House Health Subcommittee Am. #1

Amendment No._____

FILED
Date _____
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Clerk _____
Comm. Amdt. _____

Signature of Sponsor

AMEND Senate Bill No. 2281 House Bill No. 2416*

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Section 63-6-241, is amended by deleting the section.

SECTION 2. Tennessee Code Annotated, Section 63-1-155, is amended by deleting subsection (e) and substituting:

(e) This section does not apply to or restrict the requirements of chapter 6, part 11 of this title.

SECTION 3. Tennessee Code Annotated, Title 63, Chapter 6, is amended by adding the following as a new part:

63-6-1101. Short title.

This part is known and may be cited as the "Tennessee Abortion-Inducing Drug Risk Protocol Act."

63-6-1102. Part definitions.

As used in this part:

(1) "Abortion":

(A) Means the elective use or prescription of an instrument, medicine, drug, or other substance, or device, with the intent to terminate the clinically diagnosable pregnancy of a patient, with knowledge that the termination by those means will, with reasonable likelihood, cause the death of the unborn child; and

(B) Does not mean an act to terminate a pregnancy with the intent to:

(i) Save the life or preserve the health of the unborn child;

(ii) Remove a dead unborn child caused by spontaneous abortion;

(iii) Remove an ectopic pregnancy; or

(iv) Treat a maternal disease or illness for which the prescribed drug is indicated;

(2) "Abortion-inducing drug" or "chemical abortion":

(A) Means a medicine, drug, or other substance provided with the intent of terminating the clinically diagnosable pregnancy of a patient, with knowledge that the termination will, with reasonable likelihood, cause the death of the unborn child;

(B) Includes the off-label use of drugs known to have abortion-inducing properties that are prescribed specifically with the intent of causing an abortion, such as mifepristone, misoprostol, and methotrexate; and

(C) Does not include drugs that may be known to cause an abortion that are prescribed for other medical indications;

(3) "Adverse event" means an untoward medical occurrence associated with the use of a drug in humans, whether or not considered drug related;

(4) "Associated physician" means an individual licensed, and in good standing, to practice medicine in this state pursuant to chapter 6 or 9 of this title and who has entered into an associated physician agreement pursuant to § 63-6-1104(b);

(5) "Complication" means an adverse physical or psychological condition arising from the performance of an abortion, including, but not limited to, uterine

perforation; cervical perforation; infection; heavy or uncontrolled bleeding; hemorrhage; blood clots resulting in pulmonary embolism or deep vein thrombosis; failure to actually terminate the pregnancy; incomplete abortion; pelvic inflammatory disease; endometritis; missed ectopic pregnancy; cardiac arrest; respiratory arrest; renal failure; metabolic disorder; shock; embolism; coma; placenta previa in subsequent pregnancies; preterm delivery in subsequent pregnancies; free fluid in the abdomen; hemolytic reaction due to the administration of ABO-incompatible blood or blood products; adverse reactions to anesthesia and other drugs; subsequent development of breast cancer; death; psychological complications, such as depression, suicidal ideation, anxiety, and sleeping disorders; and other adverse events;

(6) "Department" means the department of health;

(7) "Facility" means a public or private hospital, clinic, center, medical school, medical training institution, healthcare business, physician's office, infirmary, dispensary, ambulatory surgical center, or other institution, location, or business where medical care or pharmaceuticals are provided to individuals;

(8) "Hospital" has the same meaning as defined by § 68-11-201;

(9) "Last menstrual period" means the time that has elapsed since the first day of the patient's last menstrual period;

(10) "Physician" means an individual licensed, and in good standing, to practice medicine in this state pursuant to chapter 6 or 9 of this title;

(11) "Pregnant" or "pregnancy" means the female reproductive condition of having an unborn child in the patient's uterus;

(12) "Provide" means an act of giving, selling, dispensing, administering, transferring possession to, or otherwise providing or prescribing, an abortion-inducing drug;

(13) "Qualified physician" means a physician who has the ability to:

(A) Identify and document a viable intrauterine pregnancy;

(B) Assess the gestational age of pregnancy and inform the patient of gestational age-specific risks;

(C) Diagnose ectopic pregnancy;

(D) Determine blood type and administer RhoGAM if a patient is Rh negative;

(E) Assess for signs of domestic abuse, reproductive control, human trafficking, and other signals of coerced abortion;

(F) Provide surgical intervention, or has entered into a contract with another qualified physician to provide surgical intervention; and

(G) Supervise and bear legal responsibility for an agent, employee, or contractor who is participating in any part of a procedure, including, but not limited to, preprocedure evaluation and care;

(14) "Reasonable medical judgment" means a medical judgment that would be made by a reasonably prudent physician knowledgeable about the patient's case and the treatment possibilities with respect to the medical conditions involved; and

(15) "Unborn child" means an individual organism of the species homo sapiens, beginning at fertilization, until the point of being born alive as defined in 1 U.S.C. § 8(b).

63-6-1103. In-person requirement.

(a) An abortion-inducing drug may be provided only by a qualified physician following the procedures set forth in this part.

(b) A manufacturer, supplier, pharmacy, physician, qualified physician, or other person shall not provide an abortion-inducing drug to a patient via courier, delivery, or mail service.

63-6-1104. Distribution of abortion-inducing drugs.

(a) Because the failure and complication rates from a chemical abortion increase with advancing gestational age and because the physical symptoms of chemical abortion can be identical to the symptoms of ectopic pregnancy and abortion-inducing drugs do not treat ectopic pregnancies and are contraindicated in ectopic pregnancies, a qualified physician providing an abortion-inducing drug shall examine the patient in person and, prior to providing an abortion-inducing drug:

(1) Independently verify that a pregnancy exists;

(2) Determine the patient's blood type, and, if the patient is Rh negative, offer to administer RhoGAM at the time of the abortion;

(3) Inform the patient that the patient may see the remains of the unborn child in the process of completing the abortion; and

(4) Document, in the patient's medical chart, the gestational age and intrauterine location of the pregnancy, and whether the patient received treatment for Rh negativity, as diagnosed by the most accurate standard of medical care.

(b) A qualified physician providing an abortion-inducing drug must be credentialed and competent to handle complication management, including emergency transfer, or must have a signed agreement with an associated physician who is credentialed to handle complications and be able to produce the signed agreement on demand by the patient or the department. The qualified physician providing an abortion-inducing drug to a patient shall provide the patient with the name and phone number of the associated physician.

(c) A qualified physician providing an abortion-inducing drug, or an agent of the qualified physician, shall schedule a follow-up visit for the patient at approximately seven (7) to fourteen (14) days after administration of the abortion-inducing drug to confirm that the pregnancy is completely terminated and to assess the degree of bleeding. The qualified physician shall make all reasonable efforts to ensure that the patient returns for

the scheduled appointment. A brief description of the efforts made to comply with this subsection (c), including the date, time, and identification by name of the individual making the efforts, must be included in the patient's medical record.

63-6-1105. Criminal penalties.

(a) An individual who intentionally, knowingly, or recklessly violates this part commits a Class E felony and, upon conviction, may be fined not more than fifty thousand dollars ($50,000). As used in this subsection (a), "intentional," "knowing," and "reckless" have the same meanings as provided in § 39-11-302.

(b) A criminal penalty shall not be assessed against a patient upon whom a chemical abortion is attempted or performed.

63-6-1106. Civil remedies and professional sanctions.

(a) In addition to all other remedies available under the laws of this state, failure to comply with this part:

(1) Provides a basis for a civil malpractice action for actual and punitive damages;

(2) Provides a basis for professional disciplinary action under this title or title 68 for the suspension or revocation of the license of a healthcare provider or facility;

(3) Provides a basis for recovery for the patient's survivors for the wrongful death of the patient under a wrongful death action; and

(4) Provides a basis for a cause of action for injunctive relief against an individual who has provided an abortion-inducing drug in violation of this part to prevent the enjoined defendant from providing further abortion-inducing drugs in violation of this part. The action may be maintained by:

(A) A patient to whom the abortion-inducing drug was provided;

(B) An individual who is the spouse, parent, or guardian of, or a current or former licensed healthcare provider of, a patient to whom the abortion-inducing drug was provided; or

(C) A prosecuting attorney with appropriate jurisdiction.

