

Amendment No. \_\_\_\_\_

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Comm. Amdt. _____

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Signature of Sponsor

**AMEND Senate Bill No. 620\***

**House Bill No. 1005**

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 68-3-502, is amended by deleting subsection (i) and substituting the following:

(i)

(1) Notwithstanding this section to the contrary, this subsection (i) governs manner of death determinations of death investigations for which suicide is suspected or determined to be the manner of death.

(2) If a county medical examiner suspects that suicide may be a potential manner of death, then the medical examiner shall consult the decedent's treating mental health professional or primary care physician, if known and reasonably able to be identified through the decedent's next of kin, prior to determination of manner of death.

(3)

(A) After inquiry by a county medical examiner pursuant to title 38, chapter 7, part 1, the medical examiner shall enter the manner of death and file the death certificate. If the manner of death is suicide and the next of kin disagrees with the manner of death determination, then the next of kin may contact the county medical examiner who performed the autopsy to request a meeting. The county medical examiner shall meet with the next of kin within thirty (30) calendar days of that initial contact by the requesting next of kin or, if more time is needed to gather documentation, on a mutually acceptable date. The meeting must be either in person or via teleconference, at the discretion of the requesting next of kin. At the meeting, each party must present the reasons



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supporting their position with respect to the manner of death, including any relevant documentation.

(B) Within thirty (30) calendar days of the meeting with the next of kin, the county medical examiner shall make a written determination on the manner of death and notify the next of kin. The notification must address the next of kin's specific bases for disagreement, inform the next of kin of their right to seek reconsideration from the office of the state chief medical examiner (OSCME), and include information on how to request the reconsideration. The notification must also inform the next of kin of their right to seek judicial review.

(4)

(A) Within one hundred twenty (120) calendar days of the notification of the manner of death from the county medical examiner, the next of kin may request reconsideration from the OSCME in writing.

(B) Within fifteen (15) calendar days of receiving the reconsideration request, the OSCME shall notify the county medical examiner of the reconsideration request and request all records and documentation from the county medical examiner and the next of kin.

(C) The county medical examiner shall send the requested records and documentation to the OSCME within fifteen (15) calendar days of receiving the request.

(D)

(i)

(a) Upon receipt of the records and documentation, the state chief medical examiner shall convene a peer review panel to conduct the reconsideration.

(b) The peer review panel must consist of the state chief medical examiner and all chief medical examiners of the regional forensic centers except for the chief medical examiner of the

regional forensic center for the region in which the autopsy was performed. The state chief medical examiner shall serve as chair of the peer review panel.

(c) The chief medical examiners of the regional forensic centers may each appoint a designee to serve on the peer review panel. The designee must be a forensic pathologist licensed in this state who is employed by the regional forensic center.

(d) The state chief medical examiner may distribute records and documentation to the peer review panel members by electronic means. The panel may meet remotely via teleconference or video conference.

(ii) The peer review panel shall complete the reconsideration within ninety (90) calendar days of the date the OSCME receives the records and documentation from the county medical examiner. If the initial review indicates a need for additional investigation, then the peer review panel may use an additional ninety (90) calendar days to finalize their findings and must send written notification to the next of kin that the extra ninety-calendar-day period is necessary.

(iii) Once the members of the peer review panel have completed the review of the records and documentation, the members shall vote on a manner of death determination. The state chief medical examiner shall not vote except in the event of a tie vote among all other panel members. A manner of death that achieves a simple majority of all panel members prevails, at which time a reconsideration investigation is deemed complete.

(iv) The state chief medical examiner shall prepare a written report of the peer review panel's findings and decision and shall detail in the report the panel's reasoning for its decision and an explanation of any

additional investigation that was done. The state chief medical examiner shall send a copy of the report to the next of kin and the county medical examiner within fifteen (15) calendar days of the completion of the investigation.

(5)

(A) If the findings of a reconsideration conducted pursuant to subdivision (i)(4) support the original manner of death determination made by the county medical examiner, then the next of kin may appeal that decision to a court of competent jurisdiction.

(B) If the findings of a reconsideration conducted pursuant to subdivision (i)(4) support a manner of death determination other than suicide, then the state chief medical examiner shall, no later than fifteen (15) calendar days after the date of the written report, amend the manner of death.

(6)

(A) Next of kin may terminate a reconsideration process requested pursuant to this subsection (i) at any time and for any reason by written notice to the OSCME of their intent to terminate the reconsideration.

(B) Next of kin may seek judicial review at any time during the reconsideration process following the receipt of the original death certificate by written notice to the OSCME of their intent to seek judicial review.

(7) By requesting reconsideration under this subsection (i), the next of kin authorizes release of any medical records, hospital records, investigative reports, or other documentary evidence of the deceased that the peer review panel deems necessary to complete the reconsideration.

(8) The department of health shall maintain a notice of decedent's next of kin rights with regard to this subsection (i) on its public website.

(9) As used in this subsection (i), "next of kin" means the person who has the highest priority pursuant to § 62-5-703.

(10) This subsection (i) applies only when the manner of death is suspected or determined to be suicide.

