

Tennessee



Tennessee - 68

Sponsor: Governor Bill Lee (R)

Actions: 12/04/2020 Issued

Summary: Summary for 12/4/2020 Order

This order was issued by Governor Bill Lee (R) on December 4, 2020, with the intent to allow flexibility in the provision of healthcare services in order to efficiently respond to the COVID-19 pandemic.

This order applies to a variety of healthcare facilities and providers.

This order suspends the certificate of need requirement for hospitals, nursing homes, and home health agencies that would otherwise be required to increase their number of beds, so long as the increase is in response to a need for increased capacity to treat COVID-19 patients.

This order suspends Title 63 and Title 68, Chapter 140 to allow licensed professionals to perform tasks outside of their scope of practice if such tasks are performed in a licensed hospital pursuant to a facility-specific COVID-19-related plan of delegation that has been approved by the Commissioner of Health. Such a plan of delegation must include the specific types of licensees covered, the specific tasks outside of their licensed scope of practice that are permitted, and the specific circumstances and directives under which such tasks are permitted.

This order authorizes the Commissioner of Health to allow pre-license graduate or doctoral level audiology and speech language pathology professionals to provide telehealth services under supervision.

This order authorizes National Guard and State Guard personnel to - if so designated by the Adjutant General - (1) perform authorized diagnostic testing for COVID-19 in health care settings, including but not limited to hospitals, emergency departments, and alternate care sites; (2) perform authorized nursing and other functions in such facilities; and (3) operate public or privately owned, permitted ambulance service vehicles with a licensed service.

This order authorizes certified medical assistants to conduct tasks that would normally be within the nurse scope of practice, including, but not limited to, administration of COVID-19 vaccinations, under the supervision of the registered nurse. Tasks delegated to certified medical assistants and performed under the supervision of the delegating registered nurse are required to have been ordered and authorized by a Tennessee-licensed practitioner with prescriptive authority.

This order suspends Title 33, Title 63, and Title 68, Chapter 140 to allow licensed professionals to perform tasks outside of their scope of practice if such tasks are performed in an inpatient psychiatric facility, in a behavioral health residential facility, or by a behavioral health crisis services provider. Such services must be administered pursuant to a facility-specific COVID-19-related plan of delegation that has been approved by the Commissioner of Mental Health and Substance Abuse. Such a plan of delegation must include the specific

types of licensees covered, the specific tasks outside of their licensed scope of practice that are permitted, and the specific circumstances and directives under which such tasks are permitted.

This order urges health insurer to provide equivalent inpatient reimbursement to all providers for covered services via programs in which patients receive hospital-level care in home, irrespective of network status or originating site. Carriers are further urged to not impose additional prior authorization requirements on medically necessary treatment related to COVID-19 delivered via programs in which patients receive hospital-level care in home.

This order took effect on December 1, 2020, and does not specify an expiration date.

Bill Links [12/4/2020 Version](#)



Tennessee - HB 2465

Sponsor: Representative Tom Leatherwood (R)

Actions: 03/02/2022 Hearing Held; Passed Committee
02/22/2022 Hearing held; amended; passed subcommittee
02/07/2022 Assigned to House Health Subcommittee
02/03/2022 Referred to House Health Committee
02/02/2022 Introduced

Summary: Summary for 2/22/2022 Version

This measure allows physicians more leeway in prescribing opioid overdose situations and removes liability issues for those working under standing orders in regards to opioid situations.

This measure relates to opioid drug abuse and physicians.

The measure allows a licensed healthcare practitioner authorized to prescribe an opioid antagonist to an individual in danger of opioid overdose, a family member, friend, or other individual in a position to assist an individual at risk of experiencing a drug-related overdose, or to a county, municipality, or entity that services communities in danger of drug-related overdoses.

An individual working under standard orders can receive and store an opioid antagonist and provide the opioid antagonist, directly or indirectly, and at no cost to the recipient.

A licensed healthcare practitioner who prescribes, dispenses, or an individual or entity that provides an opioid antagonist or a licensed healthcare practitioner or another individual who administers an opioid antagonist are immune from civil liability in the absence of gross negligence or willful misconduct for actions related to a standing order.

The commissioner of health must make available recommendations for training of first responders on the appropriate use of opioid antagonists. Emergency medical services must take an individual treated for a drug-related overdose with an opioid antagonist by a first

responder to a medical facility for evaluation unless the individual is competent enough to refuse medical treatment.