(b) Civil liability shall not be imposed against a patient on whom a chemical abortion is attempted or performed.

(c) When requested, the court shall allow a patient to proceed using solely the patient's initials or a pseudonym and may close any proceedings in the case and enter other protective orders to preserve the privacy of the patient on whom the chemical abortion was attempted or performed.

(d) If judgment is rendered in favor of the plaintiff, the court shall also render judgment for reasonable attorney fees in favor of the plaintiff against the defendant.

(e) If judgment is rendered in favor of the defendant and the court finds that the plaintiff's suit was frivolous and brought in bad faith, the court may render judgment for reasonable attorney fees in favor of the defendant against the plaintiff.

63-6-1107. Construction.

This part does not:

(1) Create or recognize a right to abortion;

(2) Make lawful an abortion that is otherwise unlawful; or

(3) Repeal, replace, or otherwise invalidate existing federal laws, regulations, or policies.

63-6-1108. Right of intervention.

The attorney general and reporter may bring an action to enforce compliance with this part or intervene as a matter of right in a case in which the constitutionality of this part is challenged.

SECTION 4. If a provision of this act or its application to a person or circumstance is held invalid, then the invalidity does not affect other provisions or applications of the act that can

be given effect without the invalid provision or application, and to that end, the provisions of this act are severable.

SECTION 5. The headings in this act are for reference purposes only and do not constitute a part of the law enacted by this act. However, the Tennessee Code Commission is requested to include the headings in any compilation or publication containing this act.

SECTION 6. For rule promulgation purposes, this act takes effect upon becoming a law, the public welfare requiring it. For all other purposes, this act takes effect January 1, 2023, the public welfare requiring it.

House Health Subcommittee Am. #1

Amendment No._____

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Signature of Sponsor

AMEND Senate Bill No. 148* **House Bill No. 946**

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Section 68-10-104(c), is amended by deleting:

The following healthcare officers and providers licensed in this state may examine, diagnose, and treat minors infected with STDs without the knowledge or consent of the parents of the minors, and shall incur no civil or criminal liability in connection with the examination, diagnosis, or treatment, except for negligence:

and substituting:

The following healthcare officers and providers licensed in this state may examine, diagnose, or treat a minor infected with STDs, or provide consultation, examination, diagnosis, or treatment to a minor to prevent STDs, without the knowledge or consent of the parents or legal guardians of the minor, and incur no civil or criminal liability in connection with the consultation, examination, diagnosis, or treatment, except for negligence:

SECTION 2. This act takes effect upon becoming a law, the public welfare requiring it, and applies to consultations, examinations, diagnoses, or treatments occurring on or after the effective date of this act.

House Health Subcommittee Am. #1

Amendment No._____

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Signature of Sponsor

AMEND Senate Bill No. 2694 **House Bill No. 2531***

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

SECTION 1. Tennessee Code Annotated, Section 63-22-120, is amended by deleting the section and substituting the following:

A professional counselor licensed under this part and designated as a mental health service provider must have:

(1) Completed coursework specifically related to the diagnosis, treatment, appraisal, and assessment of mental disorders; and

(2) Completed two (2) years of postgraduate supervised experience required for licensure in a clinical setting that provides substantial opportunities to diagnose, treat, appraise, and assess mental disorders.

SECTION 2. Tennessee Code Annotated, Section 63-22-104(3)(B), is amended by deleting the subdivision and substituting the following:

(B) Has completed a supervised field experience as either a practicum or internship;

SECTION 3. Tennessee Code Annotated, Section 63-22-104(4), is amended by deleting the language "subsequent to being granted a master's degree" and substituting the language "subsequent to being granted a graduate degree".

SECTION 4. Tennessee Code Annotated, Section 63-22-121(a), is amended by deleting subdivisions (4) through (6) and substituting the following:

(4) If an applicant is granted a temporary license, the license shall remain valid for up to four (4) years and shall be eligible for extension at the discretion of the board.

(5) The applicant shall notify the board and present supporting documentation demonstrating the satisfactory completion of the required postgraduate supervised experience in a clinical setting. The board shall then grant or deny the license application based on satisfactory completion of all requirements for licensure.

SECTION 5. For the purpose of promulgating rules, this act takes effect July 1, 2022, the public welfare requiring it. For all other purposes, this act takes effect January 1, 2023, the public welfare requiring it.

House Health Subcommittee Am. #1

Amendment No._____

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Comm. Amdt. _____

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Signature of Sponsor

AMEND Senate Bill No. 1884* **House Bill No. 1960**

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Section 14-6-104, is amended by deleting the language "except for chapter 5" and substituting the language "except for §§ 14-1-101 and 14-2-101 and chapter 5".

SECTION 2. Tennessee Code Annotated Section 14-1-101, is amended by deleting subdivisions (1), (2), (6), (7), (10), (11), (12), (13), (17), (19), and (20).

SECTION 3. Section 1 of this act takes effect upon becoming a law, the public welfare requiring it. Section 2 of this act takes effect at 12:01 a.m. on July 1, 2023, the public welfare requiring it.

House Health Subcommittee Am. #1

Amendment No._____

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Comm. Amdt. _____

Signature of Sponsor

AMEND Senate Bill No. 2306 **House Bill No. 2220***

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Section 68-3-502, is amended by adding the following as a new subsection (j):

(1) This subsection (j) applies only if an attending physician, chief medical officer, or medical examiner signing the medical certification of the cause of death of a military veteran:

(A) Knows that the deceased person was a United States military veteran; and

(B) Is provided with access to the veteran's medical records.

(2) If the requirements of subdivision (j)(1) have been met, then prior to signing the medical certification of the cause of death of a United States military veteran, the attending physician, chief medical officer, or medical examiner shall conduct a review of the veteran's medical records, including records made available from the United States department of veterans affairs, to determine if a service-connected disability was the principal or a major contributory cause of death, including when a concurrent or comorbid health condition, such as COVID-19, existed. If a service-connected disability was the principal or a major contributory cause of death, then the attending physician, chief medical officer, or medical examiner shall include the finding on the medical certification.

SECTION 2. Tennessee Code Annotated, Section 68-3-502(c)(1), is amended by adding the phrase "or to obtain a veteran's medical records pursuant to subsection (j)" at the end of the first sentence.

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

House Health Subcommittee Am. #1

Amendment No._____

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Date _____
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Comm. Amdt. _____

Signature of Sponsor

AMEND Senate Bill No. 2188* **House Bill No. 2746**

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 10, Part 2, is amended by adding the following as a new section:

(a) A pharmacist, in good faith, may provide ivermectin to a patient who is eighteen (18) years of age or older pursuant to a valid collaborative pharmacy practice agreement containing a non-patient-specific prescriptive order and standardized procedures developed and executed by one (1) or more authorized prescribers.

(b) The pharmacist shall maintain the collaborative pharmacy practice agreement in accordance with § 63-10-217.

(c) The board of pharmacy shall adopt rules to establish standard procedures for the provision of ivermectin by pharmacists, including:

(1) Providing the patient with a screening risk assessment tool;

(2) Providing the patient with a standardized factsheet that includes, but is not limited to, the indications and contraindications for use of ivermectin, the appropriate method for using ivermectin, the importance of medical follow-up, and other information deemed appropriate by the board; and

(3) Either dispensing the ivermectin or referring the patient to a pharmacy that may dispense the medication as soon as practical.

