

COMMITTEE REPORT NO. 4

REPORT OF THE COMMITTEE ON LEGISLATION

May 17, 2025

TO: HOUSE OF DELEGATES
TENNESSEE MEDICAL ASSOCIATION

SUBMITTED BY: WILLIAM T. WILLIAMS, MD, CHAIR

The second session of the 113th Tennessee General Assembly was contentious. Over 1,600 bills were introduced. Close to 300 bills were tracked by the Tennessee Medical Association's (TMA) government affairs team because they directly impacted, or potentially impacted, the practice or business of medicine. TMA was instrumental in obtaining physician-friendly amendments to dozens of bills that would have negatively impacted medical practices in Tennessee.

TMA's legislative package included a host of issues including, recoupment legislation which prohibits an insurer from denying payment for a service that had been prior authorized unless there is fraud involved. A bill that would allow more flexibility between physician assistants (PA) and their collaborating physicians passed. Advanced Practice Registered Nurses (APRN) were not included in the bill at their own request. A physician wellness bill passed, making clear that a physician does not have to disclose career fatigue or workplace burnout to the licensing board, insurance carriers or hospital credentialing. The Benjamin Mauck Act also passed which increases penalties when a health care provider is assaulted.

Some of the salient bills that passed include:

BUSINESS OF HEALTH CARE

PC 737 (SB 1313) Charges for copying medical records

PC 737 was effective on July 1, 2024. It amends TCA § 63-2-102 regarding charges for copying medical records, including Social Security disability benefits, but not workers' compensation or hospital medical records. The new law addresses requests and maximum charges for records in electronic form as well as charges that can be made by third party vendors which manage records for health care organizations. The fee structure is complex so a thorough reading of the law is recommended.

PC 739 (SB 1779) Obtaining medical records from healthcare facilities

Effective July 1, 2024, TCA § 68-11-304 is amended to specify that if an incapacitated or deceased patient has no authorized representative then the patient's surviving spouse, child,

1 or parent will be treated as an authorized representative for the patient for the purposes of
2 obtaining the patient's medical records from a licensed healthcare facility.

3
4 **PC 831 (SB 1766) Providing of patient medical records to patient or patient's authorized**
5 **representative**

6 Medical record statutes TCA §§ 34-6-206, 63-2-210, and 68-11-1809 are amended. It
7 requires a healthcare provider to provide a patient or the patient's authorized representative
8 a full copy of the patient's medical records within 10 working days of receipt of a written
9 request by the patient or representative, instead of providing a full copy or a summary of
10 the records. It also requires a healthcare provider to provide to a principal or an attorney in
11 fact acting pursuant to a durable power of attorney for healthcare a full copy of the
12 principal's medical records within 10 working days of receipt of a written request by the
13 principal or attorney in fact, instead of providing a full copy or a summary of the records.
14 Effective July 1, 2024.

15
16 **PC 985 (SB 2009) Certificate of Need**

17 The 2024 edition of certificate of need (CON) amendments phase out requirements for
18 certain healthcare services and facilities to obtain a CON from 2025 to 2029 with the goal of
19 moving toward a licensing structure that enables more providers to operate within the state.
20 Among those set to take effect in 2025: burn units and neonatal intensive care units would
21 no longer be required to obtain a CON at all, while hospital-based satellite emergency
22 departments would have fewer operational restrictions provided no general hospital, critical
23 access hospital, or rural emergency hospital exists in that county. The law also exempts CON
24 for MRIs and PET scans in counties with fewer than 175,000 residents. Beginning in 2027,
25 ambulatory surgical centers, linear accelerator procedures, and long-term care hospitals
26 would be exempt from the CON process. By 2029, the remaining facility exempted from CON
27 would be open heart surgery facilities. A license issued by the Health Facilities Commission
28 will still be required for all of these providers. The earliest effective date was May 21, 2024.

29
30 **PC 893 (SB 1720) Healthcare provider advertising law**

31 The new law prohibits any printed, electronic, or oral advertisements intended to encourage
32 a person to use professional healthcare services from containing deceptive or misleading
33 information about the practitioner's profession or license. This includes the usage of
34 physician titles, such as MD and DO, and specialty designations which may incorrectly lead a
35 layperson to believe the practitioner is engaged in the practice of medicine. This law
36 effectively codifies rules already established through the Board of Medical Examiners while
37 imposing new disciplinary sanctions for healthcare providers found to be in violation of the
38 law. TCA § 63-1-801-803 are added and TCA §§ 63-6-204 and 63-1-109 are amended.
39 Effective May 1, 2024.

40
41 **PC 766 (SB 1641) Health care decisions**

42 PC 766 amends TCA § 34-6-206, effective July 1, 2024. It gives an attorney in fact designated
43 to make healthcare decisions under a durable power of attorney for a patient a right to in-

person visitation with the principal at a hospital. With few exceptions, the attorney in fact has this right even in a public emergency such as a pandemic. Title 68 hospital law is amended the same by adding a new section to Title 68, Chapter 11, Part 18.

