TNA Legislative Calendar -- Week of April 16, 2018

FINAL CALENDARS OF THIS LEGISLATIVE SESSION

Monday, April 16, 2018

3:30pm - Senate Chamber, Senate Floor

SB2095 Dickerson S. Prescribing of buprenorphine by certain nurse practitioners. Permits a licensed psychiatric nurse practitioner or physician assistant in this state for at least three years and has no limitations or conditions imposed on the practitioner s licensure within the prior three years by the board of nursing or the committee on physician assistants to prescribe buprenorphine. ***Amendment Summary:*** Senate Health & Welfare Committee amendment 1 (014459) establishes a working group to examine the potential impact of allowing nurses and physician assistants to prescribe buprenorphine containing products for the treatment of opioid abuse disorder. Lists the composition of the working group and states that all costs for the group will be paid for by the members and not by the state. House amendment 1, Senate Government Operations Committee amendment 1 (015159) requires the Commissioner of the Department of Mental Health and Substance Abuse Services (DMHSAS) to convene a working group to examine the potential impact of authorizing advance practice nurses and physician assistants in Tennessee to prescribe buprenorphine containing products for the treatment of opioid use disorder and any potentially appropriate clinical settings for any such prescribing authority. Requires the working group to include a least one representative from the Department of Health (DOH),the DMHSAS, the Tennessee Bureau of Investigation (TBI), the Tennessee Association of Chiefs of Police, the Tennessee Medical Association, the Tennessee Nurses Association, the Tennessee Academy of Physician Assistants, the Tennessee Society of Addiction Medicine, the Tennessee Recovery Coalition, the Tennessee Association of Alcohol and Drug, and Other Addiction Services, the Tennessee Association of Mental Health Organizations, Neighborhood Health, Watauga Recovery Centers, and a facility licensed as a nonresidential office-based treatment facility by the DMHSAS. Requires any costs associated with participation in the working group be borne by the individual participant or their respective associations or organizations, except for those employed by the state. The state will cover costs for those employed by the state. Requires the working group, no later than February 1, 2019, to submit a report regarding its findings and recommendations to the Commissioner of the DMHSAS, the Commissioner of the DOH, the Health Committees of the House and Senate, at which time the working group will cease to exist. ***Position:*** Support
HB2510 - J. Favors - 04/02/18 - House passed with amendment 1 (015159).

SB2257 Norris M. Requirements for prescribing, dispensing, and reporting of opioids. Authorizes commissioner of health to establish the morphine milligram equivalent calculation for an opioid drug. Requires use of the calculation established by the federal centers for disease control and prevention for that drug, given that there s no such existing rule. Changes requirements of healthcare practitioners to check a controlled substance database when prescribing and dispensing the substances to patients, and to check the database every six months, instead of annually, of the patient s treatment. Provides the health commissioner with control of this database. Forbids practitioners from providing more than a five-day supply of opiates to patients, a ten-day supply in situations where refilling the prescription would prove difficult for the patient. Restricts the use of opiates to the treatment of patients in severe conditions where traditional treatment methods have been tried, and only after consultation with the patient. Requires the health commissioner to file a report on the effect of these restrictions by no later than November 2021. This bill is part of the governor's Administration Package.

Amendment Summary: House amendment 1 revises various provisions of this bill, as follows: (1) This amendment adds to the list of information a healthcare practitioner must submit to the controlled substance database the ICD-10 code for any prescription that contains an ICD-10 code (this provision will not be mandatory prior to January 1, 2019, for a dispenser who has not updated the dispenser's software system to enable submission of ICD-10 codes); and a value signifying opioid treatment is occurring pursuant to a medical necessity under this bill for any prescription containing the words "medical necessity." The value will be determined by the committee and published through the committee's website.

(2) This amendment adds, in regard to this bill's requirement to check the database prior to prescribing an applicable controlled substance at the beginning of a new episode of treatment, that the check must be made prior to the issuance of each new prescription for the controlled substance for the first 90 days of a new episode of treatment.

(3) This amendment removes this bill's requirement that the database be checked prior to prescribing to an opioid naive patient or an acute care patient, both before the initial prescription and before a third prescription, and removes other references to and provisions governing opioid naive and acute care patients. This amendment also removes this bill's provision that a practitioner has the professional responsibility to use heightened attention when prescribing to a patient who has recently been prescribed to by other practitioners. This amendment also deletes this bill's requirement for practitioners to check the database prior to dispensing pursuant to any prescription with written instructions indicating the earliest date on which the prescription can be filled.