(d) A pharmacist, pharmacist's employer, or pharmacist's agent may charge an administrative fee for services provided pursuant to this section in addition to costs associated with the dispensing of ivermectin and paid by the pharmacy benefit.

(e) A pharmacist or prescriber acting in good faith and with reasonable care involved in the provision of ivermectin pursuant to this section is immune from disciplinary or adverse administrative actions under this title for acts or omissions during the provision of ivermectin.

(f) A pharmacist or prescriber involved in the provision of ivermectin pursuant to this section is immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by this section.

SECTION 2. This act takes effect upon becoming a law, the public welfare requiring it.

House Health Subcommittee Am. #1

Amendment No._____

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Comm. Amdt. _____

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Signature of Sponsor

AMEND Senate Bill No. 2026 House Bill No. 2032*

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Section 63-5-123, is amended by deleting the section and substituting:

(a) As used in this section, "COVID-19" means the novel coronavirus, SARS-CoV-2, and coronavirus disease 2019, commonly referred to as COVID-19, including any variant of SARS-CoV-2 or COVID-19.

(b) Notwithstanding a law to the contrary, a dentist licensed under this chapter may administer a vaccine against COVID-19 or the human papillomavirus if the dentist has received appropriate training as recommended by the federal centers for disease control and prevention.

SECTION 2. This act takes effect upon becoming law, the public welfare requiring it.

House Health Subcommittee Am. #1

Amendment No._____

FILED
Date _____
Time _____
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Comm. Amdt. _____

Signature of Sponsor

AMEND Senate Bill No. 2220* House Bill No. 2272

by deleting all language after the caption and substituting:

WHEREAS, substance use disorder and drug overdose are major health problems that affect the lives of many people and service systems in this State, leading to profound consequences, including permanent injury and death; and

WHEREAS, overdoses caused by heroin, fentanyl, other opioids, stimulants, controlled substance analogs, novel psychoactive substances, and other legal and illegal drugs are a public health crisis that stresses and strains the financial, public health, healthcare, and public safety resources in this State; and

WHEREAS, overdose fatality reviews, which are designed to uncover the who, what, when, where, why, and how a fatal overdose occurs, allow jurisdictions to examine and understand the circumstances leading to a fatal drug overdose; and

WHEREAS, through a comprehensive and multidisciplinary review, overdose fatality review teams can better understand the individual and population factors and characteristics of potential overdose victims; and

WHEREAS, such review provides a locality with a greater sense of the strategies and multiagency coordination needed to prevent future overdoses and results in the more productive allocation of overdose prevention resources and services within the jurisdiction; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 2, is amended by adding the following as a new part:

68-2-101. Short title.

This part is known and may be cited as the "Overdose Fatality Review Act."

68-2-102. Purpose.

The purpose of this part is to:

(1) Create a legislative framework for establishing county or regional multidisciplinary overdose fatality review teams in this state;

(2) Provide overdose fatality review teams with duties and responsibilities to examine and understand the circumstances leading up to a fatal overdose so that the teams can make recommendations on policy changes and resource allocation to prevent future overdoses; and

(3) Allow overdose fatality review teams to obtain and review records and other documentation related to a fatal overdose from relevant agencies, entities, and individuals while remaining compliant with local, state, and federal confidentiality laws and rules.

68-2-103. Part definitions.

As used in this part:

(1) "Drug":

(A) Means a substance that produces a physiological effect when ingested or otherwise introduced into the body; and

(B) Includes an illicit or legal substance;

(2) "Healthcare provider" means a physician, advanced practice registered nurse, physician assistant, psychiatrist, psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist who is licensed to practice in this state;

(3) "Local team":

(A) Means the multidisciplinary and multiagency drug overdose fatality review team established for a county, a group of counties, or a tribe; and

(B) Includes a multicounty team;

(4) "Multicounty team" means a multidisciplinary and multiagency drug overdose fatality review team jointly created by two (2) or more counties in this state;

(5) "Overdose" means a fatal or nonfatal injury to the body that happens when one (1) or more substances is taken in excessive amounts;

(6) "Overdose fatality review" means a process in which a multidisciplinary team performs a series of individual overdose fatality reviews to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies;

(7) "Personal representative" means:

(A)

(i) A minor's parent or legal guardian;

(ii) An executor of a decedent's estate; or

(iii) An administrator of a decedent's estate; or

(B) If an individual described in subdivision (7)(A) is not available, then:

(i) A spouse; or

(ii) If a spouse is not available, then a member of the patient's or decedent's family with legal authority to act on behalf of the patient or decedent;

(8) "Substance use disorder" means a pattern of use of alcohol or other drugs leading to clinical or functional impairment, in accordance with the Diagnostic and Statistical Manual of Disorders (DSM-5) of the American Psychiatric Association, including a subsequent version of the manual; and

(9) "Substance use disorder treatment provider" means:

(A) An individual or entity who is licensed, registered, certified, or permitted within this state to treat substance use disorders; or

(B) An individual who has a federal waiver under the Drug Addiction Treatment Act of 2000 (DATA 2000) (21 U.S.C. 801 et seq.) from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to treat individuals with substance use disorder using medications approved for that indication by the United States food and drug administration.

68-2-104. Establishment of overdose fatality review teams.

(a) A county may establish a multidisciplinary and multiagency overdose fatality review local team in accordance with this part.

(b) Two (2) or more counties may agree to jointly establish a single multicounty team. Counties that participate in a multicounty team shall execute a memorandum of understanding between the counties regarding team membership, staffing, and operations.

68-2-105. Composition of overdose fatality review teams.

(a)

(1) Local teams consist of the following individuals, organizations, agencies, and areas of expertise, if available:

(A) The county health officer, or the officer's designee;

(B) The director of the local department of human or social services, or the director's designee;

(C) The district attorney, or the district attorney's designee;

(D) One (1) or more director of a behavioral health services provider in the area served by the team, or the director's designee;

(E) A local law enforcement officer;

(F) A representative of a local jail, detention center, or criminal court;

(G) A medical examiner who provides services in the area served by the team, or the medical examiner's designee;

(H) A healthcare provider who specializes in the prevention, diagnosis, and treatment of substance use disorders;

(I) An emergency medical services provider or firefighter; and

(J) The local director of the department of children services, or the director's designee.

(2) Local teams may include the following individuals, organizations, agencies, and areas of expertise, if available, as either permanent or auxiliary team members:

(A) A local superintendent of schools, or a superintendent's designee;

(B) A representative of a local hospital;

(C) A healthcare provider who specializes in emergency medicine;

(D) A healthcare provider who specializes in pain management;

(E) A pharmacist with a background in prescription drug misuse and diversion;

(F) A substance use disorder treatment provider from a licensed substance use disorder treatment program;

(G) A poison control center representative;

(H) A licensed mental healthcare provider who is a generalist;

(I) A prescription drug monitoring program administrator;

(J) A representative from a harm reduction provider;

(K) A recovery coach, peer support worker, or other representative of the recovery community;

(L) A representative from the local or regional recovery court; and

(M) Other individuals necessary for the work of the local team, as recommended by the local team and appointed by the chair.

(b)

(1) The chair of the local team must be a local or regional county health officer, or a designee of that local or regional county health officer, within the organization that houses the local team.

(2) If a local team is a multicounty team, then the members may vote on which local or regional county health officer, or officer's designee, serves as chair. A local or regional county health officer, or officer's designee, may also serve as co-chairs.

(c) The chair of the local team is responsible for the following:

(1) Soliciting and recruiting the necessary and appropriate members to serve on the local team pursuant to subsection (a);

(2) Facilitating each local team meeting and implementing the protocols and procedures of the local team;

(3) Ensuring that all members of the local team and all guest observers sign confidentiality forms as required under § 68-2-108;

(4) Requesting and collecting the information needed for the local team's case review;

(5) Filling vacancies on the local team when a member is no longer able to fulfill the member's duties and obligations to the local team. The chair shall fill a vacancy with an individual from the same or equivalent position or discipline; and

(6) Serving as a liaison for the local team when necessary.

