

SENATE BILL 2676

By White

AN ACT to amend Tennessee Code Annotated, Title 56;
Title 63; Title 68 and Title 71, relative to
TennCare.

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

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

(a) As used in this section:

(1) "Enrollee" means an individual eligible for and enrolled in the TennCare program or in a successor medicaid program in this state;

(2) "Healthcare professional" means a physician licensed under title 63, chapter 6 or other healthcare practitioner licensed, accredited, or certified to perform specified healthcare services consistent with state law; and

(3) "Managed care organization" or "MCO" means a health maintenance organization, behavioral health organization, or managed health insurance issuer that participates in the TennCare program.

(b) An enrollee must not remain in an emergency department or emergency room facility for more than seventy-two (72) hours unless a healthcare professional determines there is a medically necessary reason that the enrollee must remain in the emergency department or emergency room facility beyond such time period.

(c) If an enrollee is required to remain in an emergency department or emergency room facility in violation of subsection (b) for more than seventy-two (72) hours, but less than fourteen (14) days, due to an error, delay, or lack of authorization by TennCare or a managed care organization, then TennCare or the managed care

organization, as applicable, is subject to the imposition of the same penalties and other remedies set forth at § 56-32-120 by the commissioner of commerce and insurance.

(d) If an enrollee is required to remain in an emergency department or emergency room facility in violation of subsection (b) for a period of more than fourteen (14) days due to an error, delay, or lack of authorization by TennCare or a managed care organization, then TennCare shall pay for all emergency medical services provided to the enrollee from the time the enrollee entered the emergency department or emergency room facility until the enrollee is discharged.

(e) Payment due pursuant to subsection (d) must be at a rate that a private insurer or entity would pay or reimburse a provider for such emergency medical services.

(f) An enrollee shall not be penalized for being required to remain in an emergency department or emergency room facility in violation of this section.

SECTION 2. This act takes effect upon becoming a law, the public welfare requiring it.