Committee on Physician Assistants

Newsletter

2014 A regulatory agency of the State of Tennessee FALL ISSUE

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COPA ADOPTS DEPARTMENT OF HEALTH'S CHRONIC PAIN TREATMENT GUIDELINES

The Committee on Physician Assistants (COPA) voted at its July 2014 meeting to adopt as policy the Department of Health's "Clinical Practice Guidelines for Outpatient Management of Chronic Non-Malignant Pain" (hereinafter the "Department's treatment guidelines"). The Department's treatment guidelines were developed to assist providers in defining and treating chronic pain while minimizing potential for addiction and adverse outcomes. To date, the document has been adopted by the following health related boards:

- Committee on Physician Assistants;
- Board of Medical Examiners;
- Board of Osteopathic Examination;
- Board of Nursing;
- Board of Pharmacy;
- Board of Podiatric Medical Examiners; and
- Board of Optometry.

The guidelines are available online at:

http://health.state.tn.us/boards/PDFs/ChronicPainGuidelines%208%207%2014.pdf.

CHANGES TO YOUR CONTINUING EDUCATION REQUIREMENTS

Pursuant to Public Chapter 430, which became effective July 1, 2014, **all holders of a DEA registration who prescribe** are required to complete two (2) hours of continuing medical education related to controlled substance prescribing. These hours must include "instruction in the Department of Health's treatment guidelines on opioids, benzodiazepines, barbiturates, and carisoprodol" and may include such other topics as medicine addiction and risk management tools. By existing rule, all physician assistant licensees in the state of Tennessee are required to complete at least one (1) Category 1 hour of continuing education in prescribing practices. The result of this statutory development on the existing regulatory framework is as follows:

- As a licensee, you must complete at least one (1) hour of Category 1 continuing education in prescribing practices.

- If you are a licensee holding a DEA registration, you are required to complete at least two (2) hours of continuing education in controlled substance prescribing, which must include instruction in the Department of Health's treatment guidelines.

In addition to the change noted above, the National Commission on Certification of Physician Assistants (NCCPA) is in the process of implementing a new PA certification process. The new process includes two (2) major changes to the recertification process:

1. Completion of the recertification exam will be required every ten (10) years instead of every six (6) years; and

2. Twenty (20) of the fifty (50) Category 1 credits required in every two-year CME cycle must be in one or both of the new NCCPA CME categories: self-assessment and performance improvement.

These changes already apply to PAs who passed the Physician Assistant National Certifying Exam (PANCE) in 2014 or who recertify in the 2012-2014 cycle. All remaining PAs will transition to the new process when their current six-year recertification cycle ends.

RESCHEDULING OF HYDROCODONE FROM SCHEDULE III TO SCHEDULE II

On August 22, 2014, the Drug Enforcement Administration (DEA) published a final rule rescheduling hydrocodone combination products (HCPs) from Schedule III to Schedule II of the Controlled Substances Act. The rule, which became effective October 6, will require all new hydrocodone combination prescriptions written on or after the effective date of the rule to comply with Schedule II regulations. Prescriptions issued before October 6, 2014, which are authorized for refills may be dispensed so long as such dispensing occurs before April 8, 2015.

IMPORTANT INFORMATION REGARDING YOUR PRACTITIONER PROFILE

Pursuant to the "Health Care Consumer Right-to-Know Act," physician licensees in Tennessee are obligated to make certain information available to the public. This obligation is continuing, meaning, it is not discharged by the initial submission of relevant information: **licensees must notify the Department of Health of updates to their profiles within thirty (30) days of the date on which a change occurs.**

To check the accuracy of your profile, please visit: http://health.state.tn.us/Licensure/Default.aspx. Should you find that your profile is in need of revision, please submit a practitioner profile questionnaire containing your updated information to the Committee on Physician Assistants. The practitioner profile form may be accessed electronically at: http://health.state.tn.us/Downloads/PH-3585.pdf.

Pursuant to Public Chapter 898, the Department of Health is directed to update existing provider profiles with the supervisory relationship contained in the controlled substance database (CSMD). This means that, for the first time, supervisees will be listed on their supervising physician's profile. **Please take care to assure that the supervisory relationships noted in the CSMD and your practitioner profile are accurate and up-to-date**. Failure to timely update your profile constitutes a violation of the Physician Assistants Practice Act and may result in disciplinary action.

A recent rule change requires all physician assistants to identify their supervising physician by entering that physician's driver's license number into the CSMD. Newly registered CSMD users have thirty (30) calendar days from the date of their registration to enter their supervising physician's driver's license into the CSMD. Existing users who are reporting a change in their supervisor(s) must enter the driver's license number within thirty (30) calendar days of any such change.

COPA'S LAPSED LICENSE POLICY

Renewal of your professional license is your responsibility. Failure to receive your biennial renewal notice does not excuse late renewal. If you determine that your license has lapsed, you must cease practice and immediately contact the Committee's Administrative Office to request a reinstatement application. If your application indicates that your license has been expired for less than thirty (30) calendar days, it may be reinstated upon receipt of your completed reinstatement application, supporting documentation and all applicable fees.

If your application indicates that you have been practicing on a license that has been expired for more than thirty (30) calendar days and less than six (6) months, an Agreed Citation will be prepared and a civil penalty will be imposed. Your application for reinstatement will not be approved until you have complied with the terms of the Agreed Citation.

The Committee's lapsed license policy is available on the Committee's website at: http://health.state.tn.us/Downloads/PA_LapsedLicense.pdf

DEPARTMENT OF HEALTH NAMES NEW EXECUTIVE DIRECTOR

Maegan Carr Martin, JD, has been named the Executive Director of the Board of Medical Examiners (BME) and Board of Osteopathic Examination (BOE). Ms. Martin fills the vacancy created by the promotion of Rosemarie Otto, the BME and BOE's long-serving Executive Director, to Director of Health Related Boards. Ms. Martin left private legal practice to join the Department of Health and has previous health regulatory and policy experience, having worked as the State Legislative and Policy Manager for the Federation of State Medical Boards' Washington, DC Office. Ms. Martin can be reached by email at maegan.martin@tn.gov.

PURPOSE OF TEMPORARY LICENSURE

COPA is authorized to issue temporary licenses to applicants who are awaiting an opportunity to sit for the PANCE. If you have already successfully completed this licensure examination, you must apply for a full and unrestricted physician assistant license. **Applying for a temporary license when you otherwise qualify for a full and unrestricted license will not expedite the licensure process and may cause delays in the processing of your application.** TENN. COMP. R. & REGS. 0880-03-.14 governs COPA's issuance of temporary licenses. This rule and the general rules governing the practice of physician assistants are available on the Committee's website under "Statutes, Rules and Policies."

Did you know…

Public Chapter 983 (passed in 2014) generally prohibits healthcare providers from dispensing opioids and benzodiazepines?

Effective January 1, 2015, insurance providers can no longer deny payment solely because the encounter was not in person?

Public Chapter 898 (passed in 2014) directs the Department of Health to update provider profiles using the supervisory relationship contained in the CSMD? This means that physician profiles will include a list of all supervisees.

These and other statutory developments of interest to Tennessee physician assistants are summarized for you below.

CURRENT COMPOSITION OF THE COMMITTEE

The Committee is comprised of the following members:

Omar Nava, PA, Chair
Benjamin L. Hux, OPA, Secretary
Beverly J. Gardner, PA
Donna Lynch, PA
James Montag, Jr., PA
Bret Reeves, PA
Ann Arney, Esq., Public Member

UPCOMING COPA MEETINGS

January 9, 2015

April 10, 2015

July 10, 2015

October 2, 2015

All COPA meetings begin at 9:00 a.m., Central. Committee meetings are held at the Administrative Office and are open to the public. Dates are subject to change, but are listed on the Committee's Website. In the event of an electronic meeting, a conference room is made available to the public and is the location from which the electronic meeting is conducted.

REMINDER TO "OPT IN" TO RECEIVE ELECTRONIC NOTIFICATIONS

If you wish to receive notifications from the Department of Health electronically rather than by United States Mail, you have the option to "opt-in" to receive electronic notifications. **PLEASE NOTE: by opting-in and providing a current email address, you will begin to receive ALL notices electronically rather than through the United States mail.** This means that your renewal notification will also be delivered electronically approximately 45 days in advance of your expiration.