(d) Members of the local team shall serve without compensation, but may be entitled to reimbursement for travel expenses incurred in the performance of their official duties in conformity with comprehensive travel regulations as promulgated by the department of finance and administration and approved by the attorney general and reporter.

68-2-106. Duties and responsibilities of overdose fatality review teams.

(a) The purpose of each local team is to:

(1) Promote cooperation and coordination among agencies involved in the investigation of drug overdose fatalities;

(2) Develop an understanding of the causes and incidence of drug overdose fatalities in the jurisdiction where the local team operates;

(3) Plan for and recommend changes within the agencies represented on the local team to prevent drug overdose fatalities; and

(4) Advise local, regional, and state policymakers about potential changes to law, policy, funding, or practice to prevent drug overdoses.

(b) To achieve its purpose, each local team shall:

(1) Establish and implement protocols and procedures;

(2) Conduct a multidisciplinary review of information received pursuant to § 68-2-107 regarding a decedent, which must include, but is not limited to:

(A) Consideration of the decedent's points of contact with healthcare systems, social services, educational institutions, child and family services, the criminal justice system, including law enforcement, and other systems with which the decedent had contact prior to death; and

(B) Identification of the specific factors and social determinants of health that put the decedent at risk for an overdose;

(3) Recommend prevention and intervention strategies to improve coordination of services among member agencies to reduce overdose deaths; and

(4) Collect, analyze, interpret, and maintain local data on overdose deaths.

(c) Meetings of the local team may be conducted in person or virtually using a secure web-based audio-visual meetings platform.

(d) In addition to the duties specified in subsection (b), a local team may investigate non-fatal overdose cases that occur within the local team's jurisdiction.

(e) Each local team shall submit an annual de-identified report containing the information in subsection (g) to:

(1) The county health department for the local jurisdiction or jurisdictions served by the local team; and

(2) The department of health.

(f) The department of health shall combine each annual report submitted pursuant to subsection (e) to create a single statewide report containing an aggregate of the data submitted and shall submit that report to the governor, the health committee of the house of representatives, and the health and welfare committee of the senate.

(g) The annual report described in subsection (e) must include, but is not limited to, the following:

(1) The total number of fatal overdoses that occurred within the jurisdiction of the local team;

(2) The number of fatal overdose cases investigated by the local team;

(3) Recommendations for state and local agencies or the general assembly to assist in preventing fatal and non-fatal overdoses in this state; and

(4) Assessable results of any recommendations made by the local team, including, but not limited to, changes in local or state law, policy, or funding made as a result of the local team's recommendations.

(h) Reports submitted pursuant to this section with de-identified data are not confidential and may be shared with the public.

(i) Members of a local team and other individuals in attendance at a local team meeting, including, but not limited to, experts, healthcare professionals, or other participants:

(1) Shall sign a confidentiality agreement as provided for in § 68-2-108;

(2) May discuss confidential matters and share confidential information during the local team meeting without violating state privacy laws; however, confidential information disclosed during a local team meeting must not be further disclosed outside of the meeting;

(3) Are bound by all applicable state and federal laws concerning the confidentiality of matters reviewed by the local team; and

(4) Are not subject to civil or criminal liability or professional disciplinary action for the sharing or discussion of a confidential matter with the local team during a local team meeting. The immunity described in this subdivision (i)(4) does not apply to a local team member or attendee who negligently discloses confidential information or who knowingly and willfully discloses the information in violation of this act or state or federal law.

68-2-107. Access to information.

(a) Notwithstanding another law, and except as provided in subsection (d), on written request of the chair of a local team, and as necessary to carry out the purpose and duties of the local team, the local team must be provided with the following information:

(1) Information and records regarding the physical health, mental health, and treatment for substance use disorder, maintained by a healthcare provider, substance use disorder treatment provider, hospital, or health system for an individual whose death or near death is being reviewed by the local team; and

(2) Information and records maintained by a state or local government agency or entity, including, but not limited to, death investigative information, medical examiner investigative information, law enforcement investigative information, emergency medical services reports, fire department records, prosecutorial records, parole and probation information and records, court records, school records, and information and records of a social services agency, including the department of children's services, if the agency or entity provided services to:

(A) An individual whose death or near death is being reviewed by the local team; or

(B) The family of the decedent being investigated.

(b) The following persons, agencies, or entities shall comply with a records request by a local team made pursuant to subsection (a):

(1) A medical examiner;

(2) A fire department;

(3) A health system;

(4) A hospital;

(5) A law enforcement agency;

(6) Local or state governmental agencies, including, but not limited to, the department of children's services, department of health, department of mental health and substance abuse services, a district attorney, a public defender, the department of correction, and the board of probation and parole;

(7) A mental health services provider;

(8) A healthcare provider;

(9) A substance use disorder treatment provider;

(10) A local education agency or a school, including an elementary school, secondary school, or institution of higher education;

(11) An emergency medical services provider;

(12) A social services provider;

(13) A prescription drug monitoring program; and

(14) Another person or entity who is in possession of records pertinent to the local team's investigation of an overdose fatality.

(c) A person or entity subject to a records request by a local team under subsection (b) may charge the local team a reasonable fee for the service of duplicating the records requested by the local team.

(d) The disclosure or redisclosure of a medical record developed in connection with the provision of substance use disorder treatment services, without the authorization of a person in interest, is subject to limitations that exist under the law of this state, 42 U.S.C. § 290dd-2, or 42 C.F.R. Part 2.

(e) Information requested by the chair of a local team must be provided within ten (10) business days of receipt of the written request and any required written consent, excluding weekends and holidays, unless an extension is granted by the chair. Written requests may include a request submitted via email or facsimile transmission.

(f) Notwithstanding another law, a local team does not need an administrative subpoena or other form of legal compulsion to receive the requested records. This subsection (f), however, does not negate any right the local team has to obtain an administrative subpoena or other form of legal compulsion.

(g) The chair of a local team, or the chair's designee, must request the individual whose overdose is under review or, if deceased, the individual's personal representative, to provide written consent for the release of confidential information.

(h) So long as each individual present at a local team meeting has signed the confidentiality form provided for in § 68-2-108, information received by the chair in response to a request under this section may be shared at a local team meeting with local team members and non-member attendees.

(i) An individual, entity, or local or state agency that in good faith provides information or records to the local team is not subject to civil or criminal liability or professional disciplinary action as a result of providing the information or record.

(j) A member of a local team may contact, interview, or obtain information by request from a consenting family member or friend of an individual whose death is being reviewed by the local team.

68-2-108. Confidentiality.

(a) Local team meetings in which confidential information is discussed are closed to the public.

(b) All local team members and non-member individuals in attendance at a meeting shall sign a confidentiality form and review the purpose and goal of the local team before they may participate in the review. The form must set out the requirements for maintaining the confidentiality of information disclosed during the meeting and penalties associated with failure to maintain that confidentiality.

(c) All information and records acquired by a local team are confidential and are not subject to subpoena, discovery, or introduction into evidence in a civil or criminal proceeding or disciplinary action. Information and records that are otherwise available from other sources are not immune from subpoena, discovery, or introduction into evidence through those sources solely because the information or record was presented to or reviewed by a local team.

(d) Information and records acquired or created by a local team are not subject to state public inspection or open records laws, except as indicated in § 68-2-106 regarding de-identified annual reporting.

(e) Substance use disorder treatment records requested or provided to the local team are subject to additional limitations on redisclosure of a medical record developed in connection with the provisions of substance use disorder treatment services under state or federal law, including, but not limited to, 42 U.S.C.
§ 290dd-2 and 42 C.F.R. Part 2.

