

SENATE BILL 2175

By Akbari

AN ACT to amend Tennessee Code Annotated, Title 4;  
Title 56; Title 63 and Title 68, relative to healthcare  
outcomes.

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

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

**68-1-601. Short title.**

This part is known and may be cited as the "Equitable Health Outcomes Act."

**68-1-602. Purpose statement.**

The purpose of this part is to establish data collection standards to save lives,  
promote equitable healthcare outcomes, decrease healthcare costs, and ensure quality  
healthcare for all through the creation of a health outcomes review board.

**68-1-603. Part definitions.**

As used in this part:

- (1) "Commissioner" means the commissioner of health;
- (2) "Department" means the department of health; and
- (3) "Review board" or "board" means the health outcomes review board

created by this part.

**68-1-604. Health outcomes review board – Creation – Duties – Appointments –  
Terms – Vacancies.**

(a) There is created the health outcomes review board within the department of  
health. The purpose of the board is to:

(1) Annually review and report on data on health outcomes, including illnesses, treatments, and causes of death in this state; and

(2) Facilitate adoption of solutions that will improve health outcomes in this state.

(b)

(1) The board is composed of a minimum of fifteen (15) and a maximum of nineteen (19) members, consisting of the following:

(A) The commissioner of health, or the commissioner's designee;

(B) The commissioner of mental health and substance abuse services, or the commissioner's designee;

(C) The commissioner of intellectual and developmental disabilities, or the commissioner's designee;

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

(E) The director of TennCare, or the director's designee;

(F) Two (2) representatives of professional associations that represent healthcare providers or healthcare facilities in this state, appointed by the commissioner of health;

(G) Two (2) representatives of nonprofit entities that focus on issues of health equity, appointed by the commissioner of health;

(H) Three (3) representatives, each from a different grand division in this state, from communities impacted by inequitable health outcomes, appointed by the commissioner of health; and

(I) Not less than three (3) nor more than seven (7) residents of this state who are employed as healthcare providers or who are

employed in the field of public health or health-related research,  
appointed by the commissioner of health.

(2) When making appointments of board members described in  
subdivisions (b)(1)(F)-(I), the commissioner shall strive to:

(A) Appoint persons with knowledge of the social determinants of  
health; and

(B) Follow best practices as outlined by the federal centers for  
disease control and prevention.

(3) The commissioner shall make initial appointments to the board within  
sixty (60) days of the effective date of this act.

(4) Board members described in subdivisions (b)(1)(F)-(I) serve without  
compensation, but are eligible for reimbursement 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.

(5) In order to stagger the terms of the board members described in  
subdivisions (b)(1)(F)-(I), initial terms are as follows:

(A) The members appointed under subdivision (b)(1)(F) serve  
initial terms of one (1) year, which expire on June 30, 2023;

(B) The members appointed under subdivisions (b)(1)(G) and  
(b)(1)(H) serve initial terms of two (2) years, which expire on June 30,  
2024; and

(C) The members appointed under subdivision (b)(1)(I) serve  
initial terms of three (3) years, which expire on June 30, 2025.

(6) Following the expiration of members' initial terms as prescribed in subdivision (b)(5), all terms are for three (3) years, to begin on July 1 and terminate on June 30, three (3) years thereafter.

(7) Board members described in subdivisions (b)(1)(F)-(I) may serve multiple terms.

(8) Vacancies on the board for an unexpired term must be filled for the remainder of the term in the same manner that original appointments are made, but are for the duration of the unexpired term only. Vacancies are filled in the same manner that original appointments are made.

(9) The commissioner may remove a member of the board for misconduct, incompetency, willful neglect of duty, or other just cause.

(c)

(1) The commissioner, or the commissioner's designee, shall serve as chair of the review board.

(2) The chair shall call the first meeting of the review board as soon as practicable following the appointment of a majority of review board members, but in no case is the meeting to be called later than six (6) months after the effective date of this act.

(3) The board shall meet pursuant to a schedule that is established during the first board meeting, with a minimum of four (4) scheduled meetings to occur each calendar year. The board may additionally meet at the call of the chair.

(d)

(1) A simple majority of the total number of members appointed to the board constitutes a quorum for conducting the business of the board.

(2) Actions of the board must be approved by a simple majority of board members present.

(e)

(1) The board may access relevant national or publicly available data. In addition, the department shall provide the board with access to de-identified data sets collected by the department.

(2) The data sets provided by the department and all activities or communications of the board must comply with all state and federal laws relating to the transmission of health information.

(3) Except as provided in subdivision (e)(4), the data sets must contain all relevant information of patients who received care in this state during the previous calendar year.