(4) This amendment retains the present law exception to checking the database n situations where the quantity of the controlled substance which is prescribed or dispensed does not exceed an amount which is adequate for a single, seven-day treatment period and does not allow a refill and revises this provision to apply to a three-day instead of seven-day treatment period.

(5) This amendment removes the provision whereby informed consent is not required if the informed consent was obtained within the six-month period prior to the date of treatment; and this bill defines childbearing age to between 14 and 44. This amendment also specifies that the special notice to a childbearing woman only applies if the woman is of "childbearing ability".

(6) This amendment revises the prescribing limits of this bill. Under this amendment, with certain exceptions, a healthcare practitioner may not treat a patient with more than a three-day supply of an opioid and may not treat a patient with an opioid dosage that exceeds a total of a 180 morphine milligram equivalent dose. Also, a patient may not be treated with an opioid more frequently than every 10 days; provided, however, that if the patient has an adverse reaction to an opioid, a healthcare practitioner may treat a patient with a different opioid within a 10-day period under certain circumstances specified in this amendment. Where the treatment provided by a healthcare practitioner is dispensing an opioid, the healthcare practitioner may treat a patient more than once within 10 days; provided, that the healthcare practitioner may not dispense an opioid in an amount that exceeds the greater of: a five-day supply per encounter; or half of the total prescribed amount. The healthcare practitioner may dispense the remainder in a subsequent encounter. The partial fill requirements will not be mandatory prior to January 1, 2019, for a dispenser who has not updated the dispenser's software system. This amendment further provides that a healthcare practitioner may treat a patient with more than a three-day supply of an opioid if the healthcare practitioner treats the patient with no more than one prescription for an opioid per encounter and requirements specified in this amendment are met. If a healthcare practitioner treats a patient with more than a three-day supply of an opioid, the healthcare practitioner may treat the patient with no more than a 10-day supply and with a dosage that does not exceed a total of a 500 morphine milligram equivalent dose. In rare cases where the patient has a condition that will be treated by a procedure that is more than minimally invasive and sound medical judgment would determine the risk of adverse effects from the pain exceeds the risk of the development of a substance use disorder or overdose event, a healthcare practitioner may treat a patient with up to a 20-day supply of an opioid and with a dosage that does not exceed a total of an 850 morphine milligram equivalent dose. Also, in rare cases after trial and failure of reasonable, appropriate, and available non-opioid treatments for the pain condition or documenting the contraindication or intolerance of non-opioid treatments, inefficacy, or intolerance of non-opioid treatments, where medical necessity and sound medical judgment would determine the risk of adverse effects from the pain exceeds the risk of the development of a substance use disorder or overdose event, a healthcare practitioner may treat a patient with up to a 30-day supply of an opioid and with a dosage that does not exceed a total of a 1,200 morphine milligram equivalent dose; the healthcare practitioner must include the phrase "medical necessity" on the prescription for any prescription issued pursuant to this provision.

(7) This amendment revises the exceptions described above in the bill summary in (1)-(6) to specify that the prescriptions must contain the ICD-10 code for the primary disease documented in the patient's chart and the word "exempt" and otherwise revises the exemptions, as follows: (A) This amendment removes the reference to "malignant pain" in regard to those patients undergoing active or palliative cancer treatment or hospice care; (B) This amendment adds an exception for the treatment of patients with a diagnosis of sickle cell disease and for prescriptions issued by healthcare practitioners who are treating patients in an outpatient setting of a hospital

exempt from the pain management provisions of present law that holds itself out to the public as a pain management clinic; (C) This amendment adds an exception for the treatment of patients who have been treated with an opioid daily for 90 days or more during the 365 days prior to April 15, 2018, or those who are subsequently treated for 90 days or more under one of the exceptions in this bill; and (D) This amendment adds an exception for the treatment of a patient who has suffered a severe burn or major physical trauma, and sound medical judgment would determine the risk of adverse effects from the pain exceeds the risk of the development of a substance use disorder or overdose event; and

(8) This amendment adds that the general assembly finds that patient access to information about controlled substances is crucial to combating the deadly opioid epidemic in this state and that any obstacle to patients' receiving information about controlled substances is a serious threat to public health. Any agreement purporting to limit the ability of a pharmacist to discuss any issue related to the dispensing of a controlled substance with a patient is contrary to the public policy of this state and is void and unenforceable. This includes, but is not limited to, information about the risks, effects, and characteristics of the controlled substance; what to expect when taking the controlled substance and how the controlled substance should be used; reasonable alternatives to the prescribed controlled substance; and any applicable cost sharing for a controlled substance or any amount an individual would pay for a controlled substance if that individual were paying cash. ***Position:*** Support with Amendments
HB1831 - D. Hawk - 04/09/18 - House passed with amendment 1.