(f) Local team members and individuals who present or provide information to a local team shall not be questioned in a civil or criminal proceeding or disciplinary action regarding the information presented or provided. This subsection (f) does not prevent a person from testifying regarding information obtained independently of the local team or as to public information.

(g) The confidentiality of information provided to the local team must be maintained as required by state and federal law. A person damaged by the negligent or knowing and willful disclosure of the confidential information by the local team or its members may maintain an action for damages, costs, and attorney fees.

(h) A person who violates the confidentiality provisions of this part is guilty of a Class B misdemeanor and is subject to a fine not to exceed five hundred dollars ($500) or imprisonment for a term not to exceed six (6) months, or both.

(i) This section does not prohibit a local team from requesting the attendance at a team meeting of a person who has information relevant to the team's exercise of its purpose and duties.

SECTION 2. If a provision of this act or its application to a person or circumstance is held invalid, then the invalidity does not affect other provisions or applications of the act that can be given effect without the invalid provision or application, and to that end, the provisions of this act are severable.

SECTION 3. The department of health is authorized to promulgate rules to effectuate the purposes of this act. The rules must be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in Tennessee Code Annotated, Title 4, Chapter 5.

SECTION 4. The headings in this act are for reference purposes only and do not constitute a part of the law enacted by this act. However, the Tennessee Code Commission is requested to include the headings in any compilation or publication containing this act.

SECTION 5. This act takes effect upon becoming a law, the public welfare requiring it.

House Health Subcommittee Am. #1

Amendment No._____

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

_____

Signature of Sponsor

AMEND Senate Bill No. 2532 House Bill No. 2641*

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

SECTION 1. Tennessee Code Annotated, Section 68-7-101(5), is amended by adding the following as new subdivisions:

( ) Intractable pain, chronic pain, or neuropathic pain to include trigeminal neuralgia;

( ) Quadriplegia or paraplegia;

( ) A patient's disease or condition that qualifies the patient to participate in a clinical research program involving medical cannabis; provided, that the disease or condition is deemed qualifying only during the course of the clinical research program and during the patient's participation in the program;

( ) A disease or condition for which the patient is receiving palliative care or hospice care;

( ) Any other disease or condition recommended by the commission pursuant to rules promulgated by the commission;

SECTION 2. Tennessee Code Annotated, Section 68-7-101, is amended by adding the following as new subdivisions:

( ) "Acceptable form of medical cannabis":

(A) Means oils, tinctures, patches, sprays intended for sublingual or buccal administration, capsules, pills, suppositories, ointments, lotions, lozenges, liquids, and aerosols; other portions of the cannabis plant; and any mixture or preparation thereof that is contained in the manufacturer's original packaging and

that meets labeling and other specifications as determined by the commission in rule; and

(B) Does not include dried leaves, flowers, seeds, roots, stems, stalks, or fan leaves;

( ) "Chronic pain" means nonmalignant pain that goes beyond the normal course of a disease or condition and for which chronic nonmalignant pain treatment, as defined in § 63-1-301, has been provided to the patient;

( ) "Clinical research program" means a medical or clinical research trial or study involving the medical use of cannabis that:

(A) Has been approved by the federal food and drug administration;

(B) Is being conducted by or with funds provided from the national institute on drug abuse (NIDA); or

(C) Is being conducted by a university, medical school, pharmacy school, or hospital;

( ) "Designated caregiver" means a person who has agreed to assist with a qualified patient's medical use of cannabis, has a designated caregiver identification card, and meets the requirements of § 68-7-218;

( ) "Designated caregiver identification card" means a document issued by the commission that identifies a person as a designated caregiver;

( ) "Good faith belief":

(A) Means reasonable reliance on a fact, or that which is held out to be factual, without intent to deceive or be deceived and without reckless or malicious disregard for the truth;

(B) Does not include a belief formed with gross negligence; and

(C) May be based on one (1) or more of the following:

(i) Observed conduct, behavior, or appearance;

(ii) Information reported by a person believed to be reliable, including, without limitation, a report by a person who witnessed the use or possession of medical cannabis or medical cannabis paraphernalia by an applicant or employee in the workplace;

(iii) Written, electronic, or verbal statements from the person in question or other persons;

(iv) Lawful video surveillance;

(v) A record of a government or law enforcement agency or a court;

(vi) A positive test result for marijuana or delta-9 tetrahydrocannabinol (THC);

(vii) A warning label, usage standard, or other printed material that accompanies instructions for medical cannabis;

(viii) Information from a physician, medical review officer, or a dispensary;

(ix) Information from reputable reference sources in print or on the internet; or

(x) Other information reasonably believed to be reliable or accurate;

( ) "Intractable pain" means pain diagnosed by a pain management specialist, as defined in § 63-1-301, for which, in the generally accepted course of medical practice, the cause cannot be removed and otherwise treated;

( ) "Manufacturer's original packaging" means packaging and labeling that is compliant with the laws of the state where the product is purchased, including seed-to-sale tracking, and the licensing of the manufacturer, cultivator, processor, or distributor who packaged or labeled the acceptable form of medical cannabis;

( ) "Marijuana" has the same meaning as defined in § 39-17-402;

( ) "Minor" means an individual younger than eighteen (18) years of age;

( ) "Palliative care" means specialized treatment for patients facing serious illness, which focuses on providing relief of suffering through a multidisciplinary approach in order to maximize quality of life for the patient;

( ) "Possession limit" means the limit of an acceptable form of medical cannabis a qualified patient or designated caregiver may possess at any one (1) time;

( ) "Qualified clinical visit" means an interaction between a qualified physician and a patient in which the physician:

(A) Met with and examined the patient;

(B) Reviewed the patient's medical records or medical history;

(C) Reviewed the patient's current medications and allergies to medications;

(D) Discussed the patient's current symptoms; and

(E) Created a medical record for the patient regarding the meeting;

( ) "Qualified patient" means a resident of this state who:

(A) Has been diagnosed by a qualified physician as having a qualifying medical disease or condition; and

(B) Has registered with the commission and received a qualified patient identification card;

( ) "Qualified patient identification card" means a document issued by the commission that identifies a person as a qualified patient;

( ) "Qualified physician" means a person who holds an active, valid, and unrestricted license as a physician under title 63, chapter 6, or as an osteopathic physician under title 63, chapter 9; provided, that a qualified physician for a patient whose qualifying medical disease or condition is intractable pain or chronic pain must be a pain management specialist, as defined in § 63-1-301;

( ) "Serious illness" means a health condition that carries a high risk of mortality and negatively impacts a patient's daily bodily functions;

( ) "Written certification" means a document created by a qualified physician or the commission stating that in the physician's professional opinion, after having completed an assessment of the qualified patient's medical history, medication history, and a face-to-face assessment of the patient's current medical condition, made in the course of a bona fide practitioner-patient relationship, the qualified patient has a qualifying medical disease or condition. A written certification is not a medical prescription order;

SECTION 3. Tennessee Code Annotated, Title 68, Chapter 7, is amended by adding the following as a new part:

68-7-201.

(a) A qualified patient or designated caregiver in actual possession of a qualified patient identification card or designated caregiver identification card shall not be subject to arrest, prosecution, or penalty in any manner or denied any right or privilege, including, without limitation, a civil penalty or disciplinary action by a business, occupational, or professional licensing board or bureau, for the medical use of cannabis in accordance with this chapter if the qualified patient or designated caregiver possesses an amount of cannabis less than or equal to the following:

(1) Three (3) grams of delta-9 tetrahydrocannabinol (THC) in a concentrated product; or

(2) Three thousand (3,000) milligrams of delta-9 tetrahydrocannabinol (THC) in infused products.

(b)

(1) A qualified patient or designated caregiver is presumed to be lawfully engaged in the medical use of cannabis in accordance with this chapter if the qualified patient or designated caregiver is in actual possession of a qualified

patient identification card or designated caregiver identification card and possesses an acceptable form of medical cannabis, contained in or possessed with the manufacturer's original packaging, that does not exceed the amount allowed under subsection (a).

