



State of Tennessee

PUBLIC CHAPTER NO. 518

HOUSE BILL NO. 867

By Representatives Shepard, Hazlewood, Johnson, Love, Beck, Towns, Fitzhugh, Terry

Substituted for: Senate Bill No. 358

By Senator Dickerson

AN ACT to amend Tennessee Code Annotated, Title 56; Title 63 and Title 68, relative to physician referrals for health care services.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 10, is amended by adding the following as a new section to be appropriately designated:

(a) A managed health insurance issuer, as defined by § 56-32-128(a), that has contracted with a physician's practice to be a part of that health insurance plan's network of providers shall not directly contact or employ an agent to directly contact a patient of the physician's practice in an effort to change a referral for services to another provider, unless the following occurs:

(1) The ordering physician, the nurse practitioner under the physician's supervision, the physician assistant under the physician's supervision, or a representative of one (1) of the providers is given the opportunity to indicate a particular preference as to the provider of a requested service. In the event a managed health insurance issuer or its agent contacts the patient to suggest alternative providers, the patient shall be notified that the ordering provider indicated a particular preference;

(2) The ordering physician, the nurse practitioner under the physician's supervision, the physician assistant under the physician's supervision, or a representative of one (1) of the providers is notified if the patient elects a provider other than that requested by the ordering provider if the ordering provider indicated a particular preference; and

(3) The patient is provided orally or electronically with a disclosure that the patient has a right to discuss the change of referral with the patient's ordering physician, the nurse practitioner under the physician's supervision, the physician assistant under the physician's supervision, or a representative of one (1) of the providers, before the appointment is changed.

(b) Nothing in this section is intended to prohibit an insurer or the insurer's agent from contacting its enrollees in a health plan to inform the patient that a provider is not included in the patient's network and that there may be out-of-network costs incurred by using that provider.

(c) The commissioner may assess a civil penalty for a violation of this section pursuant to § 56-2-305.

(d) This section shall not apply to:

(1) TennCare or any successor program provided for in title 71, chapter 5;

(2) CoverKids or any successor program provided for in title 71, chapter 3, part 11;

HB 867

(3) Cover Tennessee or any successor program provided for in chapter 7, part 30, of this title;

(4) Access Tennessee or any successor program provided for in chapter 7, part 29, of this title; or

(5) A program for home-based and community-based services to eligible individuals served through a health care financing administration (HCFA) approved waiver.

SECTION 2. This act shall take effect July 1, 2015, the public welfare requiring it.

HOUSE BILL NO. 867

PASSED: April 21, 2015



BETH HARWELL, SPEAKER
HOUSE OF REPRESENTATIVES



RON RAMSEY
SPEAKER OF THE SENATE

APPROVED this 20th day of May 2015



BILL HASLAM, GOVERNOR