(4) The department shall ensure that data sets transmitted to the board have all personally identifying information removed. The information to be redacted from data sets includes, but is not limited to:

(A) The patient's:

(i) Name;

(ii) Street address;

(iii) Facial photograph;

(iv) Phone number; and

(v) Social security number; and

(B) Other personal information not relevant to the diagnosis, treatment, or care provided to the patient.

(5) Each board member shall sign a confidentiality agreement regarding personally identifying information that is inadvertently disclosed to the board. A

board member who knowingly violates the confidentiality agreement commits a Class C misdemeanor.

(6) Members of the board are not subject to subpoena in a civil, criminal, or administrative proceeding regarding the information presented in or opinions formed as a result of a meeting or communication of the board. However, this subdivision (e)(6) does not prohibit a board member from testifying about information or opinions obtained independently of participation on the board or that are public information.

(7) Notes, statements, medical records, reports, communications, and memoranda that contain, or may contain, patient information are not subject to subpoena, discovery, or introduction into evidence in any civil, criminal, or administrative proceeding, unless the subpoena is directed to a source that is not affiliated with the board. This section does not limit the right to discover or use notes, statements, medical records, reports, communications, or memoranda that are available from another source separate and apart from the board and that arise entirely independent of the board's activities as part of a civil, criminal, or administrative proceeding.

(f) The board shall:

(1) Provide recommendations to the department for clear and effective guidelines on data collection for all healthcare facilities in this state;

(2) Review illness and death incidents in this state using the de-identified data sets provided by the department, or obtained from any other lawful source of relevant information;

(3) Review research that substantiates the connections between social determinants of health before, during, and after hospital treatment;

(4) Outline trends and patterns disaggregated by race, ethnicity, and language relating to illness, death, and treatments in this state;

(5) Review comprehensive, nationwide data collection on illness, death, and treatments, including data disaggregated by race, ethnicity, and language;

(6) Review information provided by the department on social and environmental risk factors for all people, including, but not limited to, people of color;

(7) Review research to identify best practices and effective interventions for improving the quality and safety of health care and compare those to practices currently in use in this state;

(8) Review research to identify best practices and effective interventions to address pre-disease pathways of adverse health and compare those to practices currently in use in this state;

(9) Review research to identify effective interventions for addressing disparities in the social determinants of health;

(10) Serve as a link with equitable health outcomes review teams throughout the country and participate in regional or national review team activities;

(11) Request input and feedback from interested and affected stakeholders; and

(12) Publish an annual report that:

(A) Uses aggregate data based on the cases that the department identifies for reporting to further study the causes and problems associated with inequitable health outcomes;

(B) Highlights recommended solutions and steps that could be taken in this state to reduce inequitable health outcomes, including complications, morbidity, and near-death or life-threatening incidents;

(C) Includes recommendations to assist healthcare providers, relevant state and local agencies, and lawmakers in reducing inequitable treatment and health outcomes;

(D) Details which recommendations state and local agencies or other entities can pursue without additional legislative action by the general assembly; and

(E) For recommendations that would require additional action by the general assembly, includes specific requests and outlines of necessary legislative action, including budget requests.

(g) The department shall make the annual report and all other publications of the board available on the department's public website.

(h) The board may:

(1) Form special ad hoc panels to further investigate cases of illness and death resulting from specific causes when the need arises; and

(2) Perform other functions as resources allow to enhance efforts to reduce and prevent unnecessary death and illness in this state.

(i) Unless prohibited by state or federal law, state and local agencies may enact board recommendations and shall issue public replies to board reports indicating whether recommendations will be acted upon, or any obstacles faced by the state or local agency in acting upon them.

**68-1-605. Minimum standards for patient data submitted to department of health.**



On and after one (1) year from the effective date of this act, an entity that is required to collect health data and report it to the department shall include in the patient data collected the following information, using the minimum standards for data collection as outlined by the United States department of health and human services:

- (1) Race;
- (2) Ethnicity;
- (3) Sexual orientation;
- (4) Gender identity;
- (5) Language; and
- (6) Other demographic information the department may require by rule.

SECTION 2. Tennessee Code Annotated, Section 4-29-245(a), is amended by adding the following as a new subdivision:

- ( ) Health outcomes review board, created by § 68-1-604;

SECTION 3. The department of health is authorized to promulgate rules to effectuate the purposes of this act. The rules must be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in Tennessee Code Annotated, Title 4, Chapter 5.

SECTION 4. The headings to sections in this act are for reference purposes only and do not constitute a part of the law enacted by this act. However, the Tennessee Code Commission is requested to include the headings in any compilation or publication containing this act.

SECTION 5. For the purpose of promulgating rules, this act takes effect upon becoming a law, the public welfare requiring it. For all other purposes, this act takes effect July 1, 2022, the public welfare requiring it.