

TNA Legislative Calendar – Week of April 23, 2018
FINAL CALENDARS OF THIS LEGISLATIVE SESSION

Monday, April 23, 2018

11:00am - House Hearing Rm I, House Health Subcommittee -- CHAIR B. Terry (R); J. Clemmons (D); J. Faison (R); J. Favors (D); M. Hill (R); S. Kumar (R); C. Sexton (R); P. Sherrell (R); J. Ragan (R)

The following resolutions were added by suspension of the rules on the House Floor on 04/19/18:

SJR619 Crowe R. Designate Alzheimer's disease as a public health issue. Urges the commissioner of the department of health to designate Alzheimer's disease and other related dementias as a public health issue.

Senate Status: 03/19/18 - Senate adopted.

House Status: 04/20/18 - Set for House Health Subcommittee 04/23/18. **TNA Position: Monitoring**

SJR727 Gardenhire T. Williams Syndrome Awareness Month. Designates May 2018 as "Williams Syndrome Awareness Month" in Tennessee. -- Williams syndrome is a rare genetic condition that is present at birth, affects as many as 30,000 individuals in the United States, and is characterized by medical and cognitive problems, including cardiovascular disease, developmental delays, and learning disabilities.

Senate Status: 04/11/18 - Senate adopted.

House Status: 04/20/18 - Set for House Health Subcommittee 04/23/18. **TNA Position: Monitoring**

SJR554 Yarbro J. Improve access to treatment for opioid addiction. Encourages the bureau of TennCare to improve access to and quality of treatment for eligible Tennessee residents suffering from addiction to opiates and other substances by means of appropriate federal Section 1115 waiver for Medicaid services.

Senate Status: 03/19/18 - Senate adopted.

House Status: 04/20/18 - Set for House Health Subcommittee 04/23/18. **TNA Position: Monitoring**

SJR557 Yarbro J. Waiver to expand access to evidence-based home visitation services to families of babies with neonatal abstinence syndrome. Encourages the bureau of TennCare to seek an appropriate federal Section 1115 demonstration waiver in order to expand access to evidence-based home visitation services to the families of babies with neonatal abstinence syndrome or related conditions; encourages seeking additional funding opportunities for the home visitation programs.

Senate Status: 03/19/18 - Senate adopted.

House Status: 04/20/18 - Set for House Health Subcommittee 04/23/18. **TNA Position: Monitoring**

2:00pm - House Hearing Rm I, House Finance, Ways & Means Subcommittee -

3:00pm - Senate Chamber, Senate Floor

SB2561 Hensley J. Establishes the state palliative care and quality of life

council. Establishes the state palliative care and quality of life council to continually assess the current status of palliative care in the state and to review the barriers that exist that prevent such care from being obtained and utilized by the people who could benefit from such care. Requires the council

to provide recommendations to the governor and to the general assembly on issues related to its work. **Senate Status:** 04/19/18 - Set for Senate Floor 04/23/18. **House Status:** 04/12/18 - House passed with amendment 2 (015547), which deletes and replaces language of the original bill to require the Director of the TCAD to appoint up to 11 members to serve on the council, instead of 10 members as proposed by the original bill. Adds language to require one council member be from the Department of Health. Adds language to establish that no council members can receive compensation for their services or travel reimbursement for attending meetings.

HB2118 - S. Kumar - 04/12/18 - House passed with amendment 2. TNA Position: Monitoring

4:00pm – House Chamber, House Message Calendar

HB717 Johnson Reporting requirements established in effort to discover impact and reduce abuse of opioids. Requires the commissioner of health by January 15, 2018 report to the health committee of the house of representatives and the health and welfare committee of the senate on the impact of recent legislation regulating and licensing pain management clinics in reducing the abuse of opioids in the state. Necessitates the commissioner also make appropriate recommendations for any additional legislation to address issues raised by opioid abuse.

Senate Health and Welfare Committee amendment 1 requires the commissioner of mental health and substance abuse to revise rules for opiate treatment facilities to be consistent with federal law. Requires the rules for opiate treatment facilities to be reviewed every even numbered year. Prohibits the dispensing of buprenorphine products except from licensed pharmacies. Requires the department of health to identify licensed prescribers who prescribe controlled substances at a statistically abnormal rate each year. Requires the comptroller of the treasury to conduct a similar study on statistically abnormal prescribing patterns by January 1, 2020. Establishes a task force to oversee and discipline statistically abnormal prescribing patterns.