CRIMINAL LAW

PC 928 (SB 1709) Assault of health care worker (“Dr. Benjamin Mauck Act”)

The bill was one of the Tennessee Medical Association’s priority issues going into the 2024 session following the tragic death of Collierville orthopedic surgeon, Dr. Benjamin Mauck, in his office in 2023. It expands the definition of assaultive offenses to include actions taken in a healthcare facility, including physician offices. The bill increases the penalty for knowingly committing assault under these circumstances to a Class A misdemeanor punishable by 30 days in jail and a \$5,000 fine, and aggravated assault to a Class C felony punishable by 90 days in jail and a \$15,000 fine, respectively. Effective May 6, 2024.

PC 1032 (SB 1971) Abortion trafficking of a minor

A new section is added to Title 39, Chapter 15, Part 2. An adult commits the offense of abortion trafficking of a minor if the adult intentionally recruits, harbors, or transports a pregnant unemancipated minor within this state for the purpose of: (1) Concealing an act that would constitute a criminal abortion under § 39-15-213 from the parents or legal guardian of the pregnant unemancipated minor; (2) Procuring an act that would constitute a criminal abortion under § 39-15-213 for the pregnant unemancipated minor, regardless of where the abortion is to be procured; or (3) Obtaining an abortion-inducing drug for the pregnant unemancipated minor for the purpose of an act that would constitute a criminal abortion under § 39-15-213, regardless of where the abortion-inducing drug is obtained. It establishes the offense as a Class A misdemeanor. A conviction requires imprisonment for eleven months twenty-nine days. The bill is a tricky read. It seems to provide an exception for the provision of a medical diagnosis or consultation regarding pregnancy care of an unemancipated minor. However, the trap is in physicians counseling patients on the availability of abortion care or arranging for abortion care outside of the state where abortion is legal.

Health care delivery

PC 725 (SB 2734) EMERGENCY DETENTION AND ADMISSION TO A TREATMENT FACILITY

TCA §§ 33-6-401, 402 and 403 are amended. Under the former law, if a person had a mental illness or serious emotional disturbance AND posed an immediate substantial likelihood of serious harm because of this illness/disturbance then the person could be detained or admitted for inpatient treatment. The new law deletes the word “immediate” and replaces it with “imminent” where it appears in these detention/inpatient treatment laws. According to many psychiatrists, the typical problem is that mental health providers are reluctant to call risk “immediate” in cases when they should have, so as a state we tend to under-refer for emergency evaluations. Effective March 25, 2024.

PC 656 (SB 1681) Notification of involuntary commitment release

A new section is added to Title 33, Chapter 6, Part 7. If a person is ordered into involuntary commitment and is to be released, then the chief officer of the releasing facility shall notify, by electronic means, local law enforcement prior to the patient's release. The law defines "local law enforcement". Effective October 1, 2024.

PC 761 (SB 2482) Parents access to minor's prescription records ("Cassie Wright Act")

TCA §§ 33-3-207, 33-8-202, and 68-11-304 are amended by this new law. If a service recipient is an unemancipated minor, the new law imposes a duty on a health care professional or service provider to warn of violent behavior by notifying the unemancipated minor's parent, legal guardian, or legal custodian and satisfying the following requirements: (1) informing the clearly identified victim of the threat; (2) having the service recipient admitted on a voluntary basis to a hospital; (3) taking steps to seek admission of the service recipient to a hospital or treatment resource on an involuntary basis pursuant to state law; or (4) pursuing a course of action consistent with current professional standards that will discharge the duty. If a professional or service provider reports to law enforcement regarding a threat of bodily harm communicated by a service recipient who is an unemancipated minor, it requires the professional to also report information about the threat to the unemancipated minor's parent, legal guardian, or legal custodian. If the unemancipated minor is 16 or older, the child's parent, legal guardian, or legal custodian may access any prescription records resulting from the minor's treatment, except in cases where the treating professional is required to report abuse of the unemancipated minor and the treating professional believes that access to the prescription records is reasonably likely to endanger the life or physical safety of the minor. If an unemancipated minor communicates suicidal ideations to the treating professional, and the professional, using the reasonable skill, knowledge, and care ordinarily possessed and exercised by the professional's specialty under similar circumstances, has determined or reasonably should have determined that the unemancipated minor has the apparent ability to attempt suicide and is likely to attempt suicide unless prevented from doing so, the new law requires the treating professional to, in addition to any other duties required by law, report such suicidal ideations to the unemancipated minor's parent, legal guardian, or legal custodian. If an unemancipated minor receives medical treatment in a healthcare facility, the minor's parent, legal guardian, legal custodian, or other person with medical decision-making authority for the unemancipated minor may access any prescription records resulting from medical treatment of the minor, even if the treatment was provided to the unemancipated minor without parental consent, including treatment provided pursuant to state law on STDs, contraceptives for minors, treatment for juvenile drug abuse, emergency treatment of minors, or prenatal or peripartum treatment of minors. A child's parent, legal guardian, or legal custodian may not access prescription records resulting from the treatment provided to an unemancipated minor without parental consent, including treatment provided pursuant to state law on STDs, contraceptives for minors, treatment of juvenile drug abusers, emergency treatment of minors, prenatal or peripartum treatment of minors, if the treating professional is required to report abuse of the unemancipated minor and the treating

professional believes that access to the prescription records is reasonably likely to endanger the life or physical safety of the minor. Effective April 22, 2024.

