

SENATE BILL 657

By Jackson

AN ACT to amend Tennessee Code Annotated, Title 4 and Section 56-2-125, relative to the all payer claims database.

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

SECTION 1. Tennessee Code Annotated, Section 56-2-125(a)(4), is amended by deleting the subdivision and substituting instead the following:

"Group health plan" means an employee welfare benefit plan, as defined in § 3(1) of the Employee Retirement Income Security Act of 1974 (ERISA) (29 U.S.C. § 1002(1)), to the extent that the plan provides medical care to employees or their dependents, as defined under the terms of the plan, or an administrator of the plan. "Group health plan" does not include a self-funded plan where an employer assumes direct financial risk for the costs of plan members' claims;

SECTION 2. Tennessee Code Annotated, Section 56-2-125, is amended by adding the following as new subsections (i) and (j):

(i) Nothing in this section requires a self-funded employer-sponsored health insurance plan to report information to the all payer claims database. These plans may opt-in to report information to the all payer claims database through special arrangements with a third-party administrator or direct reporting to the database.

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

SECTION 3.

(a) There is created the Tennessee all payer claims database task force.

(b) The commissioner of finance and administration shall seek recommendations from the task force in order to review the existing structure, policies, and statute for the all payer claims database. The task force shall make recommendations for the future of the database, including:

- (1) Operation of the all payer claims database;
- (2) Use and access to the all payer claims database;
- (3) Reporting to the all payer claims database; and
- (4) Funding of the all payer claims database.

(c) The task force shall make its recommendations to the chairs of the commerce and labor committee of the senate, health and welfare committee of the senate, insurance and banking committee of the house of representatives, and the health committee of the house of representatives on or before January 15, 2018.

(d) The membership of the task force shall consist of the following:

(1) Three (3) hospital representatives appointed by the commissioner of finance and administration;

(2) Three (3) physician or physician practice representatives appointed by the commissioner of finance and administration;

(3) Three (3) health insurance representatives appointed by the commissioner of finance and administration;

(4) Two (2) employer representatives from companies with self-funded health insurance plans appointed by the commissioner of finance and administration;

(5) One (1) representative from the bureau of TennCare appointed by the commissioner of finance and administration;

(6) The commissioner of commerce and insurance, or the commissioner's designee;

(7) The commissioner of finance and administration, or the commissioner's designee; and

(8) The commissioner of health, or the commissioner's designee.

(e) The commissioner of finance and administration shall call the first meeting of the task force.

(f) The task force shall elect its own officers.

(g) All state agencies shall cooperate with the task force.

(h) Members of the task force shall not receive compensation for their service, except that members may be reimbursed for travel expenses in accordance with the comprehensive travel regulations as promulgated by the department of finance and administration and approved by the attorney general and reporter.

SECTION 4. This act shall take effect July 1, 2017, the public welfare requiring it.