

Amendment No. _____

FILED
Date _____
Time _____
Clerk _____
Comm. Amdt. _____

Signature of Sponsor

AMEND Senate Bill No. 579

House Bill No. 643*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 33, Chapter 2, Part 5, is amended by adding the following new section:

(a) As used in this section:

(1) "Emergency mental health transport" means a transport of a person to or from a second or subsequent mental health evaluation by a mental health professional for purposes of emergency mental health evaluation or treatment pursuant to chapter 6 of this title;

(2) "Health insurance issuer" means an entity subject to the insurance laws of this state, or subject to the jurisdiction of the commissioner, that contracts or offers to contract to provide health insurance coverage, including, but not limited to, an insurance company, a health maintenance organization, and a nonprofit hospital and medical service corporation. "Health insurance issuer" does not include a group health plan;

(3) "Mental health transport" means the transport of a person to or from a hospital, mental health facility, or other facility for purposes of mental health evaluation or treatment;

(4) "Private health insurance coverage":

(i) Means benefits consisting of medical care, provided directly, through insurance or reimbursement, or otherwise, and including items and services paid for as medical care, under any policy, certificate, or agreement offered by a health insurance issuer; and



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(ii) Does not include coverage provided by the state medical assistance program administered pursuant to the TennCare II medicaid demonstration waiver, or any successor waiver.

(b) On and after July 1, 2019, but before October 1, 2020, law enforcement is not required to provide an emergency mental health transport or mental health transport for a person who is not under arrest or in the custody of law enforcement or a court if the person is covered by private health insurance coverage.

(c) On and after October 1, 2020, law enforcement is not required to provide an emergency mental health transport or mental health transport for a person who is not under arrest or in the custody of law enforcement or a court.

(d) Nothing in this section prohibits a law enforcement agency from voluntarily performing an emergency mental health transport or mental health transport at the discretion of the chief law enforcement officer of that agency.

SECTION 2. Tennessee Code Annotated, Section 33-2-501, is amended by deleting the language "law enforcement, and public and private service providers" and substituting instead the language "and public and private service providers, excluding law enforcement".

SECTION 3. Tennessee Code Annotated, Section 33-6-406, is amended by deleting the section and substituting instead the following:

(a)

(1) If the person certified for admission under § 33-6-404 is not already at the facility, hospital, or treatment resource at which the person is proposed to be admitted, then the physician, psychologist, or designated professional who completed the certificate of need under § 33-6-404 shall give the transportation agent designated under part 9 of this chapter the original of the certificate and turn the person over to the custody of the transportation agent. The transportation agent shall transport the person to a hospital or treatment resource that has available suitable accommodations for the person for proceedings under § 33-6-407.

(2) If admission is sought to a state-owned or state-operated hospital or treatment resource, then the physician, psychologist, or designated professional who completed the certificate of need under § 33-6-404 shall also provide to the transportation agent a written statement verifying that the state-owned or state-operated hospital or treatment resource has been contacted and has available suitable accommodations, and the transportation agent is not required to take custody of the person for transportation unless both the original of the certificate and the written statement are provided. Failure by the transportation agent to provide both a certificate of need and the written statement to the receiving state-owned or state-operated hospital or treatment resource for proceedings under § 33-6-407 results in all costs attendant to the person's admission and treatment being assessed to the transporting county.

(b)

(1) Before transportation begins, the transportation agent shall notify the hospital or treatment resource at which the person is proposed to be admitted of the person's location and the estimated time of arrival at the hospital or treatment resource.

(2) The transportation agent shall notify the hospital or treatment resource of the estimated time of arrival. If the transportation agent provides notice and arrives at the hospital or treatment resource prior to the estimated time of arrival, then the transportation agent shall remain at the hospital or treatment resource long enough for the person to be evaluated for admission under § 33-6-407, but not longer than one (1) hour and forty-five (45) minutes. After one (1) hour and forty-five (45) minutes, the person is the responsibility of the evaluating hospital or treatment resource, and the transportation agent may leave.

