



State of Tennessee

Health Facilities Commission

502 Deadrick Street, 9th Floor, Nashville, TN 37243

www.tn.gov/hfc Phone: 615-741-7221

Date:

June 24, 2026

Applicable Rule Set(s):

0720-14 Standards for Hospitals

Classification:

Rule Amendment

Purpose:

Rule 0720-14-.01:

To add new definitions meant to accompany the recent rule update for the addition of the special licenses, including NICU, Burn, and MRI/PET and clean up some of the other definitions.

Special Issues:

The attached comments were provided by Children's Hospital Alliance of Tennessee. We met with them and explained that this is the same set of definitions that were already approved but that we are having to put them back through as a separate set due to a numbering issue. While updates to definition pertaining to NICUs will need to be made, it would be unadvisable to do so at this time because the rest of the set would then be out of sync with the current definitions. We will soon have to reopen the entire set to make overall adjustments, and the definitions can be further updated at that time. Additionally, we cannot use an open ended cite to non-specific professional guidelines that are referenced within the rule set as it is not allowed by statute. They understood.



TO: Logan Grant, Executive Director, Tennessee Health Facilities Commission
FROM: Alice Rolli, Executive Director, Children's Hospital Alliance of Tennessee (CHAT)
DATE: April 30, 2026
RE: Recommendations for Consistency and Alignment in NICU Licensure

The Children's Hospital Alliance of Tennessee (CHAT) wishes to express our sincere appreciation to the Tennessee Health Facilities Commission (HFC) for its diligent work in modernizing the State's hospital rules. The shift in terminology from "nurseries" to Neonatal Intensive Care Units (NICUs) is a vital step in accurately representing the sophisticated, high-acuity care provided to Tennessee's most vulnerable and sickest babies.

CHAT members represent the state's highest-level NICUs, serving as regional anchors for neonatal and pediatric specialty care. Our facilities are not only treatment centers but also centers of excellence that lead statewide quality initiatives. A core component of this leadership is our administration of the state quality collaborative for the national Children's Hospitals' Solutions for Patient Safety (SPS), which focuses on improving quality of care through evidence-based practices. We remain committed to the legislature's intent that quality measures be a fundamental requirement for facility licensure.

CONCERNS WITH REGULATORY VARIATIONS AND EDITION CONFLICTS

As the Commission migrates into a quality oversight role, CHAT has identified inconsistencies in the current rule drafts and state manuals. These are presented in the hopes that moving forward the commission can consistently refer to successor editions vs. point-in-time references.

Internal Rule Contradiction (1997 vs. 2020): The proposed draft contains an internal discrepancy between **Rule 0720-14-.01 (Definitions)** and **Rule 0720-14-.07(13) (Optional Hospital Services)**; while the new definition correctly identifies the **2020 Edition** of the Regionalization Guidelines, the operative mandate in Rule .07(13) still anchors hospital compliance to the legacy "**June 1997**" version. This 23-year gap serves as a primary example of the risk inherent in year-specific citations and further supports a transition to the "most recent or successor" standard utilized for administrative and safety items elsewhere in the HFC rules.

"Specific Edition" vs. Clinical Reality: The proposed Hospital Rules (Rule 0720-14-.01) explicitly anchor NICU Level II, III, and IV definitions to the **2012 (7th Edition) AAP/ACOG Guidelines**. However, the state's own 8th Edition Guidelines for Transportation (2025) explicitly reference the **2017 (8th Edition) AAP standards**. This forces a hospital to meet 2012 facility standards for licensure while adhering to 2017 clinical protocols for patient movement.

Conflicting State Manuals: There is a documented gap between various state agency requirements. While the HFC rules refer to the **2020 Edition** of the Regionalization Guidelines, older EMS statutes remain tied to outdated versions of the Transportation Guidelines.

Inconsistent Successor Language: The HFC draft correctly uses "successor" or "current edition" language for administrative and safety items, such as the UB-04 form, the Perinatal Advisory Committee statute, and CDC infection control guidelines. However, it fails to apply this same logic to core clinical guidelines, which remain frozen at the year 2012.

The Clinical Frozen Point: While the HFC has successfully utilized "successor" and "current edition" language for administrative forms, statutory definitions, and facility construction, the most critical clinical definitions for NICU levels remain anchored to a specific year (2012) that is now multiple cycles behind national standards.

Contradictory Manuals: A hospital is currently in a position where its internal components are defined by a **2020** manual, its transport is governed by a **2025** manual, but its legal licensure definition is frozen in **2012**.