You can request to opt-in from the physician portal at: https://apps.tn.gov/hlrs/begin.jsp. You may also submit a written request to opt-in to the Board's Administrative Office. If you choose to receive all Department of Health correspondence by electronic mail, it is imperative that you take care to keep the Administrative Office apprised of changes to your email address.

LICENSES ISSUED BY THE COMMITTEE JANUARY 1 - DECEMBER 31, 2013

Through the licensing process, the Committee ensures that the professionals we regulate meet the standards of education, training and professional conduct necessary to serve Tennessee patients safely and effectively. In 2013, the Committee issued the following licenses:

License Type	Number of New Licenses Issued in 2013
PA	191
OPA	1

NEW LOCATION OF COPA'S ADMINISTRATIVE OFFICE

The Department of Health's Division of Health Licensure and Regulation, Office of Health Related Boards, has made the transition to its new state-owned space. Please note our new address:

Tennessee Department of Health
Division of Health Related Boards
Committee on Physician Assistants
665 Mainstream Drive
Nashville, TN 37243
(615) 532-4384
(615) 253-4484 (fax)

DISCIPLINARY ACTION AVAILABLE ONLINE

The Tennessee Department of Health issues a monthly media release listing all disciplinary actions taken by the health related boards during the prior month. All action taken by the Committee on Physician Assistants may be viewed online by visiting:

http://health.state.tn.us/Boards/disciplinary.htm

COPA'S MISSION

The Tennessee Board of Medical Examiners' Committee on Physician Assistants is committed to carrying out its mission to safeguard the health, safety, and welfare of Tennesseans by requiring those who practice medicine as physician assistants within this state to be qualified. The Committee awards licenses to qualified candidates who have graduated from approved physician assistant programs and successfully completed all requirements for licensure. The Committee interprets the laws, rules, and regulations to determine the appropriate standards of practice in an effort to ensure the highest degree of professional conduct. The Committee is responsible for the investigation of alleged violations of the physician assistant act and corresponding Committee rules and is responsible for the discipline of licensees who are found guilty of such violations.

STATUTORY DEVELOPMENTS OF INTEREST TO TENNESSEE PHYSICIAN ASSISTANTS

The 2014 Legislative Session ended on April 17, 2014. The full text and a short summary of each legislative development of interest to physician assistant licensees in Tennessee is provided below. The 109th General Assembly will convene on January 13, 2015.

PUBLIC CHAPTER NO. 575

AN ACT to amend Tennessee Code Annotated, Title 63, Chapter 6, Part 7, relative to volunteer health care services.

SECTION 1. Tennessee Code Annotated, Section 63-6-703, is amended by adding a new, appropriately designated subdivision and by deleting subdivision (5) and substituting instead the following:

( ) "Free clinic" means a not for profit, out-patient, non-hospital facility in which a health care provider engages in the voluntary provision of health care services to patients without charge to the recipient of the services or to a third party;

(5) "Voluntary provision of health care services" means the providing of professional health care services by the health care provider either without charge to the recipient of the services or to a third party, or recipients are charged on a sliding scale according to income. Nothing shall preclude a health care provider from collecting the charges described in subdivision (4)(B) on behalf of the sponsoring organization as long as the health care provider retains none of the payment and forwards all collections to the sponsoring organization.

SECTION 2. Tennessee Code Annotated, Section 63-6-708, is amended by deleting subdivision (a)(1) and substituting instead the following:

(1) No person who is licensed, certified or authorized by the board of any of the professions of the healing arts, as enumerated in this title, shall be liable for any civil damages for any act or omission resulting from the rendering of such services, unless the act or omission was the result of such person's gross negligence or willful misconduct if the person:

(A) Is engaging in the voluntary provision of health care services within the limits of the person's license, certification or Authorization; and

(B) The services are delivered to any patient of:

(i) A sponsoring organization; or

(ii) A free clinic.

SECTION 3. This act shall take effect upon becoming a law, the public welfare requiring it.

SUMMARY OF PUBLIC CHAPTER 575: The Act extends civil immunity to health care providers providing services at clinics that charge patients based on a sliding scale to health care providers offering services at a clinic that does not charge a patient for services.

PUBLIC CHAPTER NO. 594

AN ACT to amend Tennessee Code Annotated, Title 68, Chapter 5, relative to infant cardiopulmonary resuscitation.

SECTION 1. Tennessee Code Annotated, Section 68-5-112, is amended by deleting the section in its entirety and by substituting instead the following:

(a) An obstetrical provider who treats a prenatal patient on at least two (2) different occasions shall make available information and instruction concerning the appropriate use and techniques of infant cardiopulmonary resuscitation (CPR) to at least one (1) future parent or caregiver.

(b) A hospital or birthing center where a baby is born shall make available information and instruction concerning the appropriate use and techniques of infant cardiopulmonary resuscitation (CPR) to at least one (1) parent or caregiver before the newborn is discharged from the facility.

(c) A primary care provider who treats a newborn in an ambulatory care setting within twenty-eight (28) days

after the date of birth shall make available information and instruction concerning the appropriate use and techniques of infant cardiopulmonary resuscitation (CPR) to at least one (1) parent or caregiver.

(d) Nothing in this section shall require classes in certification of infant CPR. This section shall also not constitute a requirement to be assessed during any inspection under chapter 11, part 2 of this title.

(e) Any facility or practitioner acting within the scope of their licensure or practice shall be immune from any civil or administrative liability under this section and shall have an affirmative defense to any criminal liability arising from making such information available.

(f) This section shall be known and may be cited as the "Blakeleigh Rone Act".

SECTION 2. This act shall take effect July 1, 2014, the public welfare requiring it.

SUMMARY OF PUBLIC CHAPTER 594: The Act requires certain entities to make available information and instruction of infant CPR to at least one future parent or caregiver.

PUBLIC CHAPTER NO. 622

AN ACT to amend Tennessee Code Annotated, Title 53, Chapter 10, Part 3, relative to the controlled substance monitoring database.

SECTION 1. Tennessee Code Annotated, Section 53-10-306(h), is amended by adding the following as a new, appropriately designated subdivision:

(#) A prescriber, healthcare practitioner extender or dispenser who may place a copy of a patient's report obtained from the database pursuant to this section in that patient's medical records. Once placed in a patient's medical records, any copy of a patient's report obtained from the database pursuant to this section shall be subject to disclosure on the same terms and conditions as medical records defined under §§ 63-2-101 and 63-1-117.

SECTION 2. Tennessee Code Annotated, Section 53-10-306, is amended by adding the following language as a new, appropriately designated subsection:

(_) Authorized committee, board, or department personnel and any designee appointed by the committee engaged in analysis of controlled substances prescription information as a part of the assigned duties and responsibilities of their employment may publish, or otherwise make available to prescribers, dispensers and to the general public, aggregate unidentifiable personal data contained in or derived from the database for the purpose of educational outreach.

SECTION 3. Tennessee Code Annotated, Section 53-10-306(h), is amended by adding the following as a new, appropriately designated subdivision:

(#) A prescriber, healthcare practitioner extender or dispenser who may place a copy of a patient's report obtained from the database pursuant to this section in that patient's medical records. Once placed in a patient's medical records, any copy of a patient's report obtained from the database pursuant to this section shall be subject to disclosure on the same terms and conditions as medical records defined under § 63-2-101 and § 63-1-117.

SECTION 4. Tennessee Code Annotated, Section 53-10-306, is amended by adding the following language as a new, appropriately designated subsection:

(_) Authorized committee, board, or department personnel and any designee appointed by the committee engaged in analysis of controlled substances prescription information as a part of the assigned duties and responsibilities of their employment may publish, or otherwise make available to prescribers, dispensers and to the general public, aggregate unidentifiable personal data contained in or derived from the database for the purpose of educational outreach.

SECTION 5. Sections 1 and 2 of this act shall take effect on July 1, 2014, the public welfare requiring it.

Sections 3 and 4 of this act shall take effect on July 1, 2016, at 12:01 a.m., the public welfare requiring it.

SUMMARY OF PUBLIC CHAPTER 622: Current law requires that, prior to writing a script for an opiate or benzodiazepine; a practitioner must check the database for their patient. This act allows that patient's profile to be placed in their medical record, which is subject to HIPAA. This further allows the Department of Health to make available upon request aggregate, de-identified data from the CSMD.

PUBLIC CHAPTER NO. 623

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 1, Part 1, is amended by adding the following language as a new, appropriately designated section:

(a) As used in this section, "drug-related overdose" means an acute condition, including mania, hysteria, extreme physical illness, coma, or death resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a layperson would reasonably believe to be an opioid related drug overdose that requires medical assistance.