(2) The presumption made in subdivision (b)(1) may be rebutted by evidence the medical cannabis exceeded the allowable amount.

(3) An acceptable form of medical cannabis that is contained in or possessed with the manufacturer's original packaging is the only form allowed for lawful possession.

(c) A person shall not be subject to arrest, prosecution, or penalty in any manner or denied any right or privilege, including, without limitation, a civil penalty or disciplinary action by a business, occupational, or professional licensing board or bureau, simply for being in the presence or vicinity of the medical use of cannabis as allowed under this part or for directly assisting a qualified patient with the medical use of cannabis.

68-7-202.

(a) A school shall not refuse to enroll or otherwise penalize an individual solely for the individual's status as a qualified patient or designated caregiver unless doing so would put the school in violation of federal law.

(b) A landlord shall not refuse to lease to or otherwise penalize an individual solely for the individual's status as a qualified patient or designated caregiver unless doing so would put the landlord in violation of federal law.

68-7-203.

For the purposes of medical care, a qualified patient's authorized use of medical cannabis in accordance with this part is considered the equivalent of the authorized use of another medication used at the direction of a physician and does not constitute the use of an illicit substance.

68-7-204.

(a) An employer shall not discriminate against an applicant or employee in hiring, termination, or any term or condition of employment, or otherwise penalize an applicant or employee, based upon the applicant's or employee's past or present status as a qualified patient or designated caregiver.

(b) A cause of action shall not be established against an employer based upon, and an employer is not prohibited from, the following actions:

(1) Establishing and implementing a substance abuse or drug-free workplace policy that may include a drug testing program that complies with state or federal law and taking action with respect to an applicant or employee under the policy;

(2) Acting on the employer's good faith belief that a qualified patient:

(A) Possessed, ingested, or otherwise engaged in the use of medical cannabis while on the premises of the employer or during the hours of employment; or

(B) Was under the influence of medical cannabis while on the premises of the employer or during the hours of employment; provided, that a positive test result for marijuana or delta-9 tetrahydrocannabinol cannot provide the sole basis for the employer's good faith belief; or

(3) Acting to exclude a qualified patient from being employed in or performing a safety-sensitive position, as defined in § 50-9-103, based on the employer's good faith belief that the qualified patient was engaged in the current use of medical cannabis.

(c) For reasons other than an applicant's or employee's past or present status as a qualified patient or designated caregiver, the authorized or protected actions of an employer under this subsection (c) include one (1) or more of the following, without limitation:

(1) Implementing, monitoring, or taking measures to assess, supervise, or control the job performance of an employee;

(2) Reassigning an employee to different job duties or a different position;

(3) Placing an employee on paid or unpaid leave;

(4) Suspending or terminating an employee;

(5) Requiring an employee to successfully complete a substance abuse program before returning to work; or

(6) Refusing to hire an applicant for reasons other than being a qualified patient.

(d)

(1) Damages established for an employment discrimination claim based on an applicant's or employee's past or present status as a qualified patient or designated caregiver in violation of this part are limited to the damages available for an employment discrimination claim under state law.

(2) Liability for back pay shall not accrue from a date more than two (2) years prior to the filing of an action.

(3) Damages under this subsection (d) shall not duplicate or increase an award for damages over the statutory limit allowed by state law or federal law existing on January 1, 2022, whichever is lower.

(4) An action based on employment discrimination in violation of this section must be brought within one (1) year of the occurrence of the alleged discrimination.

(5) An individual employee or an agent of the employer, or employee of the agent, is not liable for any violation of this section that the employer is found to have committed.

(6) This subsection (d) does not waive the sovereign immunity of the state of Tennessee.

68-7-205.

A person otherwise entitled to custody of, or visitation or parenting time with, a minor shall not be denied custody, visitation, or parenting time solely for conduct allowed under this chapter, nor shall there be:

(1) A finding of abuse solely for conduct allowed under this chapter; or

(2) A presumption of neglect or child endangerment for conduct allowed under this chapter.

68-7-206.

(a) An acceptable form of medical cannabis under the possession limits specified in § 68-7-201(a), medical cannabis paraphernalia, lawful property, or interest in lawful property, that is possessed, owned, or used exclusively in connection with the medical use of cannabis as allowed under this part, or property incidental to such use, shall not be subject to seizure or forfeiture.

(b) Unauthorized forms of medical cannabis or amounts in excess of possession limits are subject to seizure and forfeiture.

(c) Medical cannabis not contained in or possessed with the manufacturer's original packaging is subject to seizure and forfeiture.

68-7-207.

(a) A qualified physician shall not be subject to arrest, prosecution, or penalty in any manner or denied any right or privilege, including, without limitation, a civil penalty or disciplinary action by the board of medical examiners or the board of osteopathic examination or by any other business, occupational, or professional licensing board or bureau, solely for providing a written certification.

(b) This section does not prevent the board of medical examiners or the board of osteopathic examination from sanctioning a physician for failing to properly evaluate a

patient's medical condition or for otherwise violating the applicable physician-patient standard of care or the corresponding practice acts under title 63.

(c) This section does not require a qualified physician to issue a written certification.

68-7-208.

School personnel are authorized to possess medical cannabis in accordance with title 49, chapter 50, part 16, when obtained for medical use pursuant to this part by a student who is a qualified patient.

68-7-209.

This part does not prohibit the medical use of cannabis or a designated caregiver assisting with the medical use of cannabis in a state-licensed nursing home facility, hospice facility, or assisted-care living facility, if the medical use of cannabis is permitted under federal law.

68-7-210.

(a)

(1) A written certification expires one (1) year from the date of issuance, except that a qualified physician may designate an earlier expiration date.

(2) Notwithstanding subdivision (a)(1), for an application that requires a written certification to be submitted with the application, the certification must have been issued not more than thirty (30) days prior to the submittal.

(b) A written certification must contain the following information to be valid:

(1) The qualified physician's name, as it appears in the records of the board of medical examiners or the board of osteopathic examination;

(2) The physician's license number including the physician's United States drug enforcement agency registration number;

(3) The physician's business address, telephone number, and email address;

(4) The qualified patient's name, address, and date of birth;

(5) The qualified patient's qualifying medical disease or condition;

(6) Statements confirming the following:

(A) The physician conducted a qualified clinical visit with the patient;

(B) In the opinion of the physician, the patient suffers from the qualifying medical disease or condition; and

(C) In the case of a non-emancipated patient who is a minor, that before certifying the patient, the physician received the written consent of a parent or legal guardian who asserts that the parent or guardian will serve as a primary designated caregiver for the patient; and

(7) The physician's signature and the date the written certification was signed.

(c) In an electronic manner as determined by the commission by rule, the qualified physician:

(1) May register with the patient registry, created pursuant to § 68-7-211, as the issuer of the written certification for the qualified patient; and

(2) Shall:

(1) Enter the contents of the physician's written certification into the patient registry, including the patient's qualifying medical disease or condition and the name of the designated caregiver if the qualified patient is a minor;

(2) Update the patient registry no later than seven (7) days after any change is made to the original written certification to reflect such change; and

(3) Deactivate the written certification of the qualified patient and the patient's designated caregiver within the patient registry when the

qualified physician determines the patient no longer meets the criteria of a qualified patient.

(d) Prior to issuing the written certification, the physician shall inform the patient, or the patient's parent or legal guardian if the patient is a minor, of the following:

(1) The potential effect that medical cannabis may have on a patient's coordination, motor skills, and cognition, including a warning against operating heavy machinery, operating a motor vehicle, or engaging in activities that require a person to be alert or respond quickly; and

(2) Possible limitations placed on Tennessee residents who seek to obtain medical cannabis in another state.