PC 785 (SB 2079) Involuntary commitment

This was an administration bill. PC 785 amends TCA §§ 33-6-421 and 33-6-503 effective July 1, 2024. It adds a certificate of need for care and treatment that was completed by a licensed physician and a qualified advanced practice provider as a suitable certification for filing with a court for the purpose of a probable cause hearing on a person's need for involuntary admission to inpatient treatment, and as a prerequisite to judicial commitment. It clarifies that if a certificate of need for involuntary treatment or judicial commitment is initiated by signatures of a physician and a qualified advanced practice provider, the physician and qualified advanced provider cannot be in a collaborative relationship with each other. This should eliminate the appearance of coercion or a conflict of interest for the signing parties.

PC 931 (SB 2012) Electronic health care records modernization act

Effective May 6, 2024 and July 1, 2024. The new law adds a new section to Title 63, Chapter 2, Part 1. It prohibits health care business associates from engaging in information blocking as defined in 42 U.S.C. § 300jj-52. It requires that pathology reports or radiology reports that have a reasonable likelihood of showing a finding of new or recurring malignancy, tests that could reveal genetic markers, positive HIV test, or presence of antigens indicating a hepatitis infection to be disclosed by business associates within 72 hours after results are finalized. It gives the attorney general enforcement powers, including civil penalty authority. A business associate shall not enter into a contract with a person or entity that includes terms that restrict a patient or the patient's representative from accessing the patient's electronic health records. Finally, it requires health insurers to establish and maintain a specific application programming interfaces (API) for the benefit of all insureds and contracted providers.

PC 1043 (SB 2151) Vaccine coercion

Effective July 1, 2024, Title 63, Chapter 1, Part 1 is amended to prohibit health care providers from coercing patients or their parent/guardian to receive vaccines. Specifically, it prohibits a healthcare provider from coercing a person to receive a vaccination; misleading or misrepresenting that a vaccination is required by state law, when state law provides a person with an exemption; or misleading or misrepresenting that a newborn screening test is required by state law, when state law does not require such screening without providing a person with an exemption to such requirement. "Coercion" is defined in the bill. A violation of this law is grounds for licensure disciplinary action against the healthcare provider.

PC 1046 (SB 2230) Rural hospital-based laboratory

TCA §§ 68-29-103 and 111 are amended effective May 28, 2024. The new law defines "rural hospital-based laboratory" as a medical laboratory located within a rural hospital licensed in this state that primarily provides testing services to patients of the hospital, including, but not limited to, patients in emergency, inpatient, and outpatient setting. It creates several

requirements for rural hospital-based laboratories. They must maintain a license and (i) an active Clinical Laboratory Improvement Amendments of 1988 (CLIA) license with certificate of accreditation from an approved accrediting organization recognized under CLIA or by the applicable state agency with designated authority to grant CLIA certification; (ii) an active certificate of registration; and (iii) an active certificate of compliance; or (iv) a certificate of hospital accreditation. It also authorizes a medical laboratory supervisor to supervise up to five separate rural hospital-based medical laboratories when the rural hospital-based laboratories are located within hospitals designated as rural hospitals in accordance with the current federal health resources and services administration's definition of rural areas. Medical laboratory directors may not direct more than five rural hospital-based laboratories at a time.

PC 1061 (SB 2749) Families' Rights and Responsibilities Act

With regard to health care, this new law amends several sections of the Code. It is effective July 1, 2024. It adds a new section to Title 63, Chapter 1. It provides that, except as otherwise provided by statutory law, case law, or court order, a government entity, a healthcare provider, or any other person shall not knowingly take any of the following actions with regard to a minor without first obtaining the consent of a parent of the minor:

- (1) Treat, profess to diagnose, operate on, or prescribe for any physical ailment, physical injury, or deformity;
- (2) Prescribe, dispense, deliver, or administer any drug or medication;
- (3) Render psychological services specified in §§ 63-11-202 and 63-11-203; or
- (4) Render counseling services specified in § 63-22-122.

There are exceptions. The section does not apply when:

- (1) A parent of the minor has given blanket consent authorizing the person or entity to perform an activity listed above;
- (2) A government entity, healthcare provider, or any other person reasonably relies in good faith on an individual's representations that the individual is the parent of a minor or has otherwise been granted authority to make decisions regarding a minor's health care under state law;
- (3) A licensed physician performs emergency medical or surgical treatment pursuant to § 63-6-222;
- (4) Licensed personnel render appropriate emergency medical care and provide emergency medical services pursuant to § 68-140-309;
- (5) A person, including a law enforcement officer, participates or assists in rendering emergency care pursuant to § 63-6-218; or
- (6) An employee of a local education agency acts to control bleeding using a bleeding control kit pursuant to § 49-2-137.

A violation is grounds for disciplinary action by the healthcare provider's licensing board. It also authorizes a private right of action in civil court.