(3) In counties having a population of six hundred thousand (600,000) or more according to the 1970 federal census of population or any subsequent

federal census, subdivisions (b)(1) and (2) do not apply, and the transportation agent is relieved of further transportation duties after the person has been delivered to the hospital or treatment resource, and transportation duties must be assumed by appropriate personnel of the hospital or treatment resource.

SECTION 4. Tennessee Code Annotated, Section 33-6-407, is amended by deleting the language "sheriff or" wherever it appears.

SECTION 5. Tennessee Code Annotated, Section 33-6-505, is amended by deleting the language "sheriff or other".

SECTION 6. Tennessee Code Annotated, Section 33-6-615, is amended by deleting subdivisions (2) and (3) and substituting instead the following:

(2) the qualified mental health professional shall contact a transportation agent,

AND

(3) the transportation agent shall immediately transport the person to the hospital from which the person was discharged, AND

SECTION 7. Tennessee Code Annotated, Section 33-6-901, is amended by deleting the section.

SECTION 8. Tennessee Code Annotated, Section 33-7-104, is amended by deleting the language "sheriff or other".

SECTION 9. Section 1 of this act shall take effect upon becoming a law, the public welfare requiring it. Sections 2-8 of this act shall take effect October 1, 2020, the public welfare requiring it.

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AMEND Senate Bill No. 1391

House Bill No. 922*

by deleting Sections 3 and 4 and substituting instead the following:

SECTION 3. Tennessee Code Annotated, Section 33-6-901, is amended by deleting the section and substituting instead the following:

(a)

(1) The county mayor shall designate, or appoint a committee to designate, a medical service provider in the county as the transportation agent for the county for persons with mental illness or serious emotional disturbance whom a physician or mandatory prescreening authority has evaluated. A transportation agent must be available twenty-four (24) hours per day, provide adequately for the safety and security of the person to be transported, and provide appropriate medical conditions for transporting persons for involuntary hospitalization. The county mayor or the appointed committee shall take into account in designating a transportation agent both its funding and the characteristics of the persons who will be transported.

(2) The transportation agent designated pursuant to subdivision (a)(1) in the county in which a person with mental illness or serious emotional disturbance is to be transported under part 4 or 5 of this chapter, shall transport the person, except for persons who are transported by:

(A) A person authorized under other provisions of this title; or



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(B) One (1) or more friends, neighbors, other mental health professionals familiar with the person, relatives of the person, or a member of the clergy.

(3)

(A) If a physician, psychologist, or designated professional operating under § 33-6-404(3)(B)(iii) determines to a reasonable degree of professional certainty that the person subject to transportation under this part does not require physical restraint or vehicle security and does not pose a reasonable risk of danger to the person's self or others, then the transportation agent may permit a person designated under subdivision (a)(2)(B) to transport the person; provided, that the person provides proof of current automobile insurance. Before a person is transported under this subdivision (a)(3), the transportation agent shall give the notice required by § 33-6-406(b), along with the name of the person who will actually transport the person subject to admission to a hospital or treatment resource. The person designated to transport under this subdivision (a)(3) must comply with § 33-6-406(b)(2) and § 33-6-407(c), and must provide the original certificate completed under § 33-6-404(3)(B)(ii) to the hospital or treatment resource.

(B) When making the determination under subdivision (a)(3)(A), the physician, psychologist, or designated professional operating under § 33-6-404(3)(B)(iii) is immune from any civil liability and has an affirmative defense to any criminal liability arising from that protected activity.

(C) When making the determination under subdivision (a)(3)(A), if the physician, psychologist, or designated professional operating under § 33-6-404(3)(B)(iii) is an agent of a hospital, healthcare facility, or community mental health center, then that hospital, healthcare facility, or

community mental health center is immune from any civil liability and has an affirmative defense to any criminal liability arising from this agent's protected activity and from the transportation of the person to and from the facility.

