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State of Tennessee
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Logan Grant, Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

RE: Chapter 0720-47 — Standards for Units of Major Medical Equipment (August 12, 2026 Rulemaking Hearing)

Dear Mr. Grant and Members of the Commission,

I write regarding the rulemaking hearing on Chapter 0720-47. I want to acknowledge the Commission's responsiveness in removing the influenza vaccination and declination language from Rule 0720-47-.06, and for the improvements in section 0720-47-.11 including the inclusion of definitions and the continuing care and transfer protections in subsection (23). Those are meaningful steps.

One issue must be corrected before these rules are finalized. If it is not, patients will be harmed.

The Conflict Within These Rules

Section 0720-47-.10(1)(c) expressly grants every patient the right to refuse treatment. Section 0720-47-.11(20) permits a Health Care Provider to decline to comply with an Individual Instruction or Health Care Decision for reasons of conscience.

"Health Care Decision" is defined in section 0720-47-.01(30) as "consent, refusal of consent, or withdrawal of consent to Health Care." A patient's refusal of treatment is therefore a Health Care Decision by the rules' own definition. Under section 0720-47-.11(20), a provider may decline to comply with that refusal for reasons of conscience. Under section 0720-47-.11(23)(d), if a transfer cannot be effectuated, the provider is not compelled to comply with the patient's refusal — meaning the provider could disregard or override a patient's express refusal of treatment.

Section .10 grants the right to refuse. Section .11(20) permits overriding that refusal. These provisions cannot both be fully operative as written. That is a direct internal conflict that the Commission must resolve before these rules take effect.

The Real-World Impact

As written, a provider could invoke conscience to administer a medication, continue a ventilator, or proceed with any treatment a patient has refused. If transfer cannot be effectuated, the patient has no recourse under these rules. This outcome is inconsistent with T.C.A. § 68-11-1812's presumption of patient capacity and the

foundational purpose of the Tennessee Health Care Decisions Act. It is also inconsistent with the patient rights the Commission itself established in section 0720-47-.10. These are not hypothetical concerns. They are the foreseeable consequence of passing rules with this conflict unresolved.

The simplest fix is to narrow the conscience provision so it applies only to a provider's refusal to perform a procedure they object to, while expressly protecting a patient's right to refuse unwanted care.

Recommended Amendments

1. Amend section 0720-47-.11(20) to read:

"A Health Care Provider may decline to comply with an Individual Instruction or Health Care Decision for reasons of conscience solely as it relates to the performance of a specific health care procedure, treatment, or service to which the provider objects on the basis of a sincerely held religious, moral, or ethical belief. This provision applies only when a specific Individual Instruction or Health Care Decision, as defined in section 0720-47-.01, has been made by or on behalf of the Patient. This provision shall not be construed to authorize a Health Care Provider to override, disregard, or fail to honor a Patient's refusal of consent to, or withdrawal of consent from, any health care procedure, treatment, or service, and shall be read in harmony with — and shall not override — the Patient's right to refuse treatment established in section 0720-47-.10(1)(c)."

2. Amend section 0720-47-.11(21) to add subsection (c):

"(c) This provision shall not be construed to authorize a Health Care Institution to override a Patient's refusal of consent to, or withdrawal of consent from, any health care procedure, treatment, or service."

These amendments limit conscience protection to the performance of specific procedures a provider objects to, require that a patient direction exist before conscience can be invoked, and expressly prohibit using conscience to override a patient's refusal of care. They resolve the internal conflict with section 0720-47-.10(1)(c) and bring the rules into alignment with T.C.A. § 68-11-1808 read in its proper statutory context.

Conscience protection and patient autonomy are not in conflict. These amendments preserve both. I urge the Commission to adopt them before these rules are finalized.

I remain available to discuss further at your convenience.

Respectfully,

Michele Reneau
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Tennessee House of Representatives