(b) As used in this section, "opioid antagonist" means naloxone hydrochloride which is approved by the federal Food and Drug Administration for the treatment of a drug overdose.

(c) A licensed healthcare practitioner otherwise authorized to prescribe an opioid antagonist acting in good faith and exercising reasonable care may, directly or by standing order, prescribe an opioid antagonist to the following persons:

(1) A person at risk of experiencing an opiate related overdose, or

(2) A family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose.

(d) In order to establish good faith under subsection (e), a licensed healthcare practitioner, prior to prescribing an opioid antagonist, may require receipt of a written communication that provides a factual basis for a reasonable conclusion that:

(1) The person seeking the opioid antagonist is at risk of experiencing an opiate-related overdose; or

(2) The person seeking the opioid antagonist other than the person who is at risk of experiencing an opiate-related overdose, and who is seeking the opioid antagonist, is a family member, friend, or other person in a position to assist the person at risk of experiencing an opiate-related overdose.

(f) A person who receives an opioid antagonist that was prescribed pursuant to subsection (c) may administer an opioid antagonist to another person if:

(1) The person has a good faith belief that the other person is experiencing an opioid related drug overdose; and

(2) The person exercises reasonable care in administering the drug to the other person.

(g) Evidence of the use of reasonable care in administering the drug shall include the receipt of basic instruction and information on how to administer the opioid antagonist, including successful completion of the online overdose prevention education program offered by the department of health. SB 1631

(h) The commissioner of health or the commissioner's designee, in consultation with other state, federal or local government personnel, including contractors, shall create and maintain an online education program with the goal of educating laypersons and the general public on the administration of opioid antagonists and appropriate techniques and follow-up procedures for dealing with opioid related drug overdose.

(i) The following individuals are immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by this section:

(1) Any licensed healthcare practitioner who prescribes or dispenses an opioid antagonist pursuant to subsection (c); and

(2) Any person who administers an opioid antagonist pursuant to subsection (e).

(j) A licensed healthcare practitioner acting in good faith and with reasonable care, who prescribes, dispenses, or administers an opioid antagonist to a person the healthcare provider believes to be experiencing or is at risk of experiencing a drug-related overdose or prescribes an opioid antagonist to a family member, friend, or other person in a position to assist a person experiencing or at risk of experiencing a drug-related overdose is immune from disciplinary or adverse administrative actions under title 63 for acts or omissions during the administration, prescription, or dispensation of an opioid antagonist.

SECTION 2. This act shall become effective on July 1, 2014, the public welfare requiring it.

SUMMARY OF PUBLIC CHAPTER 623: Naloxone is an opioid antagonist designed to stop the effects of an opiate related overdose. This act allows a licensed healthcare practitioner to prescribe naloxone to a person at risk of having an opiate related overdose, or a family member or friend of the at-risk individual. It further requires training in administration of naloxone prior to the drug being prescribed. Civil immunity is provided for both the prescribing practitioner and the individual administering naloxone.

PUBLIC CHAPTER NO. 651

SECTION 1. Tennessee Code Annotated, Section 63-1-150(d), is amended by adding a new subdivision as follows:

(d)(3) A QIC may share information and documents, including complaints, incident reports, and testimony and statements by any person to the QIC, with one or more other QICs as defined under this section or under § 68-11-272. Information and documents disclosed by one QIC to another QIC, and any information and documents created or maintained as a result of the sharing of such information and documents, shall be confidential, privileged and protected from direct or indirect means of discovery, subpoena or admission into evidence, to the same extent as provided in subdivision (d)(1). The QIC sharing such information with another QIC shall determine the manner and process by which it will share such information and documents which process may include requiring a written agreement between QICs regarding the sharing of practitioner information. The QIC and its sponsoring healthcare organization shall not be held liable and are immune from suit for any disclosure or sharing of information in compliance with this section.

SECTION 2. Tennessee Code Annotated, Section 63-1-150(e), is amended by deleting the subsection in its entirety and by substituting instead the following:

(e) No healthcare organization or its officers, trustees, directors, healthcare providers, administrative staff, employees, other committee members or attendees, or any person providing information to a QIC shall be held liable: (1) In any action for damages or other relief and is immune from liability arising from the provision of information to a QIC or in any judicial or administrative proceeding if the information is provided to the QIC in good faith and without malice and on the basis of facts reasonably known or reasonably believed to exist; or

(2) In any action for damages or other relief and is immune from liability resulting from any decisions, opinions, actions, and proceedings rendered, entered or acted upon by a QIC undertaken or performed within the scope or function of the duties of such committees or in any judicial or administrative proceeding, if made or taken in good faith and without malice and on the basis of facts reasonably known or reasonably believed to exist.

SECTION 3. Tennessee Code Annotated, Section 63-1-150, is amended by adding the following subsections:

(g) Any person providing information to a QIC is presumed to have acted in good faith and without malice. Any person alleging lack of good faith has the burden of proving bad faith and malice.

(h) All decisions, opinions, actions and proceedings rendered, entered or acted upon by a QIC are presumed to have been completed in good faith and without malice. Any person alleging lack of good faith has the burden of proving bad faith and malice.

SECTION 4. Tennessee Code Annotated, Section 68-11-272(c), is amended by adding a new subdivision as follows:

(c)(3) A QIC may share information and documents, including complaints, incident reports, and testimony and statements by any person to the QIC, with one or more other QICs as defined under this section or under § 63-1-150. Information and documents disclosed by one QIC to another QIC, and any information and documents created or maintained as a result of the sharing of such information and documents, shall be confidential, privileged and protected from direct or indirect means of discovery, subpoena or admission into evidence, to the same extent as provided in subdivision (c)(1). The QIC sharing such information with another QIC shall determine the manner and process by which it will share such information and documents, which process may include requiring a written agreement between QICs regarding the sharing of practitioner information. The QIC and its sponsoring healthcare organization shall not be held liable and are immune from suit for any disclosure or sharing of information in compliance with this section.

SECTION 5. Tennessee Code Annotated, Section 68-11-272(d), is amended by deleting the subsection in its entirety and by substituting instead the following:

(d) No healthcare organization or its officers, trustees, directors, healthcare providers, administrative staff, employees, other committee members or attendees, or

any person providing information to a QIC shall be held liable:

(1) In any action for damages or other relief arising from the provision of information to a QIC or in any judicial or administrative proceeding if the information is provided to the QIC in good faith and without malice and on the basis of facts reasonably known or reasonably believed to exist; or

(2) For damages resulting from any decisions, opinions, actions, and proceedings rendered, entered or acted upon by a QIC undertaken or performed within the scope or function of the duties of such committees or in any judicial or administrative proceeding, if made or taken in good faith and without malice and on the basis of facts reasonably known or reasonably believed to exist.

SECTION 6. Tennessee Code Annotated, Section 68-11-272, is amended by adding the following subsections:

(f) Any person providing information to a QIC is presumed to have acted in good faith and without malice. Any person alleging lack of good faith has the burden of proving bad faith and malice.

(g) All decisions, opinions, actions and proceedings rendered, entered or acted upon by a QIC are presumed to have been completed in good faith and without malice. Any person alleging lack of good faith has the burden of proving bad faith and malice.

SECTION 7. This act shall take effect upon becoming a law, the public welfare requiring it.

SUMMARY OF PUBLIC CHAPTER 651: The Act allows Quality Improvement Committees (QIC's) to share information with their counterparts and keeps this information confidential, privileged and protected from subpoena, discovery or trial evidence. It removes liability surrounding those who give information to QIC's and removes liability solely on actions taken by the QIC.

