

How Proposed Legislation Could Increase Health Care Costs for Tennesseans

Tennesseans work hard for their health care coverage, and it's a major expense for many of their employers. At BlueCross, we've seen payments for medical and drug claims rise by 25% in just the past five years – and we've been working to help control costs.

Some of our efforts include:

Improving how we review claims

before they're paid to make sure they accurately align with the services provided. This helps us catch discrepancies in coding and avoid overpaying for care.

Adjusting payment policies for mid-level providers

like nurse practitioners and physician assistants, to align with longstanding best practices and Medicare policy, which account for differences in training and scope of practice between physicians and these providers.

Lowering lab and drug costs in the BlueCare program

so our Medicaid members receive top lab services at a reasonable cost.

Now, provider lobbying groups are pushing state legislation that would make health care and insurance even more expensive.

Here are a few ways this proposed legislation would drive up costs:

Senate Bill 2550 / House Bill 2579 Claims Payment Integrity

- Eliminates our claims accuracy reviews, which help catch discrepancies that lead to higher costs for employers and members.
- Blocks the use of prior authorization, a tool that helps keep care safe and appropriate. We only require prior authorizations for around 3% of services and 5% of drugs.
- Shields providers from accountability on what they charge insured patients.
- Prevents us from using technology to speed up claims approvals, leading to delays and administrative costs for members.

Senate Bill 2155 / House Bill 2619 Provider Reimbursement

- Requires patients with insurance to pay the same rates to mid-level providers (nurse practitioners, etc.) as they do to physicians with more advanced training.
- Limits the ability to adjust payments based on quality, results or how care is delivered – things that help keep health care affordable.
- Adds new rules that slow down routine payment updates by requiring long notice periods and re-negotiations with tens of thousands of providers for changes our current contracts allow.
- Limits our ability to set fair prices for care and disrupts access to services.

Senate Bills 2574 and 2576 / House Bills 2333 and 2332 Pharmacy Benefit Managers (PBMs)

- Removes basic prescription safety checks for high-risk drugs like opioids.
- Sets higher drug prices in law by requiring minimum reimbursements, instead of allowing prices to be negotiated for our members.

Learn more about our efforts to support affordability at [BCBSTWorksForYou.com](https://www.bcbstworksforyou.com)