

SENATE BILL 2236

By Tracy

AN ACT to amend Tennessee Code Annotated, Title 56;  
Title 63 and Title 68, Chapter 11, relative to patient  
notification.

WHEREAS, the General Assembly finds it is important that patients be made aware of possible financial implications when they are referred by their physician, on a non-urgent basis, to a non-participating or out-of-network physician, provider or health facility when the patient would not ordinarily be aware that such a referral has occurred; now, therefore,

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

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 6, Part 2, is amended by adding the following as a new section:

**63-6-219.**

(a) Prior to scheduling a health care service with or making a referral to a non-participating or out-of-network physician, provider or facility, a physician shall provide written notice to a patient regarding the nature of such referral or scheduling.

(b) The written notice shall be:

(1) Signed by the patient and filed with the patient's medical records; and

(2) Made available to the patient's health insurance carrier, upon request, within seven (7) days.

(c) This section does not apply to:

(1) Emergency or urgent care referrals; or

(2) Circumstances in which prior approval for the referral or scheduling has been obtained from the patient's health insurance carrier by the patient's physician.

(d) A patient shall not be charged or billed an amount greater than an in-network rate for any health care service for which a non-participating or out-of-network scheduling or referral was made if notice was not provided as required by this section.

(e) As used in this section:

(1) "Facility" means any institution, place or building providing health care services that is required to be licensed under title 68, chapter 11;

(2) "Health care service" means and includes a diagnostic, treatment, therapy or rehabilitation service; and

(3) "Provider" means a health care professional, establishment or facility licensed, registered, certified or permitted pursuant to this title or title 68 and regulated either under the authority of the department of health or any agency, board, council or committee attached to the department.

SECTION 2. Tennessee Code Annotated, Title 68, Chapter 11, Part 2, is amended by adding the following as a new section:

**68-11-252.**

(a) A facility or provider shall verify that a patient's physician has complied with the notice requirements of § 63-6-219 prior to the scheduling of a health care service conducted at the facility or by a provider.

(b) This section does not apply to:

(1) Emergency or urgent care referrals; or

(2) Circumstances in which prior approval for the referral or scheduling has been obtained from the patient's health insurance carrier by the patient's physician.

(c) A patient shall not be charged or billed an amount greater than an in-network rate for any health care service for which a non-participating or out-of-network scheduling or referral was made if notice was not provided as required by § 63-6-219.

(d) As used in this section:

(1) "Health care service" means and includes a diagnostic, treatment, therapy or rehabilitation service; and

(2) "Provider" means a health care professional, establishment or facility licensed, registered, certified or permitted pursuant to this title or title 63 and regulated either under the authority of the department of health or any agency, board, council or committee attached to the department.

SECTION 3. This act shall take effect July 1, 2014, the public welfare requiring it.