PUBLIC CHAPTER NO. 675

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 10, is amended by adding the following language as a new, appropriately designated section:

(1) "Health insurance entity" has the same meaning as defined in § 56-7-109 and includes managed care organizations participating in the medical assistance program under title 71, chapter 5;

(2) "Healthcare services" has the same meaning as defined in § 56-61-102;

(3) "Healthcare services provider" means an individual acting within the scope of a valid license issued pursuant to title 63;

(4) "Qualified site" means the office of a healthcare services provider, a hospital licensed under title 68, a facility recognized as a rural health clinic under federal Medicare regulations, a federally qualified health center, any facility licensed under title 33, or any other location deemed acceptable by the health
insurance entity;

(5) "Store-and-forward telemedicine services":

(A) Means the use of asynchronous computer-based communications between a patient and healthcare services provider at a distant site for the purpose of diagnostic and therapeutic assistance in the care of patients; and

(B) Includes the transferring of medical data from one (1) site to another through the use of a camera or similar device that records or stores an image that is sent or forwarded via telecommunication to another site for Consultation;

(6) "Telehealth":

(A) Means the use of real-time, interactive audio, video telecommunications or electronic technology, or store-and-forward telemedicine services by a health care services provider to deliver healthcare services to a patient within the scope of practice of the healthcare services provider when:

(i) Such provider is at a qualified site other than the site where the patient is located; and

(ii) The patient is at a qualified site or at a school clinic staffed by a healthcare services provider and equipped to engage in the telecommunications described in this section and

(B) Does not include:

(i) An audio-only conversation;

(ii) An electronic mail message; or

(iii) A facsimile transmission; and

(7) "Telehealth provider" means a healthcare services provider engaged in the delivery of healthcare services through telehealth.

(b) Healthcare services provided through a telehealth encounter shall comply with state licensure requirements promulgated by the appropriate licensure boards. Telehealth providers shall be held to the same standard of care as health care services providers providing the same healthcare service through in-person encounters.

(c) A telehealth provider who seeks to contract with or who has contracted with a health insurance entity to participate in the health insurance entity's network shall be subject to the same requirements and contractual terms as a healthcare services provider in the health insurance entity's network.

(d) Subject to subsection (c), a health insurance entity:

Shall provide coverage under a health insurance policy or contract for covered healthcare services delivered through telehealth;

(1) Shall provide coverage under a health insurance policy or contract for covered health services delivered through telehealth;

(2) Shall reimburse a healthcare services provider for the diagnosis, consultation, and treatment of an insured patient for a healthcare service covered under a health insurance policy or contract that is provided through telehealth;

(3) Shall not exclude from coverage a healthcare service solely because it is provided through telehealth and is not provided through an in-person encounter between a healthcare services provider and a patient; and

(4) Shall reimburse healthcare services providers who are out-of-network for telehealth care services under the same reimbursement policies applicable to other out-of-network healthcare services providers.

(e) A health insurance entity shall provide coverage for health care services provided during a telehealth encounter in a manner that is consistent with what the health insurance policy or contract provides for in-person encounters for the same service.

(f) Nothing in this section shall require a health insurance entity to pay total reimbursement for a telehealth encounter, including the use of telehealth equipment, in an amount that exceeds the amount that would be paid for the same service provided by a healthcare services provider in an in-person encounter.

(g) Any provisions not stipulated by this section shall be governed by the terms and conditions of the health insurance contract.

(h) Nothing in this section shall apply to accident-only, specified disease, hospital indemnity, plans described in § 1251 of the Patient Protection and Affordable Care Act, Public Law 111-148, as amended and § 2301 of the Health Care and Education Reconciliation Act of 2010, Public Law 111-152, as amended, plans described in the Employee Retirement Income Security Act of 1974 (ERISA), compiled in 29 U.S.C. § 1001 et seq., Medicare supplement, disability income, long-term care, or other limited benefit hospital insurance policies.

SECTION 2. This act shall take effect January 1, 2015, the public welfare requiring it, and shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in this state on or after January 1, 2015.

SUMMARY OF PUBLIC CHAPTER 675: The Act allows telehealth providers to contract with insurance companies to have their services covered in offered plans. Insurance providers cannot deny payment solely because the encounter was not in person.

PUBLIC CHAPTER NO. 700

SECTION 1. Tennessee Code Annotated, Section 63-1-301, is amended by deleting subdivisions (1)-(6) and by substituting instead the following:

(1) "Advanced practice nurse" means any person licensed under chapter 7 of this title, who meets the requirements of § 63-7-126;

(2) "Chronic non-malignant pain treatment" means prescribing or dispensing opioids, benzodiazepines, barbiturates or carisoprodol for ninety (90) days or more in a twelve (12) month period for pain unrelated to cancer or palliative care;

(3) "Department" means the department of health;

(4) "Medical doctor" means any person licensed under chapter 6 of this title;

(5) "Osteopathic physician" means any person licensed under chapter 9 of this title;

(6)(A) "Pain management clinic" means a privately-owned clinic, facility or office in which any health care provider licensed under this title provides chronic non-malignant pain treatment to a majority of its patients for ninety (90) days or more in a twelve (12) month period. For purposes of determining if a clinic, facility, or office qualifies as a pain management clinic under this subdivision (6)(A), the entire clinic, facility, or office caseload of patients who received medical care services from all medical doctors, osteopathic physicians, advanced practice nurses and physician assistants who serve in the clinic, facility or office shall be counted;

(B) "Pain management clinic" also means a privately-owned clinic, facility or office which advertises in any medium for pain management services of any type. A pain management clinic shall not include any clinic, facility, or office which provides interventional pain management as defined in § 63-6-244 and whose clinic, facility or office does not provide chronic non-malignant pain treatment to a majority of the patients of a clinic, facility or office for ninety (90) days or more in a twelve (12) month period;

(C) "Pain management clinic" does not mean a clinic, facility or office that is wholly owned and operated by a physician multispecialty practice in which one or more board-eligible or board-certified medical specialists who have also completed fellowships in pain medicine approved by the Accreditation Council for Graduate Medical Education, or who are also board-certified in pain medicine by the American Board of Pain Medicine or a board approved by the American Board of Medical Specialties, the American Association of Physician Specialists, or the American Osteopathic Association perform the pain management services for chronic pain patients; and

(7) "Physician assistant" means any person licensed under chapter 19 of this title.

SECTION 2. Tennessee Code Annotated, Section 63-1-303(c)(1)(B) is amended by deleting the subdivision and substituting the following:

(B) That providers conduct urine drug screening in accordance with a written drug screening compliance plan as required by rules promulgated by the commissioner of health pursuant to subsection (b);

SECTION 3. This act shall take effect July 1, 2014, the public welfare requiring it.

SUMMARY OF PUBLIC CHAPTER 700: Defines chronic non-malignant pain treatment as "prescribing or dispensing opioids, benzodiazepines, barbiturates or carisoprodol for ninety (90) days or more in a twelve (12) month period for pain unrelated to cancer or palliative care." A pain clinic has been redefined in statute.

PUBLIC CHAPTER NO. 820

SECTION 1. Tennessee Code Annotated, Section 39-13-107(c), is amended by inserting the word "lawful" before the word "act" and inserting the word "lawful" before the word "omission".

SECTION 2. Tennessee Code Annotated, Section 39-13-107(c), is amended by designating the existing language as subdivision (c)(1) and by adding the following new subdivisions:

(2) Notwithstanding subdivision (c)(1), nothing in this section shall preclude prosecution of a woman for assault under § 39-3-101 for the illegal use of a narcotic drug, as defined in § 39-17-402, while pregnant, if her child is born addicted to or harmed by the narcotic drug and the addiction or harm is a result of her illegal use of a narcotic drug taken while pregnant.

(3) It is an affirmative defense to a prosecution permitted by subdivision (c)(2) that the woman actively enrolled in an addiction recovery program before the child is born, remained in the program after delivery, and successfully completed the program, regardless of whether the child was born addicted to or harmed by the narcotic drug.

SECTION 3. This act shall take effect upon becoming a law, the public welfare requiring it and shall cease to be effective July 1, 2016.

SUMMARY OF PUBLIC CHAPTER 820: This act allows for prosecution, up to a class A misdemeanor, of a woman who gives birth to a child with neonatal abstinence syndrome, if the mother was illegally using narcotics. It is an affirmative defense for the mother if she was enrolled in a recovery program prior to the birth and successfully completes the program.