PC 1064 (SB 2782) Prohibited medical procedures for minors

PC 1064 amends Title 68, Chapter 33. Effective July 1, 2024, a person shall not intentionally recruit, harbor, or transport an unemancipated minor within this state for the purpose of receiving a prohibited medical procedure regardless of where the medical procedure is to be procured. There are exceptions. It does not apply to:

- (1) A parent or legal guardian of an unemancipated minor who is authorized to make healthcare decisions for the unemancipated minor;
- (2) An adult who has permission from the unemancipated minor's parent or legal guardian;
- (3) The provision of a medical diagnosis; or
- (4) A common carrier transporting passengers for hire in the course and scope of their business.

Violation of this law subjects the offender to civil lawsuit liability.

The bill is aimed at the minor gender affirmation treatment prohibition law from 2023.

health care liability

PC 852 (SB 2253) DAMAGES IN HEALTH CARE LIABILITY CASES

TCA § 29-26-119 is amended and applies to all health care liability lawsuits filed on or after September 29, 2023. The legislation was filed in response to the Tennessee Supreme Court's 2023 decision regarding the application of the collateral source rule in *Crotty v. Flora*. The Court held that based on then current language in TCA § 29-26-119, in cases where an individual has privately paid, in whole or in part, for insurance that helped cover the care/services, the claimant would be entitled to damages based on the full, billed amounts, not the amounts that the claimant actually paid or would ever be required to pay. The amendment defines actual economic losses and clarifies that the past actual economic losses (medical care, rehabilitative services, and custodial care) awarded must be limited to the paid/payable amounts, not the charged amounts. Actual economic losses will only be limited to the extent that documentation of the reduction is submitted. Effective May 1, 2024.

PC 783 (SB 1673) Duty to warn

TCA § 33-3-206 is amended. This statute addresses a qualified mental health professional or behavioral analyst's duty to warn of a service recipient's threat of bodily harm to a clearly identified victim or against a school, place of worship, or members of a service recipient's family. If the professional using the reasonable skill, knowledge, and care ordinarily possessed and exercised by the professional's or analyst's specialty under similar circumstances, determines or reasonably should have determined that the service recipient has the apparent ability to commit such an act and is likely to carry out the threat unless prevented from doing so, then they have a duty to take reasonable care to warn of or take precautions to protect the identified victim or group of people from the service recipient's violent behavior, AND report the threat to the local law enforcement agency with jurisdiction over the municipality or county of residence of the service recipient, OR, if the threat is general and not imminent or clearly identified, 988 or local crisis response service. The professional or analyst receives immunity if they act according to these requirements. Also,

inpatient hospitalization of the service recipient discharges this duty to warn. Effective April 23, 2024.

PC 991 (SB 2018) Civil liability for private businesses for cybersecurity event

PC 991 adds a new section to Title 29, Chapter 34, Part 2 of the Code. "Cybersecurity event" is defined. A private entity is not liable in a class action lawsuit resulting from a cybersecurity event unless the cybersecurity event was caused by willful and wanton misconduct or gross negligence on the part of the private entity. This applies broader than just health care but it is included since health care organizations are frequent targets of hacking and ransomware. It is effective May 21, 2024.

HEALTH Insurance

PC 526 (SB 862) HEALTHCARE SHARING MINISTRIES

TCA § 48-51-201 is amended to create the "Healthcare Sharing Ministries Freedom to Share Act." Most importantly, these entities are not considered to be engaged in the business of insurance. PC 526 defines "healthcare sharing ministry" and requires a notice to the public of personal responsibility for a medical bill not paid by other ministry participants. Effective March 7, 2024.

PC 789 (SB 2363) Acceptance of electronic insurance cards by hospitals and physicians

This adds a new section to Title 56, Chapter 7, Part 10 to require by January 1, 2026, that licensed health care professionals and licensed health care facilities must accept electronic insurance cards as valid evidence of an individual's health insurance plan, policy, or contract.

PC 861 (SB 2328) Reimbursement recoupments by health insurance carriers

PC 861, which was a TMA priority bill, reduces the time period in which a health plan may recoup overpayments on claims from 18 months to 15 months. In addition, it reforms the recoupment process by doing the following: requires insurers to give advance notice (30 days) of intent to recoup payments and provide detailed information on the basis of recoupment; prohibits insurers from recouping any reimbursement before all appeals are exhausted; and prohibits insurers from collecting the entire contested claim amount versus just the amount overpaid. Effective July 1, 2024.

PC 1027 (SB 1881) Telemedicine

TCA § 56-7-1003 is amended. The new law removes the requirement that a healthcare practitioner, practice group, or healthcare system have an in-person encounter with a patient every 16 months in order for the provider to be reimbursed for a provider-based telemedicine visit in parity with an in-person visit. Only a single in-person patient-provider relationship is still required before the telemedicine visit can be submitted to the insurance plan for reimbursement. Effective May 28, 2024.

