

REMOTE SITE VISITS (PC 949) – PASSED

SB2511 Sen. Becky Massey (R-Knoxville)

HB2537 Rep. Ron Gant (R-Rossville)

Allows for Site Visits by HIPAA-Compliant Means

Allows 10 of the required 12 annual site visits by collaborating physicians with APRNs and PAs to be conducted by HIPAA-compliant electronic means instead of in person. TMA's amendment extends the authorization for federally-qualified health centers to arrange for 100 percent of chart review to be remote, joining free clinics, community mental health centers, and volunteer healthcare providers.

APRN INDEPENDENT PRACTICE – SUMMER STUDY

SB176 Sen. Jon Lundberg (R-Bristol)

HB184 Rep. Bob Ramsey (R-Maryville)

Eliminates Collaborative Practice Agreements

Would have eliminated the requirement for APRNs to maintain formal collaborative relationships with physicians except for those in their first three (3) years of practice, and expanded their scope to allow diagnosis and treatment without physician delegation. The bill would also have allowed APRNs to perform invasive procedures like spinal blocks, determine cause of death, and sign death certificates. Additionally, it would have eliminated the certificate of fitness requirement under current law, meaning an APRN license from the Board of Nursing would have equaled prescriptive authority for all legend and controlled drugs. The Senate Commerce and Labor committee will convene a summer work group to try to facilitate meaningful compromise between physicians and mid-level providers.

REPORTING PRESCRIBERS TO LAW ENFORCEMENT – FAILED

SB1843 Sen. Jon Lundberg (R-Bristol)

HB1897 Rep. Bud Hulseley (R-Kingsport)

*Reporting Requirements for
Substance Abuse and Misuse*

Would have required health care employers to report employees suspected of diverting drugs to TBI, local law enforcement authorities, and the professional's licensing board. As introduced, the bill would have conflicted with disciplinary

requirements set forth in law and created a disciplinary record that would unnecessarily follow a physician the rest of his or her career, even if he or she was completely compliant with treatment and recovery. Although TMA offered an amendment, it was not accepted by the sponsor. The legislation failed on a voice vote following testimony by TMA and the Tennessee Medical Foundation (TMF).

PA INDEPENDENT PRACTICE – SUMMER STUDY

SB2775 Sen. Mike Bell (R-Riceville)

HB2629 Rep. Mark Cochran (R-Englewood)

Eliminates Collaborative Practice Agreements

Would have authorized PAs with more than 6,000 hours of clinical practice to practice under a written collaboration statement signed by either the employer or a physician. Employer was defined as: 1) an entity that is organized to deliver healthcare services in this state (including PCs and PLLCs), 2) a group or medical practice that is part of a health system, or 3) a physician who employs a PA. PAs with less than 6,000 hours of clinical practice would practice in collaboration under a specific physician or a PA with more than 10,000 clinical hours. TMA will work toward resolution with both PAs and APRNs in the summer study called by the Senate Commerce and Labor committee.

PRESCRIPTION FOR NALOXONE HYDROCHLORIDE (PC 1061) – PASSED

SB2465 Sen. Shane Reeves (R-Murfreesboro)

HB2228 Rep. Bob Ramsey (R-Maryville)

Requirements for Prescribing Naloxone

Requires a health care prescriber who prescribes opioids to offer the patient a prescription for naloxone hydrochloride or other overdose reversing drug when certain conditions are present. TMA's amendment specifies that a prescriber only has to offer naloxone if the prescription is for more than 3 days and the patient is at risk of overdose, or if a benzodiazepine and opioid are prescribed together. The amendment also specifies that the law does not create a private right of action against the prescriber.