PUBLIC CHAPTER 832

SECTION 1. Tennessee Code Annotated, Section 63-10-204(35), is amended by deleting the subdivision in its entirety and by substituting instead the following:

(35) (A) "Practice of pharmacy" means a patient-oriented health service profession in which pharmacists interact and consult with patients and other health care professionals to enhance patients' wellness, prevent illness, and optimize outcomes. The practice involves:

(i) Interpretation, evaluation and implementation of medical orders and prescription orders;

(ii) Responsibility for compounding and dispensing prescription orders, including radioactive substances;

(iii) Participation in drug, dietary supplement and device selection, storage, distribution and administration;

(iv) Drug evaluation, utilization or regimen review;

(v) Maintenance of patient profiles and other pharmacy records;

(vi) Provision of patient education and counseling;

(vii) Provision of patient care services and activities pursuant to a collaborative pharmacy practice agreement;

(viii) Drug or drug-related research; and

(ix) Those professional acts, professional decisions or professional services necessary to maintain all areas of a patient's pharmacist-provided care;

(B) Nothing in this chapter authorizes a pharmacist to order laboratory tests or prescribe any prescription drugs except pursuant to a medical order by the attending prescriber for each patient or pursuant to a collaborative pharmacy practice agreement jointly agreed upon by a pharmacist or pharmacists and a prescriber or prescribers; provided, that pharmacists are authorized to conduct and assist patients with tests approved for home use. Pharmacists may convey orders for laboratory tests when authorized by the attending prescriber and may prescribe prescription drugs when required to carry out a medical order or perform activities pursuant to a collaborative pharmacy practice agreement when authorized by the attending prescriber;

SECTION 2. Tennessee Code Annotated, Section 63-10-204(38), is amended by deleting the subdivision in its entirety and by substituting instead the following:

(38)"Prescription order" means and includes any order, communicated through written, verbal or electronic means by a physician, certified physician assistant, nurse authorized pursuant to § 63-6-204, who is prescribing under the supervision, control and responsibility of a licensed physician, and who meets the requirements pursuant to § 63-7-207(14), pharmacist in accordance with a collaborative pharmacy practice agreement pursuant to this section, dentist, veterinarian, optometrist authorized pursuant to § 63-8-102(12), or other allied medical practitioner, for any drug, device or treatment. Nothing in this chapter shall prohibit the verbal communication to a pharmacist of a direct order for a prescription from a physician, registered nurse, licensed practical nurse or physician assistant pursuant to § 63-6-204, or dentist, veterinarian, optometrist authorized pursuant to § 63-8-102(12), or other allied medical practitioner by a pharmacist pursuant to § 63-9-113 nor shall this chapter prohibit verbal communication of a direct order for a prescription from one (1) pharmacist to another when ordered pursuant to a collaborative pharmacy practice agreement;

SECTION 3. Tennessee Code Annotated, Section 63-10-204, is amended by adding the following as new subdivisions to be appropriately designated:

( ) "Collaborative pharmacy practice" is the practice of pharmacy whereby one (1) or more licensed pharmacists licensed in this state, jointly and voluntarily work with one (1) or more prescribers licensed in this state, under a collaborative pharmacy practice agreement to provide patient care services, to achieve optimal medication use and desired patient outcomes;

( ) "Collaborative pharmacy practice agreement" is a written and signed agreement entered into voluntarily

between one (1) or more licensed pharmacists in this state, and one (1) or more prescribers licensed in this state, each of whom is in active practice in this state providing patient care services in this state, that provides for collaborative pharmacy practice, as defined by law;

SECTION 4. Tennessee Code Annotated, Title 63, Chapter 10, Part 2, is amended by adding the following as a new section:

63-10-217. (a) A collaborative pharmacy practice agreement under this chapter shall be between one (1) or more pharmacists licensed in this state and an individual prescriber licensed in this state, or one (1) or more prescribers licensed in this state in an organized medical group, including but not limited to, staff of a licensed health care facility, clinic, group medical practice, accountable care organization, or patient-centered medical home. When a collaborative practice pharmacy agreement is being established between a pharmacist or pharmacists and an organized medical group or one (1) or more members employed or contracted by an organized medical group, the chief medical officer, medical director, or a designated physician in that group shall be required to approve the collaborative pharmacy practice agreement in order to permit provision of patient care services, as defined in the collaborative pharmacy practice agreement.

(b) The collaborative pharmacy practice agreement shall define the nature and scope of patient care services to be provided by the pharmacist. The prescriber or prescribers entering into the agreement retain the ultimate authority regarding the scope of services provided by pharmacists in accordance with a collaborative pharmacy practice agreement. The patient care services authorized to be provided by one (1) or more pharmacists in accordance with a collaborative pharmacy practice agreement shall be within the scope of practice of the authorizing prescriber or prescribers. Any patient care services provided by a pharmacist or pharmacists pursuant to a collaborative pharmacy practice agreement shall be documented in a patient record accessible by the pharmacist and the prescriber or communicated to the prescriber or prescribers within three (3) business days in accordance with the provisions of the collaborative pharmacy practice agreement.

(c) An individual prescriber licensed in this state or one (1) or more prescribers licensed in this state in an organized medical group, as described in the definition of collaborative pharmacy practice agreement in § 63-10-204, may employ pharmacists for the purpose of providing patient care services pursuant to a collaborative pharmacy practice agreement, as defined in § 63-10-204, for the benefit of a patient or patients of that prescriber or prescribers in that organized medical group. No retail pharmacy may employ a prescriber for the purpose of maintaining, establishing or entering into a collaborative practice agreement with a patient. Nothing shall prohibit a pharmacy or pharmacist or group of pharmacists from employing or entering into a professional contract with a physician or licensed medical practitioner for the purpose of conducting quality assurance reviews of its pharmacists that are engaged in the practice of collaborative drug therapy.

(d) If the collaborative practice agreement includes one (1) or more prescribers who are either advanced practice nurses (APN) or physician assistants (PA), the supervising physician who has primary responsibility for supervising the APN or PA, must also approve and sign the collaborative pharmacy practice agreement. The supervising physician may only approve a collaborative pharmacy practice agreement of an APN or PA if the services authorized in the agreement are included in the routine services delivered by the supervising physician in the physician's medical practice. An authorizing prescriber entering into collaborative pharmacy practice agreements shall be available for consultation with the pharmacist or pharmacists as needed.

(e) Pharmacists and authorizing prescribers entering into collaborative pharmacy practice agreements shall maintain a copy of the written collaborative pharmacy practice agreement on file at their places of practice.

(f) Collaborative pharmacy practice agreements shall be reviewed and renewed biennially, at a minimum.

(g) The board of pharmacy, in collaboration with the board of medical examiners and board of osteopathic examination, shall promulgate rules establishing appropriate minimum standards applicable for provisions to be contained in any collaborative practice agreement, including, but not limited to, provisions regarding drugs or drug categories such as controlled substances covered under the collaborative pharmacy practice agreement. All such rules shall be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

SECTION 5. Tennessee Code Annotated, Section 63-6-204(b), is amended by deleting the language "or a licensed practical nurse" and by substituting instead the language "a licensed practical nurse, or a pharmacist pursuant to a collaborative pharmacy practice agreement,".

SECTION 6. Tennessee Code Annotated, Section 63-9-113, is amended by deleting the language "or a licensed

practical nurse" and by substituting instead the language "a licensed practical nurse, or a pharmacist pursuant to a collaborative pharmacy practice agreement,".

SECTION 7. This act shall take effect July 1, 2014, the public welfare requiring it.

SUMMARY OF PUBLIC CHAPTER 832: This authorizes collaborative pharmacy practice agreements (CPPAs) and sets out the legal parameters for CPPAs involving pharmacists and health care practitioners with prescriptive authority. It prohibits a retail pharmacy from employing an individual with prescribing authority for the purpose of maintaining, establishing or entering into a collaborative practice agreement with a patient. Further, it specifies that nothing shall prevent a pharmacy or pharmacist or group of pharmacists from employing or entering into a professional contract with a physician or licensed medical practitioner for the purpose of conducting quality assurance reviews of its pharmacists that are engaged in the practice of collaborative drug therapy.

PUBLIC CHAPTER NO. 842

SECTION 1. Tennessee Code Annotated, Section 63-1-313, is amended by adding the following between the language "seventy-two (72) hours" and the period"." at the end of subsection (a): or a sample of a non-narcotic schedule V controlled substance in a quantity limited to an amount that is adequate to treat the patient for a maximum of fourteen (14) days.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.

SUMMARY OF PUBLIC CHAPTER NO. 842: The Act expands the provisions for dispensing in pain clinics to allow prescribers at a pain clinic to dispense complimentary samples of non-narcotic schedule V controlled substances for up to a 14-day supply.