House Health Subcommittee recommended with amendment 1 rewrites the bill. Declares that a nonresidential office-based opiate treatment facility includes, but is not limited to, stand-alone clinics, treatment resources, individual physical locations occupied as the professional practice of a prescriber or prescribers licensed pursuant to Title 63, or other entities prescribing products containing buprenorphine, or products containing any other controlled substance designed to treat opiate addiction by preventing symptoms of withdrawal to 50 percent or more of its patients "or", rather than "and", to 150 or more patients. Requires the Commissioner of the Department of Mental Health and Substance Abuse Services to revise rules for nonresidential office-based opiate treatment facilities to be consistent with the law by January 1, 2019. Declares that a violation of any of the rules will be grounds for disciplinary action against a practitioner licensed under Title 63 by the board that licensed that practitioner. Requires the Commissioner of the DMHSAS, in collaboration with the Commissioner of the Department of Health (DOH), to revise the nonresidential buprenorphine treatment guidelines. Requires a healthcare practitioner to submit the dispensing of buprenorphine products in the controlled substance database. Requires the DOH to identify the top 20 prescribers who have unique DEA numbers of buprenorphine products in the previous calendar year, or if implemented more frequently for the relevant time period as determined by the department, from the data available in the controlled substances database. Requires, at the discretion of the DOH, each prescriber and each collaborating physician or supervising physician, as appropriate, of an advanced practice registered nurse and physician assistant who appear on the lists of the top 20 prescribers of buprenorphine products in all of the countries combined having a population of less than 50,000, according to the 2010 federal census. Requires the DOH, in consultation with the controlled substance database, to identify licensed prescribers whose prescribing patterns of controlled substances represent statistical outliers in addition to top prescribers and high-risk prescribers identifies pursuant to this section no later than July 31 of each year. Creates a task force composed of representatives from the Board of Medical Examiners, the Board of Osteopathic Examination, the

Board of Dentistry, the Board of Podiatric Medical Examiners, the Board of Optometry, the Board of Nursing, and the Board of Medical Examiners' Committee of Physician Assistants. The task force must create a uniform minimum disciplinary action if a healthcare practitioner treats a human patient with an opioid and that healthcare practitioner's licensing board or agency finds that the healthcare practitioner engaged in a significant deviation or pattern of deviation from sound medical judgement, which shall be binding on each board and committee. Declares the task force will terminate upon the later of July 1, 2019 or the effective date of a permanent rule establishing the uniform minimum disciplinary action pursuant to this section. **House Health Subcommittee amendment 2** makes a technical correction to replace the terms "federal law" with "state and federal law" in two sections of amendment.

Senate Status: 04/19/18 - Set for Senate Floor 04/23/18.

House Status: 04/18/18 - Set for House Floor for 04/23/18. **TNA Position: Monitoring**

SB2025 Haile Prescriptions for controlled substances - partial fill allowed.

Senate amendment 1 makes this bill's requirements for partial fills applicable to all controlled substances instead of only opioids, adds submission of information to the controlled substance database as an optional form of notification that a pharmacist may use to notify a prescriber of a partial fill, deletes this bill's prohibition against a health insurance entity or other payer requiring the insured to pay any additional cost-sharing for subsequent partial fills of the original prescription, and changes this bill's effective date from January 1, 2019, to upon becoming law. **House amendment 1** removes this bill's provision that a person who presents a prescription for a partial fill must pay the required cost sharing or copayment as required by the person's health insurance coverage for the partial fill of a prescription.

Senate Status: 04/19/18 - Senate non-concurred in House amendment 1.

House Status: 04/12/18 - House passed with amendment 1 which removes this bill's provision that a person who presents a prescription for a partial fill must pay the required cost sharing or copayment as required by the person's health insurance coverage for the partial fill of a prescription. **TNA Position: Monitoring**

HB1831 Hawk Requirements for prescribing, dispensing, and reporting of opioids.

Senate Status: 04/18/18 - Senate passed with amendment 2, which deletes the references to the ICD-10 code, which were added by House amendment 1.

House Status: 04/09/18 - House passed with amendment 1. **TNA Position: Support**

HB1832 Hawk Scheduling of controlled substances and their analogues and derivatives.

Includes the director of the Tennessee bureau of investigation in the process of revising and republishing of the annual schedule of dangerous drugs. Excludes certain drugs from the schedule. Updates the list of drugs and common names for drugs to be categorized in schedules. Allows for sentence reduction credits to prisoners after successfully completing intensive treatment for substance use.

House amendment 1 deletes this bill's provision regarding the production, manufacture, distribution, sale, offer to sell, or possession of Kratom, in its natural form, or any capsule, pill, or other product containing any amount of mitragynine or hydroxymitragynine. Senate amendment 2 (017293) restores the provisions of this bill that were deleted by House Amendment #1.

Senate Status: 04/18/18 - Senate passed with amendment 2 which restores the provisions of this bill that were deleted by House amendment #1.

House Status: 04/19/18 - House deferred to 04/23/18.

TNA Position: Monitoring