The CDC Precedent: The HFC already accepts "moving targets" for infection control by citing "**current editions**" of CDC guidelines. CHAT recommends applying this existing regulatory logic to references to the **AAP/ACOG Guidelines for Perinatal Care** to ensure statewide clinical consistency.

REQUEST FOR CONSISTENCY TO IMPROVE PROCESS AND QUALITY:

CHAT respectfully asks the Commission to consider a standardized approach to referencing clinical and technical manuals. By adopting a "most recent or successor" referencing model for all clinical guidelines, the Commission can ensure that Tennessee hospitals remain in constant alignment with national best practices and remove internal conflicts.

When standards-setting bodies have internally inconsistent guidance for quality it erodes the public trust in its ability to create and enforce quality metrics. Clear and consistent standard-setting is essential as the HFC moves into its new role as a quality-focused licensing body. We look forward to continued collaboration to ensure that consistent quality standards are applied in meaningful ways to ensure quality of care for all children in Tennessee.

Reference Summary Chart:

Regulatory Area	Edition Cited in Rules	Actual Latest Standard / Moving Target
NICU Licensure Capabilities	2012 AAP/ACOG (7th Ed)	2017 AAP/ACOG (8th Ed) / 2023 NRP
Facility Ratios / Staffing (Req)	June 1997 (Legacy Mandate)	2020 Perinatal Manual (9th Ed)
Facility Ratios / Staffing (Def)	2020 Edition	2020 Perinatal Manual (9th Ed)
EMS Neonatal Transport	2014 Transport (6th Ed)	2025 Transport (8th Ed)
Infection Control (CDC)	" Current Editions "	Moving Target: Aligns with CDC guidance.
Administrative Forms (CMS)	" UB-04 or successor "	Moving Target: Updates with federal changes.
Facility Construction (FGI)	" Current Edition "	Moving Target: Aligns with FGI guidelines.
PAC Oversight (TCA)	" Statute or successor "	Moving Target: Aligns with legislative changes.

CHAPTER 0720-14
STANDARDS FOR HOSPITALS

Rule 0720-14-.01 DEFINITIONS is amended as follows:

(1) Rule 0720-14-.01 is amended by inserting in alphabetical order the following new definitions, with all subsequent definitions renumbered accordingly:

(#) Current Edition. Means the most recent published edition of a referenced guideline, manual, standard, or form, including any successor editions, updates, or replacements issued by the originating entity, unless a specific edition is expressly required by statute.

(#) Successor Edition. Means any subsequent edition, revision, replacement, or reissuance of a referenced guideline, manual, or standard published by the originating entity after the cited or incorporated version.

(2) Rule 0720-14-.01 is amended by deleting the existing definition of “Guidelines for Perinatal Care” and substituting the following:

(#) Guidelines for Perinatal Care. An educational resource to aid clinicians in providing obstetric and gynecological care developed through the collaborative efforts of the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG), **as published in its Current Edition.**

(3) Rule 0720-14-.01 is amended by deleting the existing definition of “Neonatal Care Units” and substituting the following:

(#) Neonatal Care Units.

(a) Level II. Level II NICU Units provide specialty neonatal services. They provide care for stable or moderately ill infants born at >32 weeks gestation and weighing >1500 grams who have problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis. These units also resuscitate and stabilize preterm and/or ill infants before transfer to a facility at which newborn intensive care is provided. Level II NICU Units provide mechanical ventilation for brief (<24 hrs) duration and continuous positive airway pressure, until the infant’s condition improves,

or the infant can be transferred to a higher-level facility (American Academy of Pediatrics and American College of Obstetricians and Gynecologists [Guidelines for Perinatal Care, Current Edition](#)). In addition, Level II units provide care for infants who are convalescing after intensive care.

(b) **Level III.** Level III NICU UNITS provide care for infants who are born at <32 weeks of gestation or weigh <1500 grams at birth or have complex medical or surgical conditions, regardless of gestational age. Level III units have continuously available personnel and equipment to provide life support for as long as needed. They can provide ongoing assisted ventilation for periods longer than 24 hours, which may include conventional ventilation, high-frequency ventilation, and inhaled nitric oxide. A broad range of pediatric medical subspecialists and pediatric surgical specialists should be readily accessible on site or by prearranged consultative agreements (American Academy of Pediatrics and American College of Obstetricians and Gynecologists [Guidelines for Perinatal Care, Current Edition](#)).