PUBLIC CHAPTER NO. 898

SECTION 1. Tennessee Code Annotated, Section 63-51-105(a), is amended by adding the following as a new subdivision:

( ) For the profile of a holder of a certificate of fitness pursuant to § 63-7-123 or any physician assistant licensed under § 63-19-105, the name of the holder's or assistant's supervising physician;

SECTION 2. Tennessee Code Annotated, Section 63-51-115, is amended by deleting the section in its entirety and substituting instead:

Under the provisions of this chapter, the department of health only compiles information. The department shall not vouch for or assert the accuracy of any information it disseminates under this chapter. Before the department disseminates information to consumers under this chapter, the department shall permit each provider, hospital, or managed care organization, whose information is to be disseminated, the opportunity to review and correct any information the department proposes to disseminate. The department shall also allow a supervising physician at any time the opportunity to review, accept, and update the existence of a supervisory relationship between the physician and the holder of a certificate of fitness pursuant to § 63-7-123 or a physician assistant licensed under § 63-19-105. On or after January 1, 2015, the supervisory relationship contained in the controlled substance database, as established in title 53, chapter 10, part 3, shall be used by the department to update provider profiles which have been established pursuant to this chapter. The department shall not be subject to any suit for damages concerning any information that the department disseminates that a provider, hospital, managed care organization, or supervisory physician had the opportunity to correct, but did not correct. Nothing contained in this section shall repeal or override the confidentiality provisions contained in title 53, chapter 10, part 3, except to the extent that the department uses the information to update the existence of a supervisory relationship between a physician and a holder of a certificate of fitness pursuant to § 63-7-123 or a physician assistant licensed under§ 63-19-105.

SECTION 3. Tennessee Code Annotated, Section 63-51-117(d), is amended by deleting the subsection in its entirety and substituting instead:

(d) Each provider who has submitted information pursuant to this chapter must update that information in writing or online by notifying the department within thirty (30) days after the occurrence of an event or the attainment of a status that is required to be reported. With respect to updated information required to be submitted pursuant to § 63-51-1 05(a)(5)(A), the department shall accept information updating a profile as it relates only to a physician licensed pursuant to chapter 6 or 9 of this title if the information is received

within thirty (30) days of final payment in writing or online from either the provider or the provider's health care liability carrier and the carrier attests, in writing to the department, that it is the provider's health care liability carrier that has made the payment and that the carrier has confirmed in writing or online to the provider that the information has been reported to the department for purposes of updating the provider's profile.

SECTION 4. This act shall take effect on January 1, 2015, the public welfare requiring it.

SUMMARY OF PUBLIC CHAPTER 898: Revises the way Advanced Practice Nurse and Physicians Assistants profiles are maintained on the Consumer Right to Know Database. It does this by making the database searchable by APN, PA or physician name. It further requires notification to the Department within 30 days of any change in supervising relationship by all providers so it can be changed in the database for the public.

PUBLIC CHAPTER NO. 906

SECTION 1. Tennessee Code Annotated, Section 39-17-431 (c), is amended by deleting the subsection in its entirety and substituting instead the following:

(c) (1) A pharmacy shall not sell products containing ephedrine or pseudoephedrine base, or their salts, isomers or salts of isomers to the same person in an amount more than:

(A) Five and seventy-six hundredths (5.76) grams in any period of thirty (30) consecutive days; or

(B) Twenty-eight and eight tenths (28.8) grams in any one-year period.

(2) A person shall not purchase products containing ephedrine or pseudoephedrine base, or their salts, isomers or salts of isomers in an amount more than:

(A) Five and seventy-six hundredths (5.76) grams in any period of thirty (30) consecutive days; or

(B) Twenty-eight and eight tenths (28.8) grams in any one-year period.

(3) The limits in this subsection (c) shall apply whether one (1) form of identification required in subsection (d) is used to make the purchase or if two (2) or more forms of identification required in subsection (d) are used to purchase the products. The limits contained in this subsection (c) shall apply to the total amount of base ephedrine and pseudoephedrine contained in the products and not the overall weight of the products. The prohibitions contained in this subsection (c) shall not apply to a person who obtains the product or products pursuant to a valid prescription issued by a licensed health care practitioner authorized to prescribe by the laws of the state.

(4) This subsection (c) also shall apply to pharmacist-generated prescription orders of the product pursuant to § 63-10-206. The provision of the patient education and counseling as a part of the practice of pharmacy shall be required when any product is issued under this subsection (c).

(5) There shall be no protocol or procedure mandated by any individual or corporate entity that interferes with the pharmacist's professional duty to counsel and evaluate the patient's appropriate pharmaceutical needs and the exercise of the pharmacist's professional judgment as to whether it is appropriate to dispense medication as set forth in subsection (d) or otherwise.

SECTION 2. Tennessee Code Annotated, Section 39-17-431, is amended by deleting the language "one-day or thirty-day period" in subdivision (m)(1)(C) and "one-day period or thirty-day period' in subdivision (m)(1)(D) and substituting instead the language "thirty-day or one-year period".

SECTION 3. Tennessee Code Annotated, Section 39-17-431, is amended by adding the following language as a new, appropriately designated subsection:

( ) No person under eighteen (18) years of age may purchase a product that contains any immediate methamphetamine precursor, except pursuant to a valid prescription issued by a licensed healthcare practitioner authorized to prescribe by the law of the state or a pharmacist generated prescription issued pursuant to § 63-10-206.

SECTION 4. This act shall take effect July 1, 2014, the public welfare requiring it.

SUMMARY OF PUBLIC CHAPTER 906: This is the Methamphetamine Production Reduction Act. The law caps the sale/purchase of ephedrine or pseudoephedrine products at 5.76 g/month or 28.8 g/year, per person requiring prescription. The caps shall not apply with respect to a valid prescription from a practitioner authorized to prescribe. No person under the age of 18 may purchase the products except pursuant to a valid prescription from a practitioner or from a pharmacist generated prescription.

PUBLIC CHAPTER NO. 909

SECTION 1. This act shall be known and may be referred to as the "Tennessee Patient Safety Cosmetic Medical Procedures Act".

SECTION 2. Tennessee Code Annotated, Title 63, Chapter 1, Part 1, is amended by adding the following as a new section: 63-1-152.

(a) As used in this section:

(1) "Cosmetic medical service" means any service that uses a biologic or synthetic material, a chemical application, a mechanical device, or a displaced energy form of any kind that alters or damages, or is capable of altering or damaging, living tissue to improve the patient's appearance or achieve an enhanced aesthetic result;

(2) "Media" or "advertising" means oral, written and other types of communication disseminated for the purpose of soliciting medical services. These communications include, but are not limited to, newspaper or magazine advertisement, telephone directory displays, printed brochures or leaflets, websites, email correspondence, and television or radio announcements;

(3) "Medical director" or "supervising physician" means a physician who:

(A) Holds an active medical license under chapter 6 or 9 of this title in this state;

(B) Has an active medical practice in this state; and

(C) Is responsible for the provision of or supervises the provision of cosmetic medical services; and

(4) "Medical spa" means any entity, however named or organized, which offers or performs cosmetic medical services; provided, that a medical spa shall not include an individual physician's office or practice owned by a physician.

(b) Any entity doing business as or advertised as a medical spa shall display the name of the medical director or supervising physician and shall indicate one of the following by signage at its practice site and in its media and advertising:

(1) Whether the medical director or supervising physician is certified or eligible for certification by a private or public board, parent association, multidisciplinary board or association that is a member of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA);

(2) Whether the medical director or supervising physician is certified by a board or association with equivalent requirements to the ABMS or AOA as approved and recognized by the board of medical examiners or the board of osteopathic examination, as appropriate; or

(3) Whether the medical director or supervising physician is certified by a board or association requiring an Accreditation Council for Graduate Medical Education (ACGME) or AOA approved training program that provides complete training in the specialty or subspecialty certified, followed by prerequisite certification by a certifying board of the ABMS or AOA in that training field and successful completion of an additional examination in the specialty or subspecialty certified.

(c) If the medical director or supervising physician is not certified by any of the entities identified in subsection (b), then the lack of certification shall be displayed by signage at its practice site and in its media and advertising.

SECTION 3. This act shall take effect July 1, 2014, the public welfare requiring it.

SUMMARY OF PUBLIC CHAPTER 909: The act defines cosmetic medical service as any "service that uses a biologic or synthetic material, a chemical application, a mechanical device, or a displaced energy form of any kind that alters or damages, or is capable of altering or damaging, living tissue to improve the patient's appearance or achieve an enhanced aesthetic result." The act further requires any business advertising as a medical spa to display the medical director or supervising physician of the practice on a sign at the practice including board certification.