PC 1003 (SB 2883) Prostate cancer screening

The new law amends TCA § 56-7-2354 relative to cancer screening for men by health insurers. It sets forth an age-related screening schedule as to when it is covered. It mandates health benefit plans to provide coverage for the early detection of prostate cancer upon the recommendation of a physician and when determined by the health benefit plan to be medically necessary. It requires coverage to be provided for (i) men aged 40 to 49 who are at high risk, including African-American men and those with a family history of prostate cancer; (ii) men aged 50 and older; and (iii) other men if early detection is deemed medically necessary. That coverage must be provided without imposing cost-sharing requirements, except in cases where compliance would affect the eligibility of certain health plans under the Internal Revenue Code.

PHARMACY, PRESCRIBING AND PAIN MANAGEMENT

Pharmacy

PC 935 (SB 2139) Storage of specialty medications – specialty med vending machines

The new law authorizes the Board of Pharmacy to register electronic systems that operate solely on the premises of hematology or oncology clinics to store and dispense unopened, unused, and unexpired commercially-available specialty medications. It defines specialty medication as prescription drugs used to treat cancer or cancer side effects, or diseases of blood and blood components. Controlled substances and compounded drug products are excluded. Prior to this legislation, the law required healthcare facilities to discard drugs if they were unused during a patient encounter, resulting in significant loss of practice revenue and waste of the drug. This law will allow specific clinics to restock some prescription-specific unused drugs for future patient visits, resulting in far less drug waste. It amends TCA § 63-10-310, effective May 6, 2024.

PC 846 (SB 2048) Products containing ephedrine or pseudoephedrine base that a pharmacy may sell

TCA § 39-17-431 is amended as of July 1, 2024. It Increases the limit on the products containing ephedrine or pseudoephedrine base, or their salts, isomers, or salts of isomers that a pharmacy may sell or a person may purchase in a 30-day period from 5.76 grams to 7.2 grams. It establishes 43.2 grams as the limit on the amount of such products that may be purchased or sold within a one-year period.

PC 854 (SB 2274) Pharmacy to notify person of lowest available cost of a prescription drug

Pharmacists are encouraged to make reasonable efforts to contact and notify a patient representative or the person for whom the prescription drug is being filled of the lowest available cost of the prescription drug, including a generic alternative, under a prescription discount or rebate plan, program, or card, or through a different manufacturer, compounder, or supplier, that is available to the person for whom the prescription is being filled through the pharmacy. If the patient representative or the person for whom the prescription drug is being filled changes the prescription drug purchase as a result of the

notification, then such representative or person must be advised of the effects of purchases made outside of an insurance plan on the deductible status of such plan. This amendment also establishes that a pharmacy or other authorized dispenser or entity of prescription drugs is immune from civil liability for damages as a result of any act or omission made pursuant to the bill. Effective May 1, 2024.

Prescribing

PC 575 (SB 2080) Obsolete references to federal law pertaining to prescription of controlled substances

Several sections of the Code were amended to conform state law to federal law regarding the fed's elimination of the DEA-X requirement in the DATA Act in 2023 regarding buprenorphine prescribing. TCA §§ 53-11-311 and 63-1-164 are amended. Effective March 15, 2024.

PC 808 (SB 2019) Prescribing buprenorphine

TCA §§ 33-2-402 and 53-11-311 are amended, effective July 1, 2024. The new law increases from 50 to 100 the number of patients to whom a licensed nurse practitioner or PA working at a nonresidential office-based opiate treatment facility (OBOT), community health center, federally qualified health center, or pursuant to the TennCare BESMART program may prescribe buprenorphine products. It deletes the requirement that the provider not prescribe or dispense a mono product or buprenorphine without naloxone, except to a pregnant woman or to a patient with a documented history of an adverse reaction or hypersensitivity to naloxone. It also increases the number of APRNs or PAs a physician may collaborate with in these circumstances from four to five.

PC 980 (SB 2246) Prescribing buprenorphine 2

TCA § 53-11-311 is amended. When providing direct supervision of an APRN or PA prescribing buprenorphine, a physician may only oversee up to two (2) providers at a time during clinical operations, unless the physician practices in a nonresidential office-based opiate treatment facility (OBOT) that is accredited by a nationally or internationally recognized accrediting body such as the Commission on Accreditation of Rehabilitation Facilities (CARF) or the joint commission. In such OBOT, the physician may oversee no more than five (5) APRNs or PAs. A physician may not oversee the treatment of more than five hundred (500) patients under subdivision (h)(2)(N) at any one (1) time during clinical operations. It also provides that no provider may write prescriptions of buprenorphine products to one hundred (100) or fewer patients at any given time. The limit is two hundred fifty (250) or fewer patients if the provider practices in an OBOT that is accredited by a nationally or internationally recognized accrediting body, including CARF or the joint commission. Effective May 21, 2024.

PC 857 (SB 2297) Prescribing buprenorphine 3

TCA § 53-11-311 is amended, effective May 1, 2024. It allows certain APRNs and PAs to treat patients with buprenorphine if employed by a hospital that operates with an agreement to train providers from a public or private medical school within this state, or an affiliated clinic operated under the hospital's license, that employs one or more physicians and has adopted clinical protocols for medication-assisted treatment. It includes the same restrictions for APRNs and PAs as other facilities in current law.

