House Mental Health & Substance Abuse Subcommittee Am. #1

Amendment No._____

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

_____

Signature of Sponsor

AMEND Senate Bill No. 1938 **House Bill No. 1980***

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

SECTION 1. Tennessee Code Annotated, Section 53-11-311(c), is amended by deleting the subsection and substituting the following:

(1) Notwithstanding any other provision of this title, a physician licensed under title 63, chapter 6 or 9, may prescribe a buprenorphine product for any federal food and drug administration-approved use in recovery or medication-assisted treatment.

(2) A healthcare provider licensed under title 63, chapter 7 or 19, may prescribe a buprenorphine product, as approved by the federal food and drug administration for use in recovery or medication-assisted treatment if:

(A) The provider works in a nonresidential office-based opiate treatment facility, as defined in § 33-2-402, that is licensed by the department of mental health and substance abuse services and that does not have authority to dispense buprenorphine products;

(B) The provider practices under the direct supervision of a physician who is licensed under title 63, chapter 6 or chapter 9; holds an active Drug Addiction Treatment Act of 2000 (DATA 2000) waiver from the United States drug enforcement administration; and is actively treating patients with buprenorphine products for recovery or medication-assisted treatment at the same nonresidential office-based opiate treatment facility, as defined in § 33-2-402, as the provider;

(C) The facility and its healthcare providers are contracted and credentialed with TennCare and TennCare's managed care organizations to treat opioid use disorder with buprenorphine products for use in recovery or medication-assisted treatment;

(D) The facility or its healthcare providers are directly billing TennCare and TennCare's managed care organizations for the services provided within the facility;

(E) The facility or its healthcare providers are accepting new TennCare members or patients for treatment of opiate addiction;

(F) The provider does not write any prescription for a buprenorphine product that exceeds a sixteen-milligram daily equivalent;

(G) Except as provided in subdivision (c)(2)(H), the provider does not prescribe or dispense a mono product or buprenorphine without naloxone;

(H) The provider uses injectable or implantable buprenorphine formulations in accordance with subdivision (b)(1)(D);

(I) The provider has practiced as a family, adult, or psychiatric nurse practitioner or physician assistant in this state;

(J) The provider obtains a waiver registration from the United States drug enforcement administration that authorizes the provider to prescribe buprenorphine products under federal law and regulations;

(K) The provider prescribes buprenorphine products only to patients who are treated through a nonresidential office-based opiate treatment facility, as defined in § 33-2-402, that employs or contracts with the provider;

(L) The provider writes prescriptions of buprenorphine products that can only be dispensed by a licensed pharmacy to ensure entry into the controlled substance monitoring database; and

(M) The provider writes prescriptions of buprenorphine products to one hundred (100) or fewer patients at any given time.

SECTION 2. Tennessee Code Annotated, Title 53, Chapter 11, Part 3, is amended by adding the following as a new section:

(a) Except as provided in subsection (b), a healthcare prescriber of a buprenorphine product for use in recovery or medication-assisted treatment, or a nonresidential office-based opiate treatment facility, as defined in § 33-2-402, shall only accept a check, money order, or debit card or credit card that is linked to a bank or credit card account from a financial institution, in payment for services provided by the healthcare prescriber or facility. Use of prepaid debit cards, prepaid credit cards, gift cards, or any other card not linked with a bank or credit card account from a financial institution is prohibited. As used in this subsection (a), "financial institution" means a state or national bank, a savings and loan association, savings bank, industrial loan and thrift company, or mortgage lender.

(b) A healthcare prescriber or facility described in subsection (a) may accept payment for services provided to a patient by the prescriber or facility in cash for a co-pay, coinsurance, or deductible if the prescriber or facility submits the remainder of the bill for the services provided to the patient's insurance plan for reimbursement. If the patient does not have an insurance plan, then the healthcare prescriber or facility shall not accept cash as payment for services provided.

(c) No healthcare provider, licensed by title 63, chapters 6, 7, 9, or 19, shall be compensated or receive payment for services related to buprenorphine treatment:

(1) By which the provider receives an amount per patient that is treated within the office or other setting; or

(2) By any means by which the provider receives a percentage of a payment that is directly received by a patient to the office, nonresidential office-based opiate treatment facility, as defined in § 33-2-402, or other provider.

(d) A healthcare provider licensed under title 63, or a nonresidential office-based opiate treatment facility, as defined in § 33-2-402, shall not knowingly treat any beneficiary of TennCare with buprenorphine products for use in recovery or medication-assisted treatment unless that provider directly bills or seeks reimbursement from TennCare or TennCare's managed care organizations for services provided to the TennCare beneficiary. A person is required to disclose to the healthcare provider or nonresidential office-based opiate treatment facility, as defined in § 33-2-402, that the person is a TennCare beneficiary seeking treatment with buprenorphine products for use in recovery or medication-assisted treatment.

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