PUBLIC CHAPTER NO. 936

SECTION 1. Tennessee Code Annotated, Section 39-17-402, is amended by deleting subdivision (16) and substituting instead the following: (16) "Marijuana" means all parts of the plant cannabis, whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin or any compound, mixture, or preparation which contains any quantity of these substances. The term "marijuana" does not include:

(A) Cannabis oil containing the substance cannabidiol, with less than nine tenths of one percent (0.9%) of tetrahydrocannabinol, when transferred, dispensed, possessed or administered as part of a clinical research study on the treatment of intractable seizures supervised by a physician practicing at a hospital or associated clinic affiliated with a university having a college or school of medicine.

(B) Cannabis oil containing the substance cannabidiol, with less than nine tenths of one percent (0.9%) of tetrahydrocannabinol, including the necessary seeds and plants, when manufactured, processed, transferred, dispensed or possessed by a four-year public institution of higher education located in any county having a population of not less than seventy-two thousand three hundred (72,300) nor more than seventy-two thousand four hundred (72,400) according to the 2010 federal census or any subsequent federal census as part of a clinical research study on the treatment of intractable seizures; or

(C) The mature stalks of the plant, fiber produced from the stalks, oil or cake made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture or preparation of the mature stalks, except the resin extracted from the mature stalks, fiber, oil or cake, or the sterilized seeds of the plant which are incapable of germination;

SECTION 2. Any physician conducting a clinical research study on the treatment of intractable seizures at a facility described in Section 1 (16)(A) shall report the results of such study, including information on the number of patients involved, the parameters of the study and the outcomes of each patient, to the commissioner of health, the speaker of the house of representatives and the speaker of the senate by anuary 15, 2018.

SECTION 3. This act shall take effect upon becoming a law, the public welfare requiring it, and shall expire at the end of June 30, 2018. On July 1, 2018, the provision of Tennessee Annotated, Section 39-17-402, amended by Section 1 shall be revived with its language as it was in effect on April 9, 2014; provided, that such revival shall not repeal or delete any amendment to Section 39-17-402 by Public Chapter_ of the Acts of 2014 [Senate Bill2495/House Bill2445].

SUMMARY OF PUBLIC CHAPTER 936: The Act allows for cannabidiol to be dispensed and administered as part of clinic research trials for treatment of intractable seizures in certain hospitals. The act requires the trials to be supervised by a physician practicing at a hospital or associated clinic that are affiliated with a university with a college or school of medicine. Any physician conducting a trial must report the results to the standing health committees of the Tennessee House and Tennessee Senate as well as both the Speakers of the Senate and House by January 15, 2018.

PUBLIC CHAPTER NO. 949

SECTION 1. Tennessee Code Annotated, Section 63-1-103, is amended by deleting the section in its entirety and substituting instead the following: Each Application for a license filed with the division shall be on forms prescribed by the division or via online application and shall be accompanied by a fee as set by the division.

SECTION 2. Tennessee Code Annotated, Section 63-1-117, is amended by deleting subsections (f)-(i) and substituting the following:

(f) The following materials, documents and other matters related to, compiled or created pursuant to an investigation, conducted by or on behalf of the department shall not be a public record before formal disciplinary charges are filed against the provider:

(1) Allegations against the health care provider;

(2) Complainant's identifying information;

(3) Identifying information of a witness who requests anonymity;

(4) Patient's identifying information;

(5) Patient's medical record; and

(6) Any report prepared by or on behalf of the department as a part of an investigation.

(g) After the filing of formal disciplinary charges against the provider, only the materials and documents upon which the charges are based may be disclosed as a public record, but not the complainant's identifying information, identifying information of a witness who requests anonymity, patient's identifying information, patient's medical record or investigator's report.

(h) Department annual health care facility and pharmacy survey inspection reports shall be available to the public pursuant to subsections (f) and (g).

(i) This section does not modify or limit the prehearing discovery provisions set forth in the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

(j) As used in this section:

(1) "Health care provider" means health care professionals, establishments or facilities licensed, registered, certified or permitted pursuant to this title or title 68 and regulated either under the authority of the department of health or any agency, board, council or committee attached to the department; and

(2) “Medical record" means any and all documents maintained by a health care provider relating to a patient's diagnosis, care and treatment, including, but not limited to, notes, reports, memos, emails, facsimile transmissions, laboratory tests, billing documents and medication orders.

(k) The commissioner of health is authorized to promulgate rules and regulations to effectuate this part.

SECTION 3. Tennessee Code Annotated, Section 63-1-139, is amended by adding the following as a new, appropriately designated subsection:

( ) Each board, commission, committee, agency or other governmental entity created pursuant to this title, title 68, chapter 24 and title 68, chapter 140, part 3 shall have the authority to accept license applications and renewals electronically as if the same were submitted in hard copy format.

SECTION 4. Tennessee Code Annotated, Section 63-3-109(a)(1), is amended by deleting the subdivision in its entirety and substituting instead the following:

(1) Apply on a form prescribed by the board or via online application for an academic license;

SECTION 5. Tennessee Code Annotated, Section 63-4-109(a), is amended by deleting the subsection in its entirety and substituting instead the following:
(a) Application for licensure shall be made to the board in writing or via online application.

SECTION 6. Tennessee Code Annotated, Section 63-6-207(a), is amended by deleting the language "Persons desiring to practice medicine or surgery in this state shall make application in writing to the board, which application shall be accompanied by" and by substituting instead the language "A person desiring to practice medicine or surgery in this state shall make application in writing to the board or via online application, which shall be accompanied by".

SECTION 7. Tennessee Code Annotated, Section 63-7-127(d), is amended by deleting the subsection in its entirety and substituting the following:

(d) An individual seeking certification as a medication aide shall apply to the board of nursing on a form prescribed and provided by the board in writing or via online application, and shall also pay the applicable certification fee established by the board.

SECTION 8. Tennessee Code Annotated, Section 63-9-104(a), is amended by deleting the language "Before engaging in the practice of osteopathic medicine, every person shall have made to the secretary of the board application for a certificate of fitness to practice osteopathic medicine, on a from to be prescribed by the board giving" and substituting instead the following language "Before engaging in the practice of osteopathic medicine, a person shall submit an application to the secretary of the board for a certificate of fitness to practice osteopathic medicine on a form prescribed by the board in writing or via online application, which includes".

SECTION 9. Tennessee Code Annotated, Section 63-10-306(d), is amended by deleting the subsection in its entirety and substituting the following: (d) An applicant for licensure as a pharmacist shall be at least twenty-one (21) years of age, be a graduate of a school or college of pharmacy recognized by the board, and

submit an application for licensure on a form or forms approved by the board in writing or via online application and pursuant to board rules and regulations.

SECTION 10. Tennessee Code Annotated, Section 63-11-202(c), is amended by deleting the language "Those psychological examiners rendering health-related clinical activities or services who have been duly licensed prior to July 1, 1991, who make written request to the board, shall be senior psychological examiners." and by substituting instead the following language: "Those psychological examiners rendering health-related clinical activities or services who have been duly licensed prior to July 1, 1991, who request to the board in writing or via online application, shall be senior psychological examiners."

SECTION 11. Tennessee Code Annotated, Section 63-13-306(a), is amended by deleting subsection (a) in its entirety and substituting instead the following:

(a) An applicant for licensure as a physical therapist or physical therapist assistant shall file an application as required by the board. A non-refundable application fee and cost of the examination shall accompany the completed written or online application. Fees shall be established by the rules promulgated by the board.

SECTION 12. Tennessee Code Annotated, Section 63-23-103(b)(1), is amended by deleting subdivision (A) in its entirety and substituting instead the following:

(A) Submitted a written application in a form prescribed by the board or via online application;

SECTION 13. Tennessee Code Annotated, Section 63-23-104(b)(1), is amended by deleting subdivision (A) in its entirety and substituting instead the following:

(A) Submitted a written application in a form prescribed by the board or via online application;

SECTION 14. Tennessee Code Annotated, Section 63-23-105(b); is amended by deleting subdivision (1) in its entirety and substituting instead the following:

(1) Submitted a written application in a form prescribed by the board or via online application;

SECTION 15. Tennessee Code Annotated, Section 63-25-108, is amended by deleting the language "An applicant for licensure as a dietitian/nutritionist shall file a written application on forms provided by the department showing to the satisfaction of the board that such person" and by substituting instead the language: "An applicant for licensure as a dietitian/nutritionist shall file a written application on forms provided by the department or via online application showing to the satisfaction of the board that such person".

SECTION 16. For purposes of promulgating rules this act shall take effect upon becoming a law, the public welfare requiring it. For all other purposes this act shall take effect July 1, 2014, the public welfare requiring it.