(c) **Level IV.** Level IV NICU units include the capabilities of Level III NICU units with additional capabilities and considerable experience in the care of the most complex and critically ill newborn infants. Pediatric medical and pediatric surgical specialty consultants must be continuously available 24 hours a day, 7 days a week. Level IV facilities also must have the capability for surgical repair of complex conditions (e.g., congenital cardiac malformations that require cardiopulmonary bypass with or without extracorporeal membrane oxygenation) (American Academy of Pediatrics and American College of Obstetricians and Gynecologists [Guidelines for Perinatal Care, Current Edition](#)).

(4) Rule 0720-14-.01 is amended by deleting the existing definition of “Neonatal Intensive Care Unit (NICU)” and substituting the following:

(#) **Neonatal Intensive Care Unit (NICU).** Means any Level II, Level III, or Level IV neonatal intensive care unit licensed by the Commission pursuant to chapter 11, part 2 of this title.

(5) Rule 0720-14-.01 is amended by deleting the existing definition of “Tennessee Perinatal Care System Guidelines for Regionalization, Hospital Care Levels, Staffing, and Facilities 2020 Edition” and substituting the following:

(#) Tennessee Perinatal Care System Guidelines for Regionalization, Hospital Care Levels, Staffing, and Facilities. Guidelines written in response to the recommendation of the Perinatal Advisory Committee, describing components of various care levels, and developed to accomplish improvement in perinatal outcomes in Tennessee by providing quality care to every mother and newborn, **as published in its Current Edition.**

(6) Rule 0720-14-.01 is amended by deleting the existing definition of “Tennessee Perinatal Care System Guidelines for Transportation” and substituting the following:

(#) Tennessee Perinatal Care System Guidelines for Transportation. Guidelines written in response to the recommendation of the Perinatal Advisory Committee and developed to accomplish improvement in the overall quality of maternal-neonatal transportation in the state. The guidelines provide specific guidance regarding procedures, staffing patterns, and equipment for the transport of high-risk mothers and infants, **as published in its Current Edition.**

(7) Rule 0720-14-.01 is amended by deleting the existing definition of “Neonatal Resuscitation Program (NRP)” and substituting the following:

(#) Neonatal Resuscitation Program (NRP). Is an evidence-based approach for the immediate resuscitation care of a newborn at birth, which was developed by the American Academy of Pediatrics (AAP) and the American Heart Association (AHA). NRP covers neonatal resuscitation equipment, administering neonatal CPR, and other lifesaving measures, **as published in its Current Edition.**

**RULES
OF
THE TENNESSEE HEALTH FACILITIES COMMISSION**

**CHAPTER 0720-14
STANDARDS FOR HOSPITALS**

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0720-14.01 DEFINITIONS.

New Definitions (#):

- (#) AAP. Means American Academy of Pediatrics.
- (#) Accredited. The process of verifying compliance with operational standards by a federally recognized accrediting body.
- (#) Acute Burn Care. The medical treatment of burn injuries during the initial weeks after the injury.
- (#) Burn. Medically defined as a painful injury to the skin or other tissue caused by heat, electricity, radiation, chemicals, or friction.
- (#) Burn Unit. A burn unit must belong to a general hospital that is Joint Commission accredited, or American Burn Association (ABA) verified.
- (#) Burn Unit Director. An appropriately licensed surgeon (MD or DO) with the following:
 - (a) Board certification by the American Board of Surgery or American Board of Plastic Surgery,
 - (b) Within the preceding five years, one of the following:
 - 1. A one-year fellowship in burn treatment, or
 - 2. Two years of experience treating acute burn injuries.
 - (c) Advanced Burn Life Support (ABLS) certification. Advanced Burn Life Support (ABLS) certification.
- (#) Burn Nurse Leader. An appropriate licensed Registered Nurse with the following:
 - (a) A minimum of a baccalaureate degree in nursing,
 - (b) Two years of acute burn treatment experience, or a training program designed by the Burn Unit Director to ensure competency,
 - (c) Advanced Burn Life Support (ABLS) certification.
- (#) Commission. The Tennessee Health Facilities Commission.

