



State of Tennessee
Health Facilities Commission

Andrew Jackson Building
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POLICY MEMORANDUM

PM (109)

Supersedes PM 105 for section .01 only

SUBJECT: Licensure requirements under the following rules:

Standards for Hospitals Definitions under 0720-14-.01

DATE: March 25, 2026

POLICY: Pursuant to 2024 Public Chapter 0932, licensure requirements were established for the following service types; neonatal intensive care units, burn units, magnetic resonance imaging services, and positron emission tomography services. The additional services were required to become licensed through the Health Facilities Commission effective December 1, 2025.

The Commission formally adopts the following Attachment 1 - Chapter 0720-14-.01, until this policy is rescinded by the Commission or until the permanent rule amendment becomes effective, or the rule is withdrawn, whichever occurs first.

EFFECTIVE: March 25, 2026

APPROVED:

Logan Grant, Executive Director
Health Facilities Commission

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

Rule 0720-14-.01 Definitions is amended by inserting in alphabetic order the following new paragraphs, with all subsequent paragraphs numbered appropriately:

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.

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: *Logan Grant*

Name of Officer: Logan Grant

Title of Officer: Executive Director

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Tre Hargett
Secretary of State

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