The amendment removes the requirement that the state medical director can issue a standing order to an organization, municipal entity, or county entity if they do not have access to a healthcare practitioner to issue a prescription for an opioid antagonist.

This measure takes effect July 1, 2022.

For this measure, "drug-related overdose" means an acute condition, including mania, hysteria, extreme physical illness, coma, unresponsiveness, decreased level of consciousness, respiratory depression, 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 a drug overdose that requires medical assistance.

For this measure, "opioid antagonist" means a formulation of naloxone hydrochloride or another similarly acting and equally safe drug approved by the United States Food and drug administration for the treatment of a drug-related overdose.

Bill Links [2/22/2022 Version](#)
[2/2/2022 Version](#)



Tennessee - HB 2506

Sponsor: Representative Susan Lynn (R)

Actions: 03/15/2022 Hearing Scheduled
03/08/2022 Hearing Held
03/01/2022 Hearing Held
02/07/2022 Assigned to House Health Subcommittee
02/03/2022 Referred to House Health Committee
02/02/2022 Introduced

Summary: Summary for 2/2/2022 Version

This measure authorizes health care professionals with prescribing authority to prescribe ivermectin by standing order.

This measure applies to physicians, physician assistants, or advanced practice nurses. Under this measure, they are authorized to prescribe ivermectin by standing order.

Standing orders for ivermectin must specify a protocol allowing pharmacists to dispense ivermectin, to document screenings and the prescription in the patient's record, and include a plan to address adverse events. Pharmacists must provide patients with a standardized information sheet when dispensing ivermectin.

Any healthcare professional that prescribes ivermectin, and any pharmacist that dispenses ivermectin, is prohibited from seeking personal financial benefit by participating in an incentive-based program. Health care boards are prohibited from taking disciplinary action

against healthcare professionals and pharmacists who follow or fail to follow a standing order for ivermectin.

Under this measure, “standing order” is defined as a written and signed protocol authored by a physician, physician assistant, or advanced practice registered nurse.

This measure takes effect immediately.

Bill Links [2/2/2022 Version](#)



Tennessee - HB 677

Sponsor: Representative Mark Hall (R)

Actions: 03/14/2022 Hearing Scheduled
03/08/2022 Hearing Held; Passed Committee; Referred to House Government Operations Committee
03/01/2022 Hearing Held; Amended; Passed Subcommittee
05/05/2021 Carried over to 2022 Session
03/30/2021 Subcommittee hearing held; Deferred to summer study
02/20/2021 Assigned to House Insurance Subcommittee
02/11/2021 Referred to House Insurance Committee
02/10/2021 Introduced
02/08/2021 Filed for introduction

Summary: Summary for 2/8/2021 Version

This measure creates Tennessee code to require step therapy protocols and exception processes to adhere to certain guidelines.

Applicability

This measure applies to health insurers and health plans, including Medicaid managed care organizations. This also includes a sickness and accident insurance company, a health maintenance organization, a nonprofit hospital, and a health service corporation.

Clinical Review Criteria

This measure requires the clinical review criteria used to establish step therapy protocol to be based on clinical practice guidelines that:

1. Recommend that prescription drugs be taken in the specific sequence required by the protocol;
2. Are developed and endorsed by a multidisciplinary panel of experts that manages conflicts of interest;
3. Are based on high-quality studies, research, and practice;

4. Are created by an explicit and transparent process; and
5. Are continually updated.

This measure provides that in the absence of appropriate clinical practice guidelines, peer-reviewed publications may be substituted.

This measure states that when establishing clinical review criteria, a utilization review agent must also take into account the needs of atypical patient populations and diagnoses.

This measure does not require an insurer, a health plan, or the state to establish a new entity to develop clinical review criteria.

Exception Process

This measure provides that if coverage of a prescription drug is restricted through a step therapy protocol, the patient and practitioner must have access to a clear, readily accessible, and convenient process to request an exception. The process must be available on the insurer's, health plan's, or utilization review organization's website.

This measure states that an exception request must be granted if:

1. The required prescription drug is contraindicated or will likely cause an adverse reaction;
2. The required prescription drug is expected to be ineffective;
3. The patient, while under the current or previous insurance or health plan, has previously tried (i) the required prescription drug or (ii) another drug in the same pharmacologic class or with the same mechanism of action as the required prescription drug, and the other drug was discontinued due to a lack of efficacy or an adverse event;
4. The required prescription drug is not in the best interest of the patient, based on medical necessity; or
5. The patient is stable on a prescription drug selected by their provider while on the current or previous insurance or plan.