(11) A physician, who acts in good faith to comply with this subsection (i), is immune from individual civil liability in the absence of gross negligence or willful misconduct for actions authorized by this subsection (i).

(12) Unrelated parties have no liability for relying on the original death certificate, without regard to subsequent revision under this part.

(13) OSCME shall maintain statistics on the number of reconsideration requests, the number of manner of death determinations that are upheld or overturned, and the number of next of kin terminations of a reconsideration process before the issuance of final findings. The OSCME may also maintain additional information relative to the reconsideration requests that may assist in carrying out other functions of the office.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it, and applies to manner of death determinations made on or after that date.

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**AMEND Senate Bill No. 1278**

**House Bill No. 662\***

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 3, Part 3, is amended by adding the following as a new section:

(a) By January 1, 2020, the department of health shall promulgate rules that require each institution, physician, or healthcare provider that prepares a certificate of birth for each live birth for a child born in this state to include on the certificate of birth a notation of whether the mother and father, as applicable, are United States citizens or lawfully present in the United States.

(b)

(1) The rules described in subsection (a) must require the institution, physician, or other medical professional to verify citizenship or lawful status by requesting a social security number or requesting a copy of one (1) of the following documents:

(A) A valid Tennessee driver license or photo identification license issued by the department of safety;

(B) A valid driver license or photo identification license issued by another state where the issuance requirements are at least as strict as those in this state, as determined by the Tennessee department of homeland security;

(C) An official birth certificate issued by a United States state, commonwealth, jurisdiction, or territory;



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- (D) A United States government-issued certified birth certificate;
- (E) A valid, unexpired United States passport;
- (F) A valid military identification;
- (G) A United States certificate of birth abroad (DS-1350 or FS-545);
- (H) A report of birth abroad of a citizen of the United States (FS-240);
- (I) A certificate of citizenship (N560 or N561);
- (J) A certificate of naturalization (N550, N570, or N578);
- (K) A United States citizen identification card (I-197 or I-179); or
- (L) Valid alien registration documentation or other proof of current immigration registration recognized by the United States department of homeland security that contains the individual's complete legal name and current alien admission number or alien file number (or numbers if the individual has more than one (1) number).

(2) If the mother or father, as applicable, do not produce a social security number or a document as described in subdivisions (b)(1)(A)-(L), then the institution, physician, or other medical professional shall make a notation on the certificate of birth indicating that U.S. citizenship or lawful presence was not verified.

(c) The notation of U.S. citizenship, lawful presence, or lack of verification as described in subsection (a) and subdivision (b)(2) must take substantially the following form on the certificate of birth:

**Mother's U.S. citizenship or lawful presence verified** \_\_\_ yes / \_\_\_ no

**Father's U.S. citizenship or lawful presence verified** \_\_\_ yes / \_\_\_ no

(d)

(1) If a certificate of birth for a child born in this state is not prepared by a person as described in subsection (a), then, prior to registering the certificate of birth, the office of vital records shall request from the mother and father, as applicable, a social security number or a copy of one (1) of the documents described in subdivisions (b)(1)(A)-(L) and include on the certificate of birth a notation of whether the mother and father, as applicable, are United States citizens or lawfully present in the United States.

(2) If the mother or father, as applicable, do not produce a social security number or a document as described in subdivisions (b)(1)(A)-(L), then the office of vital records shall make a notation on the certificate of birth indicating that U.S. citizenship or lawful presence was not verified.

(3) The notations described in subdivisions (d)(1) and (d)(2) must take substantially the same form on the certificate of birth as described in subsection (c).

SECTION 2. If any provision of this act or its application to any person or circumstance is held invalid, then the invalidity shall not affect other provisions or applications of the act that can be given effect without the invalid provision or application, and to that end the provisions of this act shall be severable.

SECTION 3. For purposes of promulgating rules, this act shall take effect upon becoming a law, the public welfare requiring it. For all other purposes, this act shall take effect January 1, 2020, the public welfare requiring it, and shall apply to births occurring on or after that date.

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**AMEND Senate Bill No. 1467**

**House Bill No. 741\***

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 3, Chapter 1, Part 1, is amended by adding the following as a new section:

- (a) There is created the rural health care access task force.
- (b) The task force is to consist of the following members:
  - (1) Three (3) members of the senate appointed by the speaker of the senate;
  - (2) Three (3) members of the house of representatives appointed by the speaker of the house of representatives;
  - (3) Two (2) private citizens who are employees or former employees of rural health clinics appointed as follows: one (1) member appointed by the speaker of the senate and one (1) member appointed by the speaker of the house of representatives;
  - (4) Two (2) private citizens who are employees or former employees of federally qualified health centers appointed as follows: one (1) member appointed by the speaker of the senate and one (1) member appointed by the speaker of the house of representatives;
  - (5) The director of the bureau of TennCare, or the director's designee;
  - (6) The commissioner of health, or the commissioner's designee; and
  - (7) The comptroller of the treasury, or the comptroller's designee;
- (c)
  - (1) The task force shall:



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(A) Assess the impact of administrative rules on access to health care in rural areas of this state, with a particular emphasis on any effects administrative rules might have on rural health clinics (RHCs) and federally qualified health centers (FQHCs); and

(B) Make recommendations for improving access to health care in rural areas through the administrative rulemaking process by the bureau of TennCare and other administrative agencies of this state.