4:00pm - House Chamber, House Floor

HB1935 Zachary J. **Assigning of benefits to a health care provider.** Authorizes insured persons to assign their benefits to the healthcare provider. Requires the insurer to distribute funds in names of the insured and healthcare provider as joint payees in cases of medical expense benefits. Authorizes the insurer to disregard an insured s assignment of benefits under certain circumstances including but not limited to when the assignment of benefits is to an out-of-network physician. Patients must be notified when the physician they see are out-of-network and must understand that they are responsible for the difference in fees. Prohibits out-of-network physicians from contacting consumer reporting agencies regarding amount owed by the insured if the amount is greater than $200 and a payment plan has been finalized within 45 days

Amendment Summary: **House Insurance & Banking Committee amendment 1, Senate amendment** 1 revises various provisions of this bill, as follows:

(1) In regard to this bill's provision regarding the statement that the insured agrees to receive services by an out-of-network provider (as described above in the bill summary), this amendment adds that the statement must also indicate that the insured will receive a bill for 100 percent of billed charges for the amount unpaid by the insured's insured;

(2) This amendment rewrites this bill's requirement that if the healthcare provider is not in-network or otherwise a participating provider, the notice must include the estimated amount that any provider will charge the insured for items and services in excess of any cost sharing obligations that the insured would otherwise have under the insured's health benefits coverage for the items and services if the provider were in-network or otherwise participating in the coverage. This amendment instead provides that the statement include the estimated amount that the facility will charge the insured for items and services provided by the facility in accordance with the insured's health benefits coverage for the items and services;

(3) This amendment adds that the notice in regard to providers and facilities include a listing anesthesiologists, radiologists, emergency room physicians, and pathologists or the groups of such physicians with which the facility has contracted, including the physician or group name, phone number, and website; and

(4) In regard to the notice required for services in a facility, this amendment requires that the notice include, if the facility is not in-network or otherwise a participating provider, the estimated amount that the facility will charge the insured for items and services in excess of any cost sharing obligations that the insured would otherwise have under the insured's health benefits coverage for the items and services if the facility were in-network or otherwise participating in the coverage. Senate amendment 2 (015617) removes all but one of this bill's provisions that prohibit healthcare providers from collecting out-of-network charges from an insured, or the insurer on behalf of the insured without having provided a notice as required by this bill.

Senate amendment 3 removes the remaining provision of this bill that prohibits healthcare providers from collecting out-of-network charges from an insured, or the insurer on behalf of the insured without having provided a notice as required by this bill. ***Position:*** **Neutral**
SB1869 - J. Lundberg - 04/02/18 - Senate passed with amendment 1, amendment 2 and amendment 3.

HB2348 Williams R. **Prescribing of opioids to non-pregnant women of child-bearing age.** . ***Amendment Summary:*** **Senate Health & Welfare Committee amendment 1** re-writes the bill. Requires a prescriber, when prescribing any opioid to a patient who is a woman of childbearing age, to advise the patient of the risk associated with opioid use during pregnancy, counsel the patient on appropriate and effective forms of birth control, and offer information about the availability of free or reduced cost birth control to the patient. States that a person who fails to comply with this section is not guilty of a felony and shall be punishable only by a civil penalty assessed by the provider's licensing board and only in cases involving a pattern of willful failure to comply.

House Health Committee amendment 1 rewrites the bill. Requires a health care prescriber, when prescribing more than a five-day supply of opioids to a non-pregnant woman of childbearing age, to inform the patient of the risk of fetal injury and neonatal abstinence syndrome in the event of pregnancy while the patient is being treated with opioids. Requires prescribers to assure that patients receive culturally and linguistically appropriate, patient-centered and non-coercive counseling that presents methods from all tiers of effectiveness and means to obtaining contraceptive services. Requires prescribers to document any counseling and the patient's reproductive life plan in the patient's medical record. Encourages the health care prescriber, if a pregnancy does occur during treatment, to minimize fetal exposure as much as possible and coordinate care with appropriate obstetric providers upon diagnosis of pregnancy ***Position:*** Support

SB2674 - P. Bailey - 03/07/18 - Senate Health & Welfare Committee recommended with amendment 1. sent to Senate Calendar Committee.

