Public Chapter 573

This act amends the Tennessee Together statutes. It expands the definition of "alternative treatments" by adding "nonopioid medicinal drugs or drug products, occupational therapy, and interventional procedures or treatments." This is primarily relevant to the treatments that must be disclosed and explained by a healthcare practitioner to a patient or the patient's legal representative as a prerequisite to obtaining informed consent to treatment with an opioid.

This act took effect on March 19, 2020.

Public Chapter 594

This act was the Department of Health's Licensure Accountability Act. The bill allows all health related boards to take action against a licensee that has been disciplined by another state for any acts or omissions that would constitute grounds for discipline in Tennessee. The law also expands available emergency actions, allowing actions beyond simply a summary suspension. Finally, the act establishes that the notification of law changes to health practitioners can be satisfied by the online posting of law changes by the respective boards. Notice must be maintained online for at least 2 years following the change.

This act took effect March 20, 2020.

Public Chapter 738

This act amends prohibits a governmental entity from authorizing destruction of public records if the governmental entity knows the records are subject to a pending public record request. Prior to authorizing destruction of public records an entity must contact the public record request coordinator to ensure the records are not subject to any pending public record requests. Records may still

be disposed of in accordance with an established records retention schedule/policy as part of an ordinary course of business as long as the records custodian is without knowledge the records are subject to a pending request.

This act took effect on June 22, 2020.

Public Chapter 761

This act allows certain midlevel practitioners to prescribe buprenorphine when employed in a community mental health center (CMHC) or a federally qualified health center (FQHC). To be eligible under this law, the practitioner must be licensed, and practice as, a family, adult, or psychiatric nurse practitioner or physician assistant. They also must have a DATA waiver issued by SAMHSA/DEA. There can be no limitations or conditions imposed on the provider's license within the previous three (3) years. Prescriptions by the practitioner must not exceed a sixteen (16) milligram daily equivalent. The practitioner also must not prescribe mono product or buprenorphine without naloxone. The provider may only prescribe buprenorphine products to patients treated through the organization that employs the provider. Prescriptions can only be dispensed by a licensed pharmacy to ensure entry into the CSMD. The provider has a cap of fifty (50) patients at any given time. The law also requires the provider to initiate and lead a discussion regarding patient readiness to taper off medications in their treatment at any time upon the patient's request, but no later than one (1) year after initiating treatment, and then every six (6) months thereafter.

The facility must employ one or more physicians and have adopted clinical protocols for medication assisted treatment. The midlevel's collaborating physician must hold an active DATA waiver and be treating patients with buprenorphine at the same facility. The facility must employ providers that accept TennCare and are accepting new TennCare patients. The facility must verify identification of patients. The collaborating physician must review 100% of

the charts of patients being prescribed a buprenorphine product and can only collaborate/supervise four (4) nurse practitioners or physician assistants.

This act took effect July 1, 2020.

Public Chapter 771

This act allows certain midlevel practitioners to prescribe buprenorphine when employed in a non-residential office-based opiate treatment facility (OBOT) licensed by the Department of Mental Health and Substance Abuse Services (MHSAS). To be eligible under this law, the practitioner must be licensed, and practice as, a family, adult, or psychiatric nurse practitioner or physician assistant. They also must have a DATA waiver issued by SAMHSA/DEA. Prescriptions by midlevel providers under this statute are capped at a sixteen (16) milligram daily dose, and must not be for a mono-product or buprenorphine without naloxone, except when utilizing injectable or implantable buprenorphine products. Midlevel providers under this statute are capped at 100 patients.

The OBOT in these situations must employ the midlevel's collaborating physician (who also must hold an active DATA waiver and be treating patients with buprenorphine at the same OBOT) and the OBOT must not have the authority to dispense buprenorphine products. The collaborating/supervising physician under this statute cannot supervise more than two (2) midlevel practitioners.

The OBOT also must employ providers that are credentialed and contracted to accept TennCare patients and bill TennCare for services for treatment of opioid use disorder with buprenorphine. Finally the OBOT must be accepting new TennCare patients.

This act took effect August 1, 2020.