(2) The task force shall include an examination of the following in its assessment and recommendations:

(A) A determination of the economic and human impact of potential or proposed defined terms used in administrative rules affecting RHCs and FQHCs;

(B) Any impact to the healthcare system in this state if reimbursements to RHCs and FQHCs are reduced;

(C) How administrative rules impact clinics, and whether the impact differs based on whether the clinics are certified, have projected rates or final rates, or are under a reimbursement moratorium;

(D) How rebasing clinics may impact clinics that have budgeted based on final or projected rates;

(E) Appropriate definitions of reasonable costs;

(F) Whether rules on RHCs and FQHCs should be cost-neutral to this state, or whether this state should cut reimbursements to clinics using new definitions;

(G) The legality and fairness of seeking recoupment of dollars from clinics that have projected rates based on new definitions not in existence when the projected rates and payments were made to clinics; and

(H) The legality of rebasing clinics based on current federal and state law.

(d) Members of the task force serve without compensation or reimbursement for any expenses incurred while participating in the business of the task force; except, that the legislative members are eligible for salary and reimbursement payments in accordance with this title.

(e) The appointing authorities shall strive to be inclusive in selecting persons to serve on the task force to best reflect the racial, gender, geographic, and economic diversity of the state.

(f) The legislative member with the most years of consecutive service in the general assembly shall call the first meeting of the task force, at which time the members shall elect a chair and vice chair.

(g) The chair of the task force may call on appropriate state agencies for reasonable assistance relating to the work of the task force.

(h) The task force shall hold public meetings and utilize technological means, such as webcasts, to gather feedback on the recommendations from the general public and from persons and families who are affected by access to health care in rural areas.

(i) The task force shall submit a report detailing its findings and recommendations to the governor and the general assembly no later than February 1, 2020, at which time the task force terminates and stands dissolved and is discharged from any further duties.

SECTION 2. Tennessee Code Annotated, Title 4, Chapter 5, Part 1, is amended by adding the following new section:

Any rule filed with the secretary of state pursuant to this part on or after the effective date of this act, but before February 1, 2020, that pertains to reimbursements or payments to rural health clinics, federally qualified health centers, or federally qualified health center look-alikes is void and of no effect.

SECTION 3. Notwithstanding title 4, chapter 5, part 2, Tennessee Department of Finance and Administration, Division of TennCare Rule 1200-13-10, relative to reimbursement for rural health clinics, federally qualified health centers, and federally qualified health center look-alikes, and filed in the office of secretary of state on January 29, 2019, expires on the effective date of this act and is void and of no effect.

SECTION 4. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is amended by adding the following new section:

The department of finance and administration and the bureau of TennCare shall ensure that interim payments are continued to all rural health clinics, federally qualified health centers, and federally qualified health center look-alikes that, on the effective date of this act, are affected by the reimbursement moratorium established by the department of finance and administration and the bureau of TennCare.

SECTION 5. This act shall take effect upon becoming a law, the public welfare requiring it.

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**AMEND Senate Bill No. 613\***

**House Bill No. 710**

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. This act shall be known and may be cited as the "Healthcare Billing Clarity Act."

SECTION 2. Tennessee Code Annotated, Title 47, Chapter 18, Part 1, is amended by adding the following new section:

(a) As used in this section:

(1) "Healthcare facility" means a hospital licensed under title 33 or 68;

(2) "Healthcare provider" or "provider" means a physician or other healthcare practitioner licensed or certified under title 63 to perform specialty healthcare services consistent with their scope of practice under state law; and

(3) "Specialty healthcare service" means anesthesia, pathology, radiology, and emergency services.

(b) A hospital shall not include in any billing statement to a patient any language that indicates or implies that a charge is for a specialty healthcare service that was rendered by a healthcare provider unless:

(1) The charge is described in a manner that provides the patient with sufficient information to identify the healthcare provider or the specialty healthcare service rendered; and

(2)

(A) The costs of any supplies, equipment, or other services rendered to the patient by or at the hospital are excluded from the amount



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charged for the healthcare provider or the specialty healthcare service rendered; or

(B) The billing statement includes language or is accompanied by a notice to inform the patient that billed amounts for services do not include charges for healthcare providers who are not employed by the healthcare facility, including anesthesiologists, emergency physicians, pathologists, and radiologists.

(c) If a healthcare provider includes a charge in a billing statement to a patient for the costs of any supplies, equipment, or other services provided by a healthcare facility, then the healthcare provider shall include with the billing statement language or an accompanying notice to inform the patient that those charges are included.

(d) A violation of subsection (b) or (c) constitutes a violation of this part as an unfair or deceptive act or practice affecting the conduct of trade or commerce and is subject to the penalties and remedies as provided by this part. Each act in violation of subsection (b) or (c) constitutes a separate violation of this part.

SECTION 3. This act shall take effect January 1, 2020, the public welfare requiring it, and applies to billing for services rendered on or after that date.