

GSRM: Healthcare from the Hill

December 17, 2009

by Matthew Scanlan

Gullett Sanford Robinson & Martin is proud to introduce a new weekly email newsletter for our healthcare clients to cover Tennessee legislative events. We will start distributing the reports at the beginning of the legislative session in January of each year and will send the newsletters weekly through the end of the session. Each week's newsletter will list only those bills that were newly introduced the previous week or that are scheduled to be heard in a committee or by the House or Senate.

We hope that this will provide valuable insight to our clients on the current trends in state regulation and assist in identifying potential issues with legislation. This report tracks healthcare bills generally and should not be relied on as a list of all bills affecting you or your business. For further information on government relations services, please contact Matthew Scanlan.

This week's report identifies bills that were not resolved during the 2009 legislative session, but that are still "on the table" to be dealt with in 2010. More information on individual bills may be located at the Tennessee General Assembly website. (<http://www.legislature.state.tn.us/>)

SB 430 by Bunch/HB 1574 by Fincher Workers' Compensation Adoption of 5th Edition of AMA Guides

Defines AMA Guides to mean the fifth edition, rather than the sixth or newer edition. Many employers view the 5th Edition of the guidelines as a more friendly version of the injury classifications for workers' compensation cases.

SB646 by Harper/HB450 by Pruitt Random Drug Testing Requirement for Nursing Home Staff

Requires nursing homes to conduct random drug testing for direct care staff at least once per year in addition to conducting initial criminal background checks.

SB 846 by Beavers/HB 436 by Shipley Regulations on Abortions

Requires that any physician's office that performs abortions be classified as an ambulatory surgical treatment center. Requires the Department of Health, through the Board for Licensing Health Care Facilities, to promulgate rules and regulations containing certain minimum standards for the maintenance and operation of ambulatory surgical treatment centers.

SB 938 by Watson/HB 464 by Odom Advance Practice Nurses Signing Death Certificates

Allows nurse practitioners and physician assistants, with the same authority as a physician, to sign death certificates.



Matt Scanlan
Attorney

Gullett Sanford
Robinson & Martin
615.244.4994

mscanlan@gsm.com

SB 985 by Overbey/HB 1746 by M. Turner

Client Billing

Changes regulation of billing for cytopathology services to refer instead to “anatomic pathology services.”

SB 1065 by Marrero/HB 890 by Hackworth

Prenatal Drug Testing

Requires pregnant women who meet certain criteria to be tested for alcohol and drugs in order to encourage them to seek immediate treatment for an alcohol-related or drug-related problem. Requires every physician, surgeon or other person that attends a pregnant woman during gestation to report each woman who refuses to seek treatment for an alcohol-related or drug-related problem or who misses two or more appointments with DCS.

SB 1297 by Crowe/HB 857 by Mumpower

Workers’ Compensation Silent PPO Relief

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.

SB 1447 by J. Haynes/HB 1570 by West

Elective Cosmetic Surgery

Requires the physician who will perform the surgery to acquire informed consent from a patient before any elective cosmetic or plastic surgery takes place. Specifies that disclosure by the physician must include the diagnosis, nature, and purpose of the suggested procedure, the reasonable foreseeable risks associated with such procedure and the chance of success or failure. Enumerates possible complications that must be included in the list of risks. Requires the physician to explain the risks of not having the procedure. Prohibits any photograph or video footage of the patient from being taken without the patient’s knowledge and consent. Applies the same conditions to osteopathic physicians.

SB 1506 by Burchett/HB 1511 by Todd

Repeal of Mandatory Motorcycle Helmets

Exempts driver or passenger who is 21 years of age and older from requirement that persons riding a motorcycle must wear a helmet. This bill is sometimes known as “the helmet bill.”

SB 1552 by Burchett/HB 1895 by R. Haynes

One Hour On Call

Establishes that a licensed physician who agrees to serve as an “on call” physician must arrive when summoned within one hour of being called.

SB 1583 by Burchett/HB 1717 by McCormick

Corporate Practice of Medicine

Establishes non-liability of hospital for non-employee physicians. Revises restrictions on the ability of hospitals to employ physicians.

SB 1584 by Overbey/HB 2181 by Shipley

Psychologist Prescribing

Authorizes certain psychologists to prescribe medications and treatments for patients. Outlines specific training requirements that psychologists must meet for certification from the board of examiners in psychology.

SB 1680 by Ketron/HB 1192 by Mumpower

Workers’ Compensation Silent PPO Relief

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.

SB 1717 by Overbey/HB 1661 by Armstrong
Uniform Health Care Provider Credentialing

Requires the department of insurance to prescribe the credentialing application form used by the council for affordable quality healthcare in electronic or paper format for physicians. Requires contracting entity to use the application standard credentialing form when initially credentialing or recredentialing providers in connection with policies, health care contracts, and agreements providing basic health care services, specialty health care services, or supplemental health care services. Establishes that no contracting entity shall require a provider to provide any information in addition to the information required by the applicable standard credentialing form.

SB 2062 by Burks/HB 1927 by Fincher
Failure to Accept Licensed Physicians in Network

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.

SB 2089 by Beavers/HB 1762 by Shipley
Parental Access to Minor Patient's Medical Records

Requires any licensed physician providing healthcare services to a minor child to provide the results of any medical test or procedure performed on the child to the child's parent or legal guardian immediately upon request of the parent or guardian and to provide a copy of the written results within 24 hours of receiving a written request from the parent or guardian.

SB 2274 by Kyle/HB 2269 by Richardson
Independent External Review and C&I Draft Bill

Enacts the "Tennessee Health Carrier External Review Act." Provides uniform standards for the establishment and maintenance of procedures for external review of health claims for health insurance carriers. Requires a health carrier to notify the covered person in writing of such person's right to request an external review regarding an adverse determination upon completion of the health carrier's utilization review process. Requires health carrier to provide in a written notice to the covered person after the adverse determination and for that notice to include a copy of both the standard and expedited external review process and an authorization form for the disclosure of protected health information, including medical records of the covered person. Specifies that a covered person cannot request an external review until such person has exhausted the health carrier's internal grievance process. Specifies process and timeline for standard external review. Requires the commissioner of the department of commerce to assign an independent review organization to conduct the external review and to notify the health carrier of the name of the independent review organization.

SB 2297 by Kyle/HB 2284 by Ferguson
Mandatory Abuse Registry Check by Providers

Creates a framework to ensure the appropriate consumer protection for persons receiving long-term care services including background checks, abuse and neglect reporting, public guardianships and HCBS ombudsman. Requires the report to provide information on findings reported to the department and included in the registry, consisting of the number of incidents by type of abuse, neglect or misappropriation of property, demographics of the vulnerable persons subject to the abuse, location of the incident, source of the finding (which state agency), and the type of employer, including provider type if applicable.

Link to Bill: <http://www.capitol.tn.gov/Bills/106/Bill/SB2297.pdf>

If you need additional information or have questions about the bills discussed in this edition of **GSRM: Healthcare from the Hill**, please contact Matthew Scanlan at 615.244.4994 or mscanlan@gsm.com. More information can be found at www.gsm.com.

The information found in this message is general in nature and not intended as legal advice. Persons reading this information should not act upon this information without seeking the advice of legal counsel.