PUBLIC HEALTH

PC 625 (SB 2175) AUTOMATIC EXTERNAL DEFIBRILLATORS IN SCHOOLS

The “Smart Heart Act” establishes requirements for automatic external defibrillators (AEDs) in schools and response protocols for cardiac-related medical emergencies in various provisions of Title 68, chapter 6 and in § 49-2-122. It addresses placement and maintenance of AEDs in schools and on-site for youth athletic activities; protocols for use; and training. Effective March 25, 2024.

PC 629 (SB 2142) Availability of opioid antagonists in schools

TCA § 49-50-1604 is amended. This new amendment requires the principal of a school that maintains an opioid antagonist at the school to ensure that the opioid antagonist is stored in accordance with manufacturer instructions. It also prohibits a school from prohibiting a student, employee, or visitor from possessing an opioid antagonist while on school property or attending a school-sponsored activity held at a location that is not school property. Effective March 27, 2024.

PC 648 (SB 2398) Filing of death certificates

This amends TCA § 68-3-502 to increase from 48 hours to two business days the time by which a physician in charge of a patient who dies, or a medical examiner, must determine the cause of death and complete and sign a death certificate. Under the previous law, many physicians would receive an e-mail notification that there is a certificate needing completion at the end of the week, but may not see the notification until after IT support closed for the weekend. If there was trouble with the system or the physician could not log onto it, which was reported frequently, the physician could not reach IT until Monday. This means that the physician was not technically in compliance with the law. This amendment helps address the problem; however, the prescribing boards are cracking down and have initiated formal charges against their licensees with a third complaint of late filing. Effective April 4, 2024.

PC 678 (SB 1787) Suicide reporting

Effective March 25, 2024, Title 68, Chapter 1, Part 1 is amended to require the Department of Health (DOH) to publish an annual report by May 31, 2025, and each May 31 thereafter, stating the total number of attempted suicides and completed suicides that occurred in the state in the previous calendar year.

PC 699 (SB 2359) Prohibits immunization requirement as a condition of adoption or fostering

PC 699, effective March 25, 2024, amends TCA §§ 36-1-148 and 37-2-419. The new law prohibits the department of children's services from requiring an immunization as a condition of adopting or overseeing a child in foster care if an individual or member of an individual's household objects to immunization on the basis of religious or moral convictions.

PC 742 (SB 1903) Definition of a drug to include foods containing a vaccine

Effective April 22, 2024, TCA § 53-1-102 is amended to define food that contains a vaccine or vaccine material as a drug for purposes of the Tennessee Food, Drug and Cosmetic Act.

PC 768 (SB 1791) Newborn screening

The new law amends TCA § 68-5-401, effective July 1, 2024. It requires the Department of Health to implement newborn screening for a condition within 36 months of it being added to the Recommended Uniform Screening Panel. If it is not implemented in this time frame, the Department must report to the Legislature on the reason for the delay within six months after the 36-month period has expired.

SCOPE OF PRACTICE AND LICENSURE

Scope of Practice

PC 519 (SB 1736) Chiropractors issuing disability certificates for motor vehicles

This new law amends TCA § 55-21-113 to allow chiropractors to issue certified statements of disability to accompany the applications of persons with disabilities to obtain the appropriate registration, license plates, placards, and decals for their motor vehicles. Effective March 1, 2024.

PC 1042 (SB 2136) Collaboration with physician assistants

This piece of legislation was one of TMA legislative priorities. The new law, effective upon the promulgation of rules, sometime in 2025 likely, modernizes the physician-led, team-based care model to give medical practices greater oversight flexibility for PAs with greater than 6,000 hours of post-graduate clinical experience. Under this new collaborative format, protocols would be less prescriptive and allow the collaborating physician and employer to determine the level of oversight needed based on each individual's training, experience, and competence. For the first time, the scope of practice for these PAs would be codified, placing in statute their ability to diagnose and treat patients in collaboration with a physician, including ordering tests and durable medical equipment. Certain safeguards would be in place to protect patient care, such as requiring collaborative practice agreements to be with physicians in active practice in the same specialty, in addition to a strict truth-in-advertising provision that would prohibit PAs from using specialty medical designations in their practice name. There are no changes with regard to PAs with less than 6,000 hours of post-graduate

clinical experience. It does not apply to APRNs who declined to accept the terms of the legislation. Various provisions of the PA practice act, TCA § 63-19-101 et seq are amended.

PC 824 (SB 869) Expansion of pharmacist scope of practice

TCA § 63-10-204 is amended to authorize pharmacists to issue some limited drugs without a medical order under certain circumstances. These include CLIA-waived antivirals for influenza and COVID-19; agents for active immunization when prescribed for susceptible persons for the protection from communicable disease for individuals who are eighteen (18) years of age and older, and agents for active immunization for influenza and COVID-19 for individuals who are three (3) to seventeen (17) years of age; post-exposure prophylaxis for nonoccupational exposure to HIV infection, and the ordering of lab tests in conjunction with initiation of therapy; epinephrine auto-injectors for patients with a documented history of allergies or anaphylactic reactions; progesterone-only hormonal contraceptives; naloxone; topical fluoride agents when prescribed according to the American Dental Association's recommendations for persons whose drinking water is proven to have a fluoride content below the United States Department of Health and Human Services' recommended concentration; tuberculin purified protein derivative products in compliance with current statutory reporting requirements. It holds pharmacists to the same standard of care as a physician in issuing these services. Effective May 1, 2024.