(e) A qualified physician shall not issue a written certification to a patient based on an assessment conducted via telemedicine, as defined in § 63-1-155.

(f) The commission shall confirm written certifications entered in the patient registry and register the qualified physician with the registry after verifying with the appropriate licensing board, if the physician did not self-register under subdivision (c)(1), that the physician meets the criteria of a qualified physician.

68-7-211.

(a) The commission shall create and maintain a secure, electronic, and online patient registry for qualified physicians, qualifying patients, and designated caregivers as provided under this section. The patient registry must be accessible to law enforcement agencies and qualified physicians to verify the authorization of a qualified patient or a designated caregiver to possess medical cannabis. The patient registry must also be accessible to practitioners licensed to prescribe prescription drugs to ensure proper care for patients before medications that may interact with the medical use of cannabis are prescribed and prevent an active registration of a qualified patient by multiple qualified physicians.

(b) The commission shall confirm qualified patients within the patient registry and determine whether a patient is a resident of this state for the purpose of registration of qualified patients and designated caregivers in the patient registry. To prove residency, an individual shall submit the following:

(1) If an adult, then the individual must provide the commission a copy of the individual's valid Tennessee driver license or photo identification license and one (1) of the following:

(A) A deed, mortgage, monthly mortgage statement, mortgage payment booklet, or residential rental or lease agreement;

(B) A utility hookup or work order not more than sixty (60) days old;

(C) A utility bill not more than two (2) months old;

(D) Mail from a financial institution, including a checking, savings, or investment account statement, not more than two (2) months old;

(E) Mail from a federal, state, county, or municipal government agency, not more than two (2) months old; or

(F) Other documentation that provides proof of residential address as determined by commission rule; and

(2) If a minor, then a certified copy of the minor's birth certificate or a current record of registration or enrollment in an elementary or secondary school, as defined in § 49-6-301, located in this state must be provided, and the minor's parent or legal guardian must comply with the requirements of subdivision (b)(1).

(c) The commission may suspend or revoke the registration of a qualified patient or designated caregiver if the qualified patient or designated caregiver:

(1) Provides misleading, incorrect, false, or fraudulent information to the commission;

(2) Possesses a form other than an acceptable form of medical cannabis or in an amount that exceeds possession limits specified in § 68-7-201(a);

(3) Falsifies, alters, or otherwise modifies a qualified patient identification card;

(4) Fails to timely notify the commission of any changes affecting the patient's status as a qualified patient; or

(5) Violates the requirements of this part or any rule promulgated by the commission to effectuate the purposes of this part.

(d) The commission shall revoke the registration of a qualified patient, and the patient's designated caregiver, upon notification by the qualified physician that the patient no longer meets the criteria of a qualified patient.

(e) Upon request and for purposes of verifying whether a particular individual is lawfully in possession of a qualified patient identification card or designated caregiver identification card or lawfully in possession of a particular amount of medical cannabis, state and local law enforcement personnel shall have access to qualified patient and designated caregiver information such as names, addresses, and dates of birth, but not information about the patient's qualifying medical disease or condition.

68-7-212.

(a) The commission shall issue a qualified patient identification card or designated caregiver identification card to a qualified patient who is a resident of this state or a designated caregiver and who has submitted an application and fee to the commission following registration by a qualified physician. A qualified patient identification card or designated caregiver identification card may be renewed through the application process. The qualified patient identification card or designated caregiver identification card must be resistant to counterfeiting and tampering and must include, at a minimum, the following:

(1) The name, address, and month and year of birth of the qualified patient or designated caregiver;

(2) A full-face, passport-type, color photograph of the qualified patient or designated caregiver taken no more than ninety (90) days prior to registration or the photograph, which may be obtained from the department of safety, used on the qualified patient's or designated caregiver's Tennessee driver license or photo identification license;

(3) Identification as a qualified patient or designated caregiver;

(4) For a qualified patient identification card, a unique numeric identifier used for the qualified patient in the patient registry;

(5) For a designated caregiver identification card, the name and unique numeric identifier for each qualified patient of the caregiver and a unique numeric identifier for the caregiver; and

(6) The identification card's expiration date.

(b) A qualified patient or designated caregiver must complete registration within the patient registry in a manner determined by the commission in rule, which must include:

(1) Submitting a completed application, no later than thirty (30) days after the issuance of the written certification; and

(2) Paying a nonrefundable application fee.

(c) The commission must receive written consent, on a form prescribed by the commission, from a qualified patient's parent or legal guardian before it may issue an identification card to a qualified patient who is a minor.

68-7-213.

(a) The application for a qualified patient identification card or designated caregiver identification card must be submitted on a form prescribed by the commission. The commission may charge a reasonable fee for the issuance, replacement, and

renewal of an identification card. The commission may enter into a contract with a third-party vendor to issue identification cards; provided, that a vendor selected by the commission must have experience performing similar functions for other state agencies.

(b)

(1) To apply for a qualified patient identification card, a person must:

(A) Be a resident of this state;

(B) Be a qualified patient who has been added to the patient registry; and

(C) Submit an application to the commission no more than thirty (30) days after being added to, or renewed within, the patient registry.

(2) To apply for a designated caregiver identification card, a person must submit an application to the commission.

(c) In order for a minor to receive a qualified patient identification card, the minor must reside in this state and have a designated caregiver identified in the minor's application and within the patient registry.

(d)

(1) A person who applies for a qualified patient identification card or designated caregiver identification card shall pay an application fee of thirty-five dollars ($35.00) in a manner as determined by the commission. A qualified patient identification card expires one (1) year from the date of issuance unless the written certification provided by the qualified physician designates an earlier expiration date.

(2) To renew a qualified patient identification card or designated caregiver identification card, the patient or designated caregiver must submit an application, along with the nonrefundable application fee and required accompanying documents to the commission no earlier than forty-five (45) days prior to the card's expiration date.

(e)

(1) The commission shall review the information contained in an application for a qualified patient identification card or designated caregiver identification card within forty-five (45) days of receiving all the information required for the application, including the written certification from a qualified physician. The application must be approved and a qualified patient identification card or designated caregiver identification card issued if the commission does not complete the review after forty-five (45) days of receiving all required information.

(2) The commission may authorize a designee to conduct a review of the qualifications of an applicant for a qualified patient identification card or designated caregiver identification card and to make an initial determination as to whether the applicant has met all the requirements for issuance of a qualified patient identification card or designated caregiver identification card. If the designee determines the applicant has met all the requirements for a qualified patient identification card or designated caregiver identification card, then the designee has the authority to issue to such applicant a temporary qualified patient identification card or temporary designated caregiver identification card. A temporary qualified patient identification card or temporary designated caregiver identification card issued pursuant to this subdivision (e)(2) shall not be effective for longer than a forty-five-day period beginning on the date of issuance.

(3) If a temporary qualified patient identification card or temporary designated caregiver identification card is issued to an applicant in accordance with subdivision (e)(2) and the commission subsequently denies the application based upon a determination that the applicant has not complied with all the requirements for a qualified patient identification card or designated caregiver identification card, then the initial approval and temporary identification card

become null and void from that point forward, and the commission shall immediately notify the applicant. In this event, the doctrine of estoppel does not apply against the state based upon its issuance of temporary authorization and its subsequent denial of a qualified patient identification card or designated caregiver identification card.

(f) A person who applies for a qualified patient identification card or designated caregiver identification card must make corrections, provide additional information, or resubmit the application no later than sixty (60) days from the date the commission provides notice to the applicant that the application is incomplete.

(g) The commission shall deny an application for a qualified patient identification card or designated caregiver identification card if:

(1) The applicant had a previous registry identification card revoked in this state or another jurisdiction where medical cannabis use is allowed;

(2) The written certification was not made in the context of a bona fide practitioner-patient relationship;

(3) The written certification was fraudulently obtained; or

(4) The application or written certification was falsified in any way.

68-7-214.