SUMMARY OF PUBLIC CHAPTER 949: Allows for initial licensure applications to be accepted online. Currently, renewing licenses is already available online. This also makes available to the public annual inspections of health care facilities and pharmacies, similar to how nursing home inspections are already available.

PUBLIC CHAPTER NO. 983

SECTION 1. Tennessee Code Annotated, Section 63-1-303(a), is amended by adding the following language at the end of the subsection: A licensed health care practitioner shall notify the board that has licensed the practitioner within ten (10) days of starting or ending work at any pain management clinic.

SECTION 2. Tennessee Code Annotated, Section 53-10-312, is amended by adding the following new subsections:

(c) A wholesaler shall design and operate a system to disclose to the wholesaler suspicious orders of controlled substances. A wholesaler shall inform the board of pharmacy and the boards whose licensees have prescribing authority of suspicious orders when discovered. Suspicious orders include orders of unusual size, orders deviating substantially from a normal pattern, and orders of unusual frequency.

(d) In the event of the discovery of the theft or significant loss of controlled substances, a wholesaler shall report such theft or significant loss to the committee and local law enforcement within one (1) business day of discovery of the theft or loss.

SECTION 3. Tennessee Code Annotated, Title 63, Chapter 1, Part 1, is amended by adding the following new section:

(a) Except as provided in § 63-1-313, a health care prescriber licensed under this title may not dispense an opioid or benzodiazepine. This section shall not apply to:

(1) The dispensing of complimentary packages of medicinal drugs that are labeled as a drug sample or complimentary drug to the practitioner's own patients in the regular course of practice without the payment of a fee or remuneration of any kind;

(2) The dispensing of opioids or benzodiazepines in the health care system of the department of corrections;

(3) The dispensing of opioids or benzodiazepines in connection with the performance of a surgical procedure performed at a licensed health care facility. The amount dispensed pursuant to this subdivision (a)(3) may not exceed a seven (7) day supply. This exception does not allow for the dispensing of an opioid or benzodiazepine more than seven (7) days after the performance of the surgical procedure;

(4) The dispensing of opioids or benzodiazepines pursuant to an approved clinical trial. For purposes of this subsection, the term "approved clinical trial" means a clinical research study or clinical investigation that, in whole or in part, is state or federally funded or is conducted under an investigational new drug application that is reviewed by the United States food and drug administration;

(5) The dispensing of an opioid drug in a nonresidential substitution-based treatment center for opiate addiction, as defined in§ 68-11-1602;

(6) The dispensing of an opioid or benzodiazepine to a patient of a facility that is licensed by the board for licensing health care facilities pursuant to § 68-11-202;

(7) The dispensing of an opioid or benzodiazepine to a patient of a facility licensed under Title 33;

(8) The dispensing of an opioid or benzodiazepine by a physician practice, which provides health care services as part of a coordinated care model, that: (A) Dispenses opioids and benzodiazepines, as directed by the patient's prescription, in safety-sealed and unit-dosed prepackaged containers stamped with the manufacturer's national drug code (NDC) number; (B) Administers and records pill-counts for opioids or benzodiazepines in order to ensure patient compliance with the prescription; and (C) Dispenses non-controlled substances which amount to at least fifty percent (50%) of the prescriptions filled annually from the practice; or

(9) The dispensing of an opioid or benzodiazepine by a veterinarian in the course of the veterinarian's practice.

(b) Within ten (10) days after the effective date of this act, each medical practitioner licensed under this title, unless the practitioner meets one (1) of the exceptions listed in subsection (a), shall ensure that the undispensed inventory of opioids and benzodiazepines purchased under the prescriber's drug enforcement administration number for dispensing is:

(1) Returned in compliance with this act to a licensed third party reverse distributor; or

(2) Turned in to local law enforcement agencies and abandoned.

(c) Wholesalers shall buy back the undispensed inventory of opioids and benzodiazepines, which are in the manufacturer's original packing, unopened, and in date, in accordance with the established policies of the wholesaler or the contractual terms between the wholesaler and the practitioner concerning returns.

SECTION 4. Tennessee Code Annotated, Section 63-1-102, is amended by adding the following new, appropriately designated subdivision:

( ) "Health care prescriber" means a:

(A) Physician licensed under chapter 6 or 9 of this title;

(B) Dentist licensed under chapter 5 of this title;

(C) Nurse licensed under chapter 7 of this title;

(D) Podiatrist licensed under chapter 3 of this title;

(E) Optometrist licensed under chapter 8 of this title; and

(F) Physician assistant licensed under chapter 19 of this title;

SECTION 5. The commissioner of health is authorized to promulgate rules and regulations to effectuate the purposes of this act. All such rules and regulations shall be promulgated in accordance with Tennessee Code Annotated, Title 4, Chapter 5.

SECTION 6. If any provision of this act or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to that end the provisions of this act are declared to be severable.

SECTION 7. This act shall take effect January 1, 2015, the public welfare requiring it.

SUMMARY OF PUBLIC CHAPTER 983: This is a pain clinic revision act that requires all healthcare practitioners to notify their appropriate licensing board within 10 days of starting or ending employment at a pain clinic. It prevents health care prescribers from dispensing an opioid or benzodiazepine except under certain conditions. Requires all opioids and benzodiazepine's not falling under the exemptions to be returned to a reverse distributor or to local law enforcement by Jan. 11, 2015. The act requires pharmacy wholesalers to notify the Board of Pharmacy and other prescribing boards when suspicious orders (unusual size, deviations from normal pattern, and unusual frequency) are discovered. Wholesalers must report a theft or significant loss of controlled substances to the Controlled Substance Monitoring Committee and local law enforcement within one business day of discovery.

PUBLIC CHAPTER NO. 1011

SECTION 1. Tennessee Code Annotated, Section 53-1 0-305(b)(2), is amended by deleting the language "at least once every seven (7) days for all the controlled substances dispensed during the preceding seven-day period" and by substituting instead the language "for each business day but no later than the close of business on the following business day; provided, that a veterinarian shall submit information at least once every seven (7) days and shall not be required to use a computerized system in order to submit required information pursuant to this section".

SECTION 2. Tennessee Code Annotated, Section 53-10-307, is amended by inserting a new subsection (e):

(e)(1) Failure to submit the required information by any dispenser shall not be considered a violation if a good faith effort was made and the failure of the report to be transmitted was due to technical difficulties or the inability to have the report received by the database.

(2) Technical difficulties shall include the failure of the database to receive the transmission of any report, the failure of any dispenser's system or switch used in the transmission of a report, electrical problems, natural disasters, fires, flooding, or other unforeseen circumstance as defined in rules by the board.

(3) The board of pharmacy shall have rulemaking authority to implement this subsection.

SECTION 3. Tennessee Code Annotated, Section 53-10-305(b), is amended by deleting the subdivision in its entirety and by substituting instead the following:

(b) A pharmacy dispenser that uses a computerized system to record information concerning the dispensing of controlled substances listed in Schedule II, Ill, or IV, and Schedule V controlled substances identified by the controlled substance database advisory committee as demonstrating a potential for abuse, shall submit the required information to the committee or its agent utilizing nationally recognized pharmacy telecommunications format standards by a procedure and in a format established by the committee for each business day but no later than the close of business on the following business day; provided, that a veterinarian shall submit information at least once every seven (7) days and shall not be required to use a computerized system in order to submit required information pursuant to this section".

SECTION 4. Tennessee Code Annotated, Section 53-10-307, is amended by inserting a new subsection (e):

(e)(1) Failure to submit the required information by any dispenser shall not be considered a violation if a good faith effort was made and the failure of the report to be transmitted was due to technical difficulties or the inability to have the report received by the database.

(2) Technical difficulties shall include the failure of the database to receive the transmission of any report, the failure of any dispenser's system or switch used in the transmission of a report, electrical problems, natural disasters, fires, flooding, or other unforeseen circumstance as defined in rules by the board.

(3) The board of pharmacy shall have rulemaking authority to implement this subsection.

SECTION 5. Sections 1 and 2 of this act shall take effect on January 1, 2016, the public welfare requiring it. Sections 3 and 4 of this act shall take effect at 12:01 a.m. on July 1, 2016.

SUMMARY OF PUBLIC CHAPTER 1011: This Act requires submissions to the Controlled Substance Monitoring Database be made at the close of each business day for all controlled substances dispensed the prior business day. The act does provide good faith effort exemption and gives the Board of Pharmacy the ability to make rules implementing this exemption.