- (#) E. Means essential requirement.
- (#) Executive Director. The Executive Director of the Tennessee Health Facilities Commission.
- (#) Guidelines for Perinatal Care. An educational resource to aid clinicians in providing obstetric and gynecological care developed through the collaborative efforts of the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG).
- (#) Magnetic Resonance Imaging (MRI). A non-invasive diagnostic technique that produces computerized images of internal body tissues and is based on nuclear magnetic resonance of atoms within the body induced by the application of radio waves.
- (#) Neonatal Care Units.
 - (a) Level II. Level II NICU Units provide specialty neonatal services. They provide care for stable or moderately ill infants born at >32 weeks gestation and weighing >1500 grams who have problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis. These units also resuscitate and stabilize preterm and/or ill infants before transfer to a facility at which newborn intensive care is provided. Level II NICU Units provide mechanical ventilation for brief (<24 hrs) duration and continuous positive airway pressure, until the infant's condition improves, or the infant can be transferred to a higher-level facility (American Academy of Pediatrics and American College of Obstetricians and Gynecologists Guidelines for Perinatal Care, 7th edition, 2012). In addition, Level II units provide care for infants who are convalescing after intensive care.
 - (b) Level III. Level III NICU UNITS provide care for infants who are born at <32 weeks of gestation or weigh <1500 grams at birth or have complex medical or surgical conditions, regardless of gestational age. Level III units have continuously available personnel and equipment to provide life support for as long as needed. They can provide ongoing assisted ventilation for periods longer than 24 hours, which may include conventional ventilation, high-frequency ventilation, and inhaled nitric oxide. A broad range of pediatric medical subspecialists and pediatric surgical specialists should be readily accessible on site or by prearranged consultative agreements (American Academy of Pediatrics and American College of Obstetricians and Gynecologists Guidelines for Perinatal Care, 7th edition, 2012).
 - (c) Level IV. Level IV NICU units include the capabilities of Level III NICU units with additional capabilities and considerable experience in the care of the most complex and critically ill newborn infants. Pediatric medical and pediatric surgical specialty consultants must be continuously available 24 hours a day, 7 days a week. Level IV facilities also must have the capability for surgical repair of complex conditions (e.g., congenital cardiac malformations that require cardiopulmonary bypass with or without extracorporeal membrane oxygenation) (American Academy of Pediatrics and American College of Obstetricians and Gynecologists Guidelines for Perinatal Care, 7th edition, 2012).
- (#) Neonatal Intensive Care Unit (NICU). Means any Level II, Level III or Level IV institution licensed by the commission pursuant to chapter 11, part 2 of this title.
- (#) Neonatal Intensive Care Unit (NICU) Director. Please refer to 0720-14-.07(17)(b)(i).
- (#) Neonatal Intensive Care Unit (NICU) Nurse Manager. Please refer to 0720-14-.07(17)(b)(ii).
- (#) Neonatal Resuscitation Program (NRP). Is an evidence-based approach for the immediate resuscitation care of a newborn at birth, which was developed by the American Academy of Pediatrics (AAP) and the American Heart Association (AHA). NRP covers neonatal resuscitation equipment, administering neonatal CPR, and other lifesaving measures

- (#) The Perinatal Advisory Committee: As defined by TCA § 68-1-803 or its successor.
- (#) Positron Emission Tomography (PET Scan). A non-invasive radiological procedure producing a sectional view of the body constructed by positron-emission tomography.
- (#) Program Objectives Report (POR). Defines the goals and projected results of a program.
- (#) S.T.A.B.L.E. (Sugar, Temperature, Airway, Blood pressure, Lab work, Emotional support). Is a neonatal educational program that focuses on the post-resuscitation and stabilization of newborns.
- (#) T-Piece Resuscitator. Is devised of a T shaped circuit which is utilized in neonatal resuscitation to deliver positive pressure ventilation (PPV). To determine a consistent, Peak Inspiratory Pressure (PIP) and Positive End-Expiratory Pressure (PEEP) the operator can adjust the dials on the device.
- (#) Tennessee Initiative for Perinatal Quality Care (TIPQC). Implements evidence-based practices focusing on enhancing health outcomes for mothers and newborns throughout Tennessee. Founded in 2008 through a grant from the Governor's Office to engage hospitals, practitioners, payers, families, and communities to promote meaningful change, advance health equity, and improve the quality of care through pregnancy, delivery and beyond for all Tennessee families.
- (#) Tennessee Hospital Association (THA). Established in 1938, THA is a not-for-profit membership organization serving and promoting the interests of hospitals, health systems, and other healthcare organizations in the state.
- (#) Tennessee Perinatal Care System Educational Objectives for Nurses. Developed by a group of experienced obstetric and neonatal nurse educators, list the knowledge and skills necessary to provide quality nursing care to mothers and newborns.
- (#) Tennessee Perinatal Care System Educational Objectives in Medicine for Perinatal Social Workers. is a document developed and maintained by an expert working group of the Perinatal Advisory Committee that lists the objectives necessary for ensuring social workers are equipped to improve maternal and infant health outcomes.
- (#) Tennessee Perinatal Care System Guidelines for Regionalization, Hospital Care Levels, Staffing, and Facilities 2020 Edition. Guidelines are written in response to the recommendation of the Perinatal Advisory Committee, describe components of various care levels, and are developed to accomplish improvement in perinatal outcomes in Tennessee by providing quality care to every mother and newborn.
- (#) Tennessee Perinatal Care System Guidelines for Transportation. Guidelines are written in response to the recommendation of the Perinatal Advisory Committee and are developed to accomplish improvement in the overall quality of maternal-neonatal transportation in the state. The guidelines provide specific guidelines regarding procedures, staffing patterns, and equipment for the transport of high-risk mothers and infants.
- (#) Total Parenteral Nutrition (TPN). Is delivered by IV through a central line access. TPN is typically administered when a patient requires extensive nutritional support that cannot be achieved by any other means.