Tuesday, April 17, 2018

9:00am – House Chamber, House Floor Calendars

1:30pm - Senate Chamber, Senate Floor Calendars

2:00pm - House Chamber, House Floor Calendars

Wednesday, April 18, 2018

8:30am - Senate Chamber, Senate Floor Calendars

9:00am - House Hearing Rm I, House Finance, Ways & Means Subcommittee 1 -- CHAIR G. McCormick (R); R. Williams (R); C. Sargent (R); S. McDaniel (R); H. Love Jr. (D); G. Hicks (R); P. Hazlewood (R); D. Hawk (R); C. Fitzhugh (D); J. Coley (R); K. Camper (D); K. Brooks (R)

HB2159 Keisling K. Elderly and Vulnerable Adult Protection Act of 2018. -- ***Amendment Summary:*** House Health Committee amendment 2 rewrites the bill. Defines adult protective services. Requires the reporting of abuse or sexual misconduct against an elderly or vulnerable adult to be reported to adult protective services or local law enforcement within 48 hours. Deletes all sexual based offenses. Exempts adult persons receiving services from the Department of Intellectual and Developmental Disability (DIDD) or one of their providers with regard to the procedures for seeking relief by a relative having personal knowledge of abuse.

Senate Judiciary Committee amendment 1 removes language that makes the offense of sexual exploration of elderly adult a Class E felony, along with removing language that makes the offense of sexual exploration of a vulnerable adult a Class D felony. Changes language from requires to may regarding the ability of adult protective services to report certain violations of elderly or vulnerable adults to law enforcement or public health

authorities. Requires adult protective services to provide to the district attorney general a complete and unredacted copy of adult protective services' entire investigative file upon the commencement of a criminal prosecution for alleged conduct involving an elderly or vulnerable adult victim obtained in the course of an investigation; Sent to Senate Finance.

House Criminal Justice Committee amendment 1 deletes and rewrites the proposed legislation such that the only substantive changes are: (1) defines adult protective services; (2) removes the provisions related to elderly or vulnerable adult abuse offenses; (3) requires the reporting of abuse or sexual misconduct against an elderly or vulnerable adult to be reported to adult protective services or local law enforcement within 48 hours; and (4) deletes all sexual based offenses.

SB2621 - M. Norris - 04/03/18 - Senate Judiciary Committee recommended with amendment 1, which removes language that makes the offense of sexual exploration of elderly adult a Class E felony, along with removing language that makes the offense of sexual exploration of a vulnerable adult a Class D felony. Changes language from requires to may regarding the ability of adult protective services to report certain violations of elderly or vulnerable adults to law enforcement or public health authorities. Requires adult protective services to provide to the district attorney general a complete and unredacted copy of adult protective services' entire investigative file upon the commencement of a criminal prosecution for alleged conduct involving an elderly or vulnerable adult victim obtained in the course of an investigation. ***Position:*** Monitoring. Sent to Senate Finance.

HB1510 Whitson S. Tennessee Public Safety Behavioral Health Act. Requires public safety employers to provide not less than ten visits or sessions with a mental health service provider for the purpose of treating PTSD through the employee's health benefits or otherwise, in addition to any other behavioral or mental health benefits offered. Prohibits public safety employers from engaging in the retaliatory treatment of public safety employees seeking or utilizing mental health service providers or behavioral health programs. ***Amendment Summary:*** Senate Finance, Ways & Means Committee amendment 1, House Finance, Ways & Means Subcommittee amendment 1 deletes and replaces language of the original bill such that the only substantive change is removing the requirement for public safety employers to provide such services in addition to other behavioral or mental health benefits offered. House Health Committee amendment 1, Senate Health & Welfare Committee amendment 1 adds language to the original bill to include occupational therapists licensed by the Board of Occupational Therapy as mental health providers for the purposes of this legislation. ***Position:*** Montoring
SB1797 - B. Ketron - 04/03/18 - Senate Finance, Ways & Means Committee recommended with amendment 1. Sent to Senate Calendar Committee.

HB2355 McCormick G. Prescribed claim form by healthcare providers on the department's website. *Amendment Summary:* Senate Finance, Ways & Means Committee amendment 1, House Insurance & Banking Committee amendment 1 rewrites the bill to create mandates and requirements regarding coverage for mental health services under group health plans. Requires the department of commerce and insurance to enforce the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. Requires the department to provide the general assembly with a report on mental health parity market practices of health insurance carriers by January 31, 2020. ***Position:*** Monitoring
SB2165 - R. Briggs - 04/03/18 - Senate Finance, Ways & Means Committee recommended with amendment 1 (014990). Sent to Senate Calendar Committee.

2:00pm - House Chamber, House Floor Calendars

Thursday, April 19, 2018

8:30am –Senate Chamber, Senate Floor FINAL Calendars

9:00am – House Chamber, House Floor FINAL Calendars