Licensure

PC 651 (SB 2590) Private advisory ruling authority for osteopathic board

An amendment to TCA § 63-9-101 authorizes the Board of Osteopathic Examination to issue advisory private letter rulings to an affected licensee who made a request regarding matters within the board's primary jurisdiction. Rulings have no precedential value for other inquiries or cases. Effective April 4, 2024.

PC 606 (SB 2276) Boards of pharmacy and nursing executives are employees of the Department of Health

TCA §§ 63-10-307 and 63-7-207 are amended effective March 27, 2024. It establishes that the executive directors of these licensing boards are under the supervision of the division of health-related boards of the Department of Health.

PC 736 (SB 468) Licensure of polysomnographic technologist

Effective July 1, 2024, TCA § 63-31-106 is amended to require a person seeking licensure to become a polysomnographic technician to provide proof of completion of an accredited sleep technologist educational program that is accredited by the American Academy of Sleep Medicine.

PC 749 (SB 2362) Continuing education for healthcare professionals

PC 749 adds a new section to Title 63, Chapter 1, Part 1, to require the Department of Health to create a continuing education program for the purpose of providing healthcare

professionals with information and training relative to public and office safety. The Department must make the program available on the Board of Medical Examiners' website within six months of board approval. The course will go to fulfilling the boards' requirements for continuing education. It does not specify that the course is required. Effective April 22, 2024.

PC 788 (SB 1915) Licensing for individuals with a criminal record

Amends TCA § 63-1-130 to prohibit health related licensing boards from using a vague term in its consideration and its notice or decision under the section, including good moral character or character and fitness, without also providing an explanation of how a prior conviction directly relates to the applicable occupation, profession, business, or trade, if such prior conviction serves as a basis for the licensing authority's consideration and notice or decision. Effective July 1, 2024.

PC 929 (SB 1936) Licensure of international medical graduates

This law changes the requirements for international medical graduates (IMGs) applying for special licenses by authorizing the Board of Medical Examiners to issue a foreign training license of limited duration to those who have successfully completed three requirements: satisfactory competency of skills as demonstrated by the state's licensing examination; a minimum three-year postgraduate training program in the licensee's country; and a minimum three-years of clinical experience performing the duties of a physician outside of the U.S. TCA § 63-6-207 is amended, effective January 1, 2025.

PC 921 (SB 2850) Licensure of international medical graduates 2

TCA § 4-58-103 and PC 211 (2023) are amended, effective July 1, 2024. The law requires the Board of Medical Examiners to grant a full and unrestricted license to practice medicine to certain temporary licensees who have applied for a valid visa that authorizes them to lawfully work in the U.S. It clarifies how the two-year temporary license for IMGs, enacted in 2023, is calculated for purposes of satisfying prerequisite requirements for a full license.

PC 924 (SB 734) Tennessee Wellness Law

Part of the TMA legislative package, this law adds a new section in Title 63, Chapter 1, Part 1, as well as other Code provisions. It makes certain information related to physician treatment for career fatigue confidential as to the physician licensing boards, health plan network credentialing, or facility privileging credentialing. Effective January 1, 2025.

PC 944 (SB 2588) Licensing board private advisory rulings

The new law adds a new section to Title 63, Chapter 1, Part 1. It requires all state entities attached to the division of health-related boards to issue advisory private letter rulings to any affected person who is certified, licensed, or registered and who makes a request regarding any matters within the state entities' primary jurisdiction. The private letter ruling only affects the person making the inquiry and shall have no precedential value for any other inquiry or future contested case to come before the state entity. Any dispute regarding a

private letter ruling may be resolved pursuant to the declaratory order provisions of § 4-5-223 if the board chooses to do so. Effective July 1, 2024.

TENNCARE

PC 633 (SB 2330) Ambulance provider assessment

Amends TCA § 71-5-1509 to enact the annual ground ambulance assessment. Extends to June 30, 2025, effective July 1, 2024.

PC 953 (SB 1740) Hospital annual coverage assessment

This year's assessment imposes an assessment on covered hospitals in the aggregate at six percent (6%) of the federally recognized annual coverage assessment base for FY 2024-2025. It establishes that the Maintenance of Coverage Trust Fund (MCTF) may receive intergovernmental transfers (IGTs) of up to \$300,000,000 from public hospitals. Authorizes the use of funds within the MCTF for programs and initiatives developed by the Division of TennCare in consultation with the Tennessee Hospital Association to offset the unreimbursed costs of providing services to TennCare enrollees and the financial consequences of the public health emergency. Effective July 1, 2024.

PC 1037 (SB 2015) Nursing home annual coverage assessment

Various provisions of Title 71, Chapter 5 are amended, effective July 1, 2024, to enact the annual nursing home coverage assessment.

PC 674 (SB 1674) Reimbursement of remote ultrasound procedures and remote fetal nonstress tests

This adds a new section to Title 71, Chapter 5, Part 1 to require the TennCare program to reimburse for remote ultrasound procedures and remote fetal nonstress tests under conditions enumerated in the law. These services were not formerly covered. Effective March 25, 2024.