Amended Definitions (reflected by *current* definition numbering):

- (1) ~~Abuse. The willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.~~
- (1) "Abuse" means willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an

individual of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.

~~(6) Board. The Tennessee Board for Licensing Health Care Facilities.~~

~~(17) Commissioner. The Commissioner of the Tennessee Department of Health or his or her authorized representative.~~

~~(21) Department. The Tennessee Department of Health.~~

(38) Hospital. Any institution, place, building or agency represented and held out to the general public as ready, willing and able to furnish care, accommodations, facilities and equipment for the use, in connection with services of a physician or dentist, to one (1) or more non-related persons who may be suffering from deformity, injury or disease or from any other condition for which nursing, medical or surgical services would be appropriate for care, diagnosis or treatment. All hospitals shall provide basic hospital functions and may provide optional services as delineated in these rules. A hospital shall be designated according to its classification and shall confine its services to those classifications described below.

~~(b) Satellite Hospital. A satellite hospital may be licensed with a parent hospital upon approval by the Board for Licensing Health Care Facilities when they are on separate premises and are operated under the same management.~~

(b) Satellite Hospital. A satellite hospital may be licensed with a parent hospital upon approval by the Commission when they are on separate premises and are operated under the same management.

~~(55) Mid-Level Practitioner. Either a certified nurse practitioner or a physician assistant.~~

(55) Mid-Level Practitioner. A certified nurse practitioner, a physician assistant, or an anesthesiologist assistant.

(72) Physician Orders for Scope of Treatment or POST. Written orders that:

~~(a) Are on a form approved by the Board for Licensing Health Care Facilities;~~

~~(c) 1. Specify whether, in the event the patient suffers cardiac or respiratory arrest, cardiopulmonary resuscitation should or should not be attempted;~~

~~2. Specify other medical interventions that are to be provided or withheld; or~~

~~3. Specify both 1. and 2.~~

(a) Are on a form approved by the Commission

(c) Specify:

1. Whether, in the event the Patient suffers cardiac or respiratory arrest, Cardiopulmonary Resuscitation should or should not be attempted; and

2. Other medical interventions that are to be provided or withheld, if any.

Authority: T.C.A. §§ ~~4-5-202, 4-5-204~~, 39-11-106, 68-11-202, 68-11-204, 68-11-207, 68-11-209, 68-11-

210, 68-11-211, 68-11-213, 68-11-224, 68-11-255, [68-11-1602](#); 68-11-1802, 68-57-101, 68-57-102, and 68-57-105; 42 U.S.C. § 1395x(kkk); and 42 U.S.C. § 1395cc(j).

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Sequence Number: _____
 Notice ID(s): _____
 File Date: _____

Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, T.C.A. § 4-5-204. For questions and copies of the notice, contact the person listed below.