The insurer, health plan, or utilization review organization must grant or deny a step therapy exception request or an appeal within 72 hours of receipt. However, if an emergency medical condition exists, then they must respond within 24 hours of receipt. If a response is not received within the time period required, then the exception is granted. This measure provides that a step therapy exception is eligible for appeal by an insured.

This measure does not prevent:

1. An insurer, health plan, or utilization review organization from requiring a patient to try an AB-rated generic equivalent or interchangeable biological product prior to providing coverage for the equivalent branded prescription drug;
2. An insurer, health plan, or utilization review organization from requiring a pharmacist to substitute a prescription drug consistent with state laws; or

3. A provider from prescribing a prescription drug that is determined to be medically appropriate.

Rulemaking and Enactment

This measure authorizes the Commissioner of Commerce and Insurance to adopt rules and regulations in order to carry out this measure.

This measure will take effect on January 1, 2022.

Bill Links [3/1/2022 Version](#)
[2/8/2021 Version](#)



Tennessee - HB 710

Sponsor: Representative Chris Hurt (R)

Actions: 05/05/2021 Carried over to 2022 Session
04/07/2021 Hearing held; Passed committee; Referred to House Government Operations Committee
03/30/2021 Hearing held; Passed subcommittee
03/23/2021 Subcommittee hearing held
03/11/2021 Referred to House Health Committee - Government Operations
02/20/2021 Assigned to House Health Subcommittee
02/10/2021 Introduced

Summary: Summary for 2/10/2021 Version

This measure create Tennessee code to create a process for certain hospitals to resume operations without a certificate of need.

This measure applies to a hospital that:

1. Was previously licensed under this title or another hospital was previously licensed under this title at the proposed location;
2. Is located in a county (i) designated as a tier 2, 3, or 4 enhancement county or (ii) with a population of less than 49,000; and
3. The last date of operations was less than 15 years ago.

This measure authorizes the department to renew a license for a hospital meeting the above criteria if it finds that the hospital will operate in a manner that is substantially similar to the manner authorized under the previous hospital's license at the time of the previous hospital's closure.

This measure directs the department to make a determination and notify the applicant within 60 days of application. If the department denies the application, it must also provide the applicant a written explanation as to why.

This measure directs the Health Services and Development Agency and the Department of Health to each promulgate rules in order to carry out this measure.

This measure will take effect upon enactment.

Bill Links [2/10/2021 Version](#)



Tennessee - No. 80

Sponsor: Governor Bill Lee (R)

Actions: 04/27/2021 Executive Order Issued

Summary: Summary of 4/27/2021 Order

This measure extends various provisions to address the COVID-19 state of emergency.

This measure continues the following loosened regulations relating to the healthcare field:

1. The authorization of the Commissioner of Health to implement the Tennessee Emergency Management Plan;
2. The suspension of out-of-state licensure requirements for health care professionals who are assisting in the medical response to COVID-19 in Tennessee;
3. The ability of retired medical professionals to easily reenter the workforce;
4. The suspension of continuing education requirements for health care professionals;
5. The authority of the Commissioner of the Department of Health to suspend individual laboratory inspections in order to allow for immediate COVID-19 testing;
6. The suspension of health care licensing inspections and investigations at the discretion of the Department of Health;
7. The suspension of health care facility licensure applicant inspections at the discretion of the Department of Health;
8. The suspension of medical laboratory licensure applicant inspections at the discretion of the Department of Health;
9. The suspension of live human examination for licensure as a dentist;
10. The ability of nursing graduates to practice under supervision without examination;
11. The authorization of pharmacists and pharmacy technicians to process prescriptions remotely;
12. The suspension of pharmacist to supervised pharmacy technicians ratio restrictions;
13. The ability of degree holders in science fields to work as laboratory personnel under supervision and at the discretion of the Commissioner of Health;
14. The ability of medical laboratory directors to monitor facilities remotely;
15. The authorization of pre-license graduate or doctoral level mental or behavioral health professionals to provide telehealth services under supervision;
16. The ability of medical laboratory personnel to work remotely without having a separate laboratory license for each remote location;
17. The authority of pre-license graduate or doctoral level audiology and speech-language pathology professionals to provide telehealth services under supervision;