PC 732 (SB 1919) Coverage of prescription contraceptives

The new law, effective January 1, 2025, adds a new section to Title 56, Chapter 7, Part 23. It requires TennCare and CoverKids to provide coverage for a twelve-month refill of contraceptives obtained at one time by an insured person, unless the insured requests a smaller supply or the prescribing healthcare provider instructs that the insured must receive a smaller supply. It allows the insured to receive the contraceptives on-site at the provider's office, if available. It prohibits the managed care organization (MCO) from utilization controls or other forms of medical management limiting the supply of contraceptives that may be dispensed or furnished by a provider or pharmacy, or at a location licensed or otherwise authorized to dispense drugs or supplies, to an amount that is less than a twelve-month supply.

PC 762 (SB 2011) Drugs to treat pain

Effective July 1, 2024, TCA § 71-5-199 is amended and two new sections are added to Title 71, Chapter 5, Part 1. It authorizes TennCare, without rulemaking, to include on the Preferred Drug List (PDL) that a non-opioid drug approved by the FDA for pain management is not disadvantaged or discouraged with respect to coverage relative to any opioid or narcotic drug for the treatment or management of pain on the PDL. TennCare must ensure that reimbursement is provided to a healthcare provider or hospital who provides a non-opioid treatment to an enrollee. It prevents a TennCare MCO from denying coverage of the non-opioid prescription drug in favor of an opioid prescription drug. This gets at the problem of more expensive non-opioid drugs being denied reimbursement by the MCO because of a cheaper opioid option.

PC 949 (SB 2801) Mental health parity coverage

PC 949 requires TennCare MCOs to cover and reimburse for mental health services and treatment to the same level as treatment for substance use disorder and alcohol dependence. The hope is that the result will increase the reimbursement rate for mental health providers to incentivize more of them to accept TennCare patients. Effective July 1, 2024, several provisions of Code are amended related to health insurance.

PC 1020 (SB 1762) Rapid whole genome testing coverage

TCA § 71-5-107 is amended, effective July 1, 2024. Current law requires medical assistance of the TennCare program to be provided to those classes of individuals determined to be eligible and provides a number of specific services that constitute such medical assistance, in the amount, scope, and duration determined by the commissioner of health and to the extent permitted by federal law. This amendment adds rapid whole genome sequencing to current law. As used in the amendment, "rapid whole genome sequencing" means an investigation of the entire human genome, including coding and non-coding regions and mitochondrial deoxyribonucleic acid, to identify disease-causing genetic changes that returns the preliminary positive results within seven days and final results within 15 days from the date of receipt of the sample by the lab performing the test. The term also includes patient-only whole genome sequencing, duo whole genome sequencing of the patient and one biological parent, and trio whole genome sequencing of the patient and both biological parents.

PC 531 (SB 2091) Compliance with federal law regarding third-party liability

TCA § 71-5-117 is amended, effective March 7, 2024. It requires a third party for medical services to accept the state's right of recovery and the assignment to the state of the right of an individual to payment from the party for an item or service for which payment has been made under the state plan, accept authorization provided by the state that an item or service is covered under the state plan, and agree to not deny a claim submitted by the state solely on the basis of the date, type, or format of the claim form. This was part of the Administration Package.

PC 512 (SB 2076) Expansion of the definition of abuse or neglect for adults

Effective February 28, 2024, TCA § 71-6-102 is amended to expand the definition of adult abuse or neglect to include situations when an adult is unable to provide or obtain the services necessary to maintain the adult's personal health or welfare. This was part of the Administration Package.

WORKERS' COMPENSATION

PC 532 (SB 2094) Reporting of workers' compensation accidents

PC 532, part of the administration's legislative package, requires an employer to report to the bureau of workers' compensation each accident that results in a work-related death or personal injury within 14 calendar days of the date the employer is notified of the accident or has knowledge of the accident, whichever is earlier, instead of reporting accidents at different intervals based upon the nature of the injury and whether the injured employee is able to return within seven days of the accident. If temporary disability payments have been made without an award, and the employer subsequently elects to controvert the employer's liability for any of those benefits, then the employer shall electronically file the required information with the administrator within 15 calendar days of the due date of the first omitted payment. The former law specified 15 days rather than calendar days. Effective July 1, 2024.

PC 666 (SB 2909) Tennessee Self-Insurers' Guaranty Association Act

This adds a new part to Title 50, Chapter 6. It establishes the "Tennessee Self-Insurers' Guaranty Association Act" to govern self-insurers' guaranty association. The purpose of the law is to create a mechanism for the payment of self-insured workers' compensation claims to avoid excessive delay in payment and to avoid financial loss to claimants due to the insolvency of a self-insured employer, and to provide an association to assess the cost of the protection among self-insured employers doing business in the state. It does not apply to groups of self-insured employers that enter into agreements to pool their liabilities pursuant to state workers' compensation law. Effective April 9, 2024.

Respectfully submitted,

William Turney Williams, MD, Chair

2024-2025 Legislative Committee

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