(b) When a transportation agent is required to transport a person to a hospital or treatment resource for screening, evaluation, diagnosis, or hospitalization, the county in which the person is initially transported by the transportation agent is responsible for the remainder of such person's transportation requirements. The initial transporting county is responsible for the continuing transportation of the person even if the person is assessed, diagnosed, screened, or evaluated in a second county before being admitted to a facility, hospital, or treatment resource in a third county. If the person is transported to a hospital or treatment resource by the transportation agent of a county other than the initial transporting county, the transportation agent actually providing transportation may bill the initial transporting county for transportation costs.

(c) The department shall provide training on mental health crisis management for transportation agents.

(d) It is the policy of this state that people with mental illness who are determined to be a danger to themselves and in need of physical restraint or vehicular security must be transported by the transportation agents designated pursuant to this section.

(e) A transportation agent may seek reimbursement for the transportation services from the medical insurance of the person who was transported or, if the person had no insurance, from the department of mental health and substance abuse services.

SECTION 4. Tennessee Code Annotated, Section 33-6-505, is amended by deleting the language "the sheriff or other transportation agent" and substituting instead the language "the transportation agent designated pursuant to § 33-6-901".

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AMEND Senate Bill No. 1384

House Bill No. 1360*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 53-11-308, is amended by adding the following new subsection:

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(1) Notwithstanding any other law, when prescribing an opioid to a patient, a prescriber shall offer a prescription for naloxone hydrochloride, or another drug approved by the United States food and drug administration for the complete or partial reversal of an opioid overdose event, to the patient when one (1) or more of the following conditions are present in accordance with the centers for disease control opioid prescribing guidelines setting forth treatment of a known or suspected opioid overdose:

(A) The prescription dosage for the patient is fifty (50) or more morphine milligram equivalents of an opioid medication per day;

(B) An opioid medication is prescribed concurrently with a prescription for benzodiazepine;

(C) The patient presents with an increased risk for overdose, including a history of overdose, a history of substance use disorder, or being at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant; or

(D) The patient is at high risk of witnessing an opioid overdose event because the individual resides or spends time with an individual



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who is prescribed an opioid, misuses an opioid, or has an opioid use disorder.

(2) Failure by a prescriber to offer a prescription as required by subdivision () (1) may subject the prescriber to administrative sanctions as deemed appropriate by the prescriber's licensing authority.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it, and applies to opioid prescriptions issued on or after that date.

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AMEND Senate Bill No. 566

House Bill No. 1293*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 53-10-308(a), is amended by adding the following subdivision:

(4)

(A) Shall release confidential information from the database to the attorney general and reporter upon request for the purpose of reviewing, querying, or otherwise using the data in conjunction with investigating or litigating a civil action involving controlled substances. The data may be disclosed at the attorney general and reporter's discretion to:

(i) Designees within the office of the attorney general and reporter who are participating in, assisting with, or supervising any such investigation or litigation;

(ii) Other parties to litigation to which the attorney general and reporter is a party in which the data is relevant so long as disclosure of the data is in furtherance of litigation or resolution of litigation, and the data is provided only after an appropriate protective order is issued prohibiting the other parties from using the confidential information for any purpose other than defending or resolving the litigation and prohibiting the sharing of confidential information with litigants in other cases or other parties;

(iii) Targets of an investigation conducted by the attorney general and reporter for the purpose of negotiating a settlement regarding



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conduct to which the data is relevant only after an appropriate protective order is issued or a confidentiality agreement is executed regarding the data;

(iv) Designated consultants or experts retained by the attorney general and reporter in conjunction with an investigation or litigation who agree to maintain the confidentiality of the data; and

(v) A court for evidentiary or other purposes after an appropriate protective order is issued regarding the confidential information.

(B) The attorney general and reporter shall comply with the Health Insurance Portability and Accountability Act of 1996 to the extent that it applies to any such disclosure.

SECTION 2. Tennessee Code Annotated, Section 53-10-308(b), is amended by deleting the language "personnel of the department or" and substituting instead "personnel of the department, the attorney general and reporter, or".

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