18. The suspension of certificate of need requirements for hospitals and facilities to temporarily increase their number of licensed hospital beds to treat COVID-19 patients;
19. The suspension of some medical professional staffing requirements to allow certain health care professionals to practice outside of their scope as approved by the Commissioner of Health;
20. The ability of National and State Guard members to provide certain health care services;
21. The suspension of ambulance transport regulation to allow Level 3 transports to be staffed with one AEMT and Level 4 transports to be staffed with one EMT;
22. The authorization of registered nurses to delegate certain tasks to medical assistants;
23. Temporary regulatory flexibility measures for staffing and scope of practice requirements at behavioral health facilities as approved by the Commissioner of Mental Health and Substance Abuse Services;
24. Temporary regulatory flexibility measures to allow trained health care student staffing in inpatient acute care and rehabilitation and emergency settings under supervision as approved by the Commissioner of Health;
25. Temporary regulatory flexibility measures to allow trained health care student staffing in inpatient psychiatric and behavioral health settings under supervision as approved by the Commissioner of Health;
26. The ability of laboratories to test for COVID-19 at alternate testing sites without the approval of the Medical Laboratory Board;
27. The provision allowing temporary quarantine and isolation facilities to be constructed without review as directed by the Commissioner of Health and the Director of TEMA;
28. The authority of the Commissioner of Mental Health and Substance Abuse Services to suspend the unannounced life safety and environmental inspections of mental health and substance abuse facilities;
29. The authority of the Division of TennCare to create policy or modify existing policies to prevent coverage disruption;
30. The designation and payment for certain nursing facilities as "COVID-19 Skilled Nursing Facilities/Units;"
31. The authority of the Division of TennCare to implement additional acuity-based payments for Medicaid members in COVID-19 Skilled Nursing Facilities/Units;
32. The expansion of telemedicine access, both regarding (i) the encouragement of insurance coverage regardless of network and without prior authorization and (ii) the encouragement of providers to use proper equipment. This includes the extension of the authority of professionals licensed in another state to engage in telemedicine services with Tennessee residents;
33. The authority of all licensed health care providers to practice telemedicine; and
34. The encouragement of health insurers to provide equivalent inpatient reimbursement to all providers for the delivery of covered services irrespective of network status or originating site and to not impose additional prior authorization requirements on any COVID-19-related treatment; and
35. The authorization of the chief medical officer of the Department of Health to implement a statewide collaborative pharmacy practice agreement specific to the administration and dispensing of the COVID-19 vaccine with any Tennessee-licensed pharmacist.

This measure continues the prohibition on local officials and governments from issuing order regarding the provision of medical, dental, or oral procedures.

Counties with their own health departments may issue more stringent restrictions.

This measure took effect at 11:59 pm on April 28, 2021, and will remain in effect until 11:59 pm on May 31, 2021.

Bill Links [4/27/2021 Order](#)



Tennessee - SB 1310

Sponsor: Senator Joey Hensley (R)

Actions: 03/15/2022 Hearing Scheduled
03/08/2022 Hearing Held; Action Deferred
05/05/2021 Carried over to 2022 Session
04/06/2021 Hearing held; Assigned to General Subcommittee of the Senate Commerce and Labor Committee
03/30/2021 Hearing held
02/22/2021 Referred to Senate Commerce and Labor Committee
02/11/2021 Introduced

Summary: Summary for 2/11/2021 Version

This measure creates Tennessee code to require step therapy protocols and exception processes to adhere to certain guidelines.

Applicability

This measure applies to health insurers and health plans, including Medicaid managed care organizations. This also includes a sickness and accident insurance company, a health maintenance organization, a nonprofit hospital, and a health service corporation.

Clinical Review Criteria

This measure requires the clinical review criteria used to establish step therapy protocol to be based on clinical practice guidelines that:

1. Recommend that prescription drugs be taken in the specific sequence required by the protocol;
2. Are developed and endorsed by a multidisciplinary panel of experts that manages conflicts of interest;
3. Are based on high-quality studies, research, and practice;
4. Are created by an explicit and transparent process; and
5. Are continually updated.

This measure provides that in the absence of appropriate clinical practice guidelines, peer-reviewed publications may be substituted.

This measure states that when establishing clinical review criteria, a utilization review agent must also take into account the needs of atypical patient populations and diagnoses.

