigation. Concerns by some legislators, however, prevented passage of even the amended version. The bill was completely rewritten to move control of the Controlled Substance Monitoring Database, formerly housed with the Board of Pharmacy in the Department of Commerce and Insurance, to the Department of Health which, with passage of SB756/HB549, will now provide administrative oversight to the Pharmacy Board.

Prescription Medicine Fair Pricing Act- I-Save Rx: (SB 0068 by Jackson/HB 0012 by Curtiss)

ACTION: Taken Off Notice

Requires the commissioner of finance and administration to enter into discussions with the member states of the I-SAVE RX program and to either participate in that program or establish a separate Tennessee program providing cost savings for prescriptions purchased internationally.

Prescription Monitoring Program: (SB 297 by Ketron/HB 821 by Hood)

ACTION: Taken Off Notice

Establishes a system that requires dispensers of prescription drugs to use official, state-provided tamper-resistant prescription forms.

WORKERS' COMPENSATION

Payment When Carrier in Dispute: (SB0322 by Haynes/HB1818 by Hackworth)

Enacted as Public Chapter 378

Authorizes the commissioner of Labor and Workforce Development to issue an order requiring carrier and self-employed employer to pay benefits on an equal basis when there is dispute as to which entity should pay the benefits. Once agreement is reached concerning the responsible party, restitution, plus interest, would be required to the party not responsible.

**Workers' Comp Medical Fee Schedule: (SB 445 by Burchett / HB 454 by Hackworth)-
TMA Legislation**

ACTION: Enacted

In the area of Workers' Compensation only, requires contracts to clearly inform providers that the contracting entity may sell, lease, rent, or assign the provider's name and discount; mandates that the EOB clearly identify the contracting entity that has contracted with the provider which has given a payor the ability to access a provider's discount; stipulates that the payor must send the provider a copy of the underlying contract within 30 days when requested by the provider; and compels any payor who is claiming access to a provider's discount to maintain a Website, updated semi-annually, that provides a complete listing of customers to whom the network is sold, leased, transferred or conveyed that is accessible to all contracted providers. The payor must maintain a toll-free telephone number accessible to all contracted providers whereby providers may access Workers' Compensation payor summary information.
Terms Effective 1/1/08.

Workers' Comp PT/OT Reimbursement: (SB 1474 by McNally/HB 1518 by Hackworth)

ACTION: Enacted

Prevents the commissioner from reimbursing different rates for PT/OT services based upon ownership of the therapy practice unless the commissioner provides Tennessee data demonstrating that there is a need for differing reimbursement rates for therapy services and the a public hearing is held.

**Excludes Aliens from Workers' Comp: (SB0253 by Haynes/HB0073 by M. Turner) and
(SB0366 by Southerland/HB0655 by Hawk)**

ACTION: Taken Off Notice

Both bills would have prevented illegal aliens from receiving Workers' Compensation benefits.

EDUCATION

Student Eye Examinations: (SB 152 by Harper/HB 1312 by West)

ACTION: Enacted

Allows local education agencies to pay for eye examinations of students whose parents/guardians cannot afford the cost. Encourages ophthalmologists and optometrists to provide free or low-cost exams.

School Health Crisis: HJR 200 by Winningham

ACTION: Enacted

Directs the Education Oversight Committee to hold hearings on the demands placed upon public schools in providing health care to students. The hearings would seek input and testimony from teachers, school administrators, boards of education, the Tennessee Department of Education, and representatives from health care professionals regarding possible solutions to the crisis, including a review of school nurse ratios in Tennessee public schools.

Administration of Anti-Seizure Medication in Schools: (SB 461 by Woodson/HB 2073 by Maddox)

ACTION: Taken Off Notice

Allows volunteer school personnel with proper training to administer anti-seizure medications to a student in an emergency situation in accordance with the student's individual health plan.

Allows Insulin Administration in Schools: (SB 722 by Woodson/HB 1863 by Swafford)

ACTION: Taken Off Notice

Outlines the criteria for school personnel or adult volunteers to perform diabetes care tasks for students.

REGULATORY

Uniform Emergency Volunteer Health Practitioners Act: (SB 692 by Bunch/HB 1618 by Overbey)

ACTION: Enacted

Enacts the "Uniform Emergency Volunteer Health Practitioners Act" that establishes a process whereby pre-approved providers licensed in good standing can easily volunteer in Tennessee and other states in times of emergencies. The legislation provides limited liability protection to health care providers responding to declared emergencies in Tennessee.

Authorization of Civil Penalties on Insurance Companies: (SB2169 by Tate/HB2232 by Briley)

ACTION: Enacted as Public Chapter 338

Authorizes the commissioner of Commerce and Insurance to assess a civil penalty of up to \$5,000 against an insurance company for each separate violation of a statute, rule, or order, unless another civil penalty amount is specifically provided for in the applicable statute, rule, or order.

Installment Payments of Civil Penalties: (SB2213 by Henry/HB2264 by Favors)

Enacted as Public Chapter 196

Authorizes health related boards to use installment payment plans for disciplined providers who have been assessed a civil penalty.

Medical Diagnostic Licensure Fees: (SB2257 by Haynes/HB2310 by Odom)

ACTION: Enacted as Public Chapter 362

Increases maximum amounts that could be charged in the future for certain fees, such as those on medical radiation machines, by the Department of Environment and Conservation.

CON for CT Scanners: (SB 323 by Haynes/HB 1934 by Rinks)

ACTION: Taken Off Notice

Requires a certificate of need to provide multi-slice computerized tomography services.

HCCRTA Malpractice Claim Reporting: (SB 526 by Bunch/HB 667 by Baird)

ACTION: Taken Off Notice

Lowers the required disclosure threshold for physician malpractice judgments and settlements on Health Care Consumer Right-to-Know provider profiles from \$75,000 to \$50,000.