Agency/Board/Commission:	TN Health Facilities Commission
Division:	N/A
Contact Person:	Logan Grant, Executive Director
Address:	Andrew Jackson Bldg., 9 th Fl., 502 Deaderick St., Nashville TN 37243
Zip:	37243
Phone:	(615) 741-2364
Email:	Logan.Grant@tn.gov

Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:

ADA Contact:	Caroline Tippens, Director of Licensure and Regulation
Address:	Andrew Jackson Bldg., 9 th Fl., 502 Deaderick St., Nashville TN 37243
Phone:	(615) 741-7221
Email:	Caroline.Tippens@tn.gov

Hearing Location(s) (for additional locations, copy and paste table)

Address 1:	502 Deaderick Street		
Address 2:	Andrew Jackson Ground Hearing Room		
City:	Nashville		
Zip:	37243		
Hearing Date:	04/30/2026		
Hearing Time:	10:00 AM	<input checked="" type="checkbox"/> CST/CDT	<input type="checkbox"/> EST/EDT

Additional Hearing Information

A sign-up sheet for public comment will be available at the day of the hearing. Written comments will be accepted via email only until April 28th at 5 P.M. CST. The email address to submit comments is Scott.Faragher@tn.gov

Revision Type (check all that apply):

- Amendment
- New
- Repeal

Rule(s) (ALL chapters and rules contained in filing must be listed. If needed, copy and paste additional tables to accommodate more than one chapter. Please enter only **ONE** Rule Number/Rule Title per row.)

Chapter Number	Chapter Title
0720-14	Standards for Hospitals
Rule Number	Rule Title
0720-14-.01	Definitions

Place substance of rules and other info here. Please be sure to include a detailed explanation of the changes being made to the listed rule(s). Statutory authority must be given for each rule change. For information on formatting rules go to <https://sos.tn.gov/publications/services/rulemaking-guidelines>.

CHAPTER 0720-14
STANDARDS FOR HOSPITALS

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- (#) Tennessee Perinatal Care System Educational Objectives in Medicine for Perinatal Social Workers. is a document developed and maintained by an expert working group of the Perinatal Advisory Committee that lists the objectives necessary for ensuring social workers are equipped to improve maternal and infant health outcomes.
- (#) Tennessee Perinatal Care System Guidelines for Regionalization, Hospital Care Levels, Staffing, and Facilities 2020 Edition. Guidelines are written in response to the recommendation of the Perinatal Advisory Committee, describe components of various care levels, and are developed to accomplish improvement in perinatal outcomes in Tennessee by providing quality care to every mother and newborn.
- (#) Tennessee Perinatal Care System Guidelines for Transportation. Guidelines are written in response to the recommendation of the Perinatal Advisory Committee and are developed to accomplish improvement in the overall quality of maternal-neonatal transportation in the state. The guidelines provide specific guidelines regarding procedures, staffing patterns, and equipment for the transport of high-risk mothers and infants.
- (#) Total Parenteral Nutrition (TPN). Is delivered by IV through a central line access. TPN is typically administered when a patient requires extensive nutritional support that cannot be achieved by any other means.

Rule 0720-14-.01 Definitions is further amended by deleting paragraphs (6), (17), (21), and amending paragraphs (1), and (55), sub-paragraphs (38)(b), and (72)(a),(c) and the Authority Section to read as follows:

- (1) Abuse. Means willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.

- (38) Hospital. Any institution, place, building or agency represented and held out to the general public as ready, willing and able to furnish care, accommodations, facilities and equipment for the use, in connection with services of a physician or dentist, to one (1) or more non-related persons who may be suffering from deformity, injury or disease or from any other condition for which nursing, medical or surgical services would be appropriate for care, diagnosis or treatment. All hospitals shall provide basic hospital functions and may provide optional services as delineated in these rules. A hospital shall be designated according to its classification and shall confine its services to those classifications described below.
 - (b) Satellite Hospital. A satellite hospital may be licensed with a parent hospital upon approval by the Commission when they are on separate premises and are operated under the same management.

- (55) Mid-Level Practitioner. A certified nurse practitioner, a physician assistant, or an anesthesiologist assistant.

- (72) Physician Orders for Scope of Treatment or POST. Written orders that:
 - (a) Are on a form approved by the Commission
 - (c) Specify:
 - 1. Whether, in the event the Patient suffers cardiac or respiratory arrest, Cardiopulmonary Resuscitation should or should not be attempted; and
 - 2. Other medical interventions that are to be provided or withheld, if any.

Authority: T.C.A. §§ 39-11-106, 68-11-202, 68-11-204, 68-11-207, 68-11-209, 68-11-210, 68-11-211, 68-11-213, 68-11-224, 68-11-255, 68-11-1602; 68-11-1802, 68-57-101, 68-57-102, and 68-57-105; 42 U.S.C. § 1395x(kkk); and 42 U.S.C. § 1395cc(j).

I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: 02/20/2026

Signature: _____

Name of Officer: Logan Grant

Title of Officer: Executive Director

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Filed with the Department of State on: _____

Tre Hargett
Secretary of State