This measure does not require an insurer, a health plan, or the state to establish a new entity to develop clinical review criteria.

Exception Process

This measure provides that if coverage of a prescription drug is restricted through a step therapy protocol, the patient and practitioner must have access to a clear, readily accessible, and convenient process to request an exception. The process must be available on the insurer's, health plan's, or utilization review organization's website.

This measure states that an exception request must be granted if:

1. The required prescription drug is contraindicated or will likely cause an adverse reaction;
2. The required prescription drug is expected to be ineffective;
3. The patient, while under the current or previous insurance or health plan, has previously tried (i) the required prescription drug or (ii) another drug in the same pharmacologic class or with the same mechanism of action as the required prescription drug, and the other drug was discontinued due to a lack of efficacy or an adverse event;
4. The required prescription drug is not in the best interest of the patient, based on medical necessity; or
5. The patient is stable on a prescription drug selected by their provider while on the current or previous insurance or plan.

The insurer, health plan, or utilization review organization must grant or deny a step therapy exception request or an appeal within 72 hours of receipt. However, if an emergency medical condition exists, then they must respond within 24 hours of receipt. If a response is not received within the time period required, then the exception is granted. This measure provides that a step therapy exception is eligible for appeal by an insured.

This measure does not prevent:

1. An insurer, health plan, or utilization review organization from requiring a patient to try an AB-rated generic equivalent or interchangeable biological product prior to providing coverage for the equivalent branded prescription drug;
2. An insurer, health plan, or utilization review organization from requiring a pharmacist to substitute a prescription drug consistent with state laws; or
3. A provider from prescribing a prescription drug that is determined to be medically appropriate.

Rulemaking and Enactment

This measure authorizes the Commissioner of Commerce and Insurance to adopt rules and regulations in order to carry out this measure.

This measure will take effect on January 1, 2022.



Tennessee - SB 255

Sponsor: Senator Page Walley (R)

Actions: 05/05/2021 Carried over to 2022 Session
03/10/2021 Hearing held; passed committee
02/10/2021 Referred to Senate Health and Welfare Committee
02/08/2021 Introduced
01/20/2021 Filed for introduction

Summary: Summary for 1/20/2021 Version

This measure create Tennessee code to create a process for certain hospitals to resume operations without a certificate of need.

This measure applies to a hospital that:

1. Was previously licensed under this title or another hospital was previously licensed under this title at the proposed location;
2. Is located in a county (i) designated as a tier 2, 3, or 4 enhancement county or (ii) with a population of less than 49,000; and
3. The last date of operations was less than 15 years ago.

This measure authorizes the department to renew a license for a hospital meeting the above criteria if it finds that the hospital will operate in a manner that is substantially similar to the manner authorized under the previous hospital's license at the time of the previous hospital's closure.

This measure directs the department to make a determination and notify the applicant within 60 days of application. If the department denies the application, it must also provide the applicant a written explanation as to why.

This measure directs the Health Services and Development Agency and the Department of Health to each promulgate rules in order to carry out this measure.

This measure will take effect upon enactment.

Bill Links [1/20/2021 Version](#)



Tennessee - SB 2621

Sponsor: Senator Frank Niceley (R)

Actions: 03/09/2022 Hearing Held; Deferred
02/07/2022 Referred to Senate Health and Welfare Committee
02/02/2022 Introduced

Summary: Summary for 2/2/2022 Version

This measure authorizes health care professionals with prescribing authority to prescribe ivermectin by standing order.

This measure applies to physicians, physician assistants, or advanced practice nurses. Under this measure, they are authorized to prescribe ivermectin by standing order.

Standing orders for ivermectin must specify a protocol allowing pharmacists to dispense ivermectin, to document screenings and the prescription in the patient's record, and include a plan to address adverse events. Pharmacists must provide patients with a standardized information sheet when dispensing ivermectin.

Any healthcare professional that prescribes ivermectin, and any pharmacist that dispenses ivermectin, is prohibited from seeking personal financial benefit by participating in an incentive-based program. Health care boards are prohibited from taking disciplinary action against healthcare professionals and pharmacists who follow or fail to follow a standing order for ivermectin.

Under this measure, "standing order" is defined as a written and signed protocol authored by a physician, physician assistant, or advanced practice registered nurse.

This measure takes effect immediately.

Bill Links [2/2/2022 Version](#)