(a) When there has been a change in the qualified patient's name, address, or designated caregiver, the patient must notify the commission within ten (10) days by submitting a completed change form prescribed by the commission, along with a replacement fee of fifteen dollars ($15.00) in the manner as determined by the commission. A patient who has not designated a caregiver at the time of the application to the commission may do so in writing at any time during the effective period of the qualified patient's identification card.

(b) A cardholder whose identification card is lost or stolen may replace the card by submitting an appropriate form prescribed by the commission, along with a copy of

the cardholder's Tennessee driver license or photo identification license and a replacement fee of fifteen dollars ($15.00).

68-7-215.

(a) A qualified patient who no longer has a qualifying medical disease or condition shall return the patient's identification card to the commission no later than ten (10) days after of receiving such information from the patient's physician along with an appropriate form prescribed by the commission.

(b) The commission may revoke a qualified patient identification card or designated caregiver identification card for one (1) or more of the following reasons:

(1) The qualified patient or designated caregiver makes material misrepresentations in the application for the identification card;

(2) The qualified patient uses the card to obtain medical cannabis for another individual;

(3) The designated caregiver uses the card to obtain medical cannabis for an individual who has not designated them as their caregiver or who is not a qualified patient;

(4) The patient no longer meets the criteria of a qualified patient; or

(5) A violation of this part or a reason adopted as a rule promulgated by the commission.

(c) A qualified patient or designated caregiver shall return the patient's or caregiver's identification card to the commission no later than five (5) business days after the card's revocation.

68-7-216.

(a) All documentation submitted by qualified patients and designated caregivers, including, but not limited to, applications and written certifications, are confidential and not subject to subpoena or a public records request.

(b) This section does not affect the ability of a law enforcement officer or agency to access patient registry information in accordance with § 68-7-211(a).

68-7-217.

A qualified patient or designated caregiver is required to have a valid qualified patient identification card or designated caregiver identification card in their immediate possession to lawfully possess an acceptable form of medical cannabis. A qualified patient or designated caregiver shall display a qualified patient identification card or designated caregiver identification card to a law enforcement officer upon request.

68-7-218.

(a) A designated caregiver, if one is desired, must be designated in a qualified patient's application or in accordance with § 68-7-214(a). A designated caregiver for a qualified patient who is a minor must be designated in the application.

(b) To receive a designated caregiver identification card, a designated caregiver shall complete a form prescribed by the commission, submit the form to the commission, and pay a fee of fifty dollars ($50.00).

(c) The commission shall register an individual as a designated caregiver in the patient registry and issue a designated caregiver identification card if the individual designated by a qualified patient meets all of the requirements of this part.

(d) A designated caregiver shall:

(1) Not be the qualified physician who wrote the written certification for the qualified patient;

(2) Be twenty-one (21) years of age or older;

(3) Agree in writing to assist with the qualified patient's medical use of cannabis;

(4) Be registered in the patient registry as a designated caregiver for no more than five (5) qualified patients, except as provided in this section;

(5) Successfully complete a designated caregiver certification course developed and administered by the commission or its designee and approved by the commission. Such course must be completed by the caregiver biennially; and

(6) Submit to a criminal background check conducted in accordance with § 63-1-116, unless the designated caregiver is a parent or legal guardian of the qualified patient.

(e) A qualified patient may designate no more than two (2) designated caregivers to assist with the qualified patient's medical use of cannabis, unless:

(1) The qualified patient is a minor and the designated caregivers are parents or legal guardians of the qualified patient;

(2) The qualified patient is an adult who has an intellectual or developmental disability that prevents the patient from being able to protect or care for themself without assistance or supervision and the designated caregivers are the parents or legal guardians of the qualified patient; or

(3) The qualified patient is admitted to a hospice program.

(f) A designated caregiver shall not be registered in the patient registry as a designated caregiver for more than five (5) qualified patients, unless:

(1) Each qualified patient the designated caregiver has agreed to assist is admitted to a hospice program and has requested the assistance of that designated caregiver with the medical use of cannabis;

(2) The designated caregiver is an employee of the hospice program; and

(3) The designated caregiver provides personal care or other services directly to clients of the hospice program in the scope of that employment.

(g) A designated caregiver shall not receive compensation, other than actual expenses incurred, for any services provided to a qualified patient. This prohibition on

compensation does not apply to a designated caregiver who is serving in that role in conjunction with the designated caregiver's primary employment under state or federal law.

(h) A designated caregiver identification card is valid from the date of issuance and expires after one (1) year, on the last day of the month the card was issued.

(i) This part does not require that a person be a resident of this state in order to be eligible for designation as a designated caregiver.

68-7-219.

(a) This part does not permit a person to:

(1) Undertake any task under the influence of medical cannabis when doing so would constitute negligence or professional malpractice; or

(2) Operate, navigate, or be in actual physical control of a motor vehicle, aircraft, motorized watercraft, or any other vehicle while under the influence of medical cannabis. Impairment is to be determined by a totality of the circumstances.

(b) This part does not require:

(1) A government medical assistance program or private health insurer to reimburse a person for costs associated with the medical use of cannabis unless federal law requires reimbursement;

(2) An employer to accommodate the use of medical cannabis in a workplace or an employee working while under the influence of medical cannabis;

(3) An individual or establishment in lawful possession of property to allow a guest, client, customer, or other visitor to use medical cannabis on or in that property;

(4) An individual or establishment in lawful possession of property to admit a guest, client, customer, or other visitor who is impaired as a result of the person's medical use of cannabis; or

(5) A public school to permit a qualified patient who is a student to be present on school grounds, to attend a school event, or to participate in extracurricular activities in violation of the public school's student discipline policies when a school office has a good faith belief that the behavior of such student is impaired from the use of medical cannabis.

(c) This part does not exempt a person from prosecution for a criminal offense related to impairment or intoxication resulting from the medical use of cannabis or relieve a person from any requirement under law to submit to a breath, blood, urine, or other test to detect the presence of a controlled substance.

(d) This part does not:

(1) Limit the ability of an employer to establish, continue, or enforce a drug-free workplace program or policy; or

(2) Create a cause of action against an employer for wrongful discharge or discrimination.

68-7-220.

(a) A person who fraudulently represents that the person has a qualified medical condition to a qualified physician for the purpose of being issued a written certification commits a Class A misdemeanor.

(b) A qualified patient or designated caregiver who possesses medical cannabis in an unauthorized form or in an amount beyond possession limits is subject to the penalties of title 39, chapter 17, part 4, regardless of patient registry status or the validity of a qualified patient identification card or designated caregiver identification card.

(c) A qualified patient or designated caregiver in possession of medical cannabis who fails or refuses to display a qualified patient identification card or designated

caregiver identification card upon the request of a law enforcement officer commits a Class C misdemeanor, unless it can be determined through the patient registry that the person is authorized to be in possession of that medical cannabis.

(d)

(1) A designated caregiver who violates this part commits an offense.

(2) A first or second violation of subdivision (d)(1) is punishable as a Class C misdemeanor.

(3) A third or subsequent violation of subdivision (d)(1) is punishable as a Class A misdemeanor.

(e)

(1) A person who intentionally possesses a blank, forged, stolen, fictitious, fraudulent, counterfeit, or otherwise unlawfully issued qualified patient identification card or designated caregiver identification card commits a Class E felony.

(2) A person who knowingly manufactures a blank, forged, stolen, fictitious, fraudulent, counterfeit, or otherwise unlawfully issued qualified patient identification card or designated caregiver identification card commits a Class D felony.

68-7-221.

The commission shall promulgate rules to effectuate the purposes of this part. All rules must be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

SECTION 4. Tennessee Code Annotated, Section 39-17-402(16), is amended by deleting subdivisions (E) and (F) and substituting instead the following:

(E) The term "marijuana" does not include oil or other acceptable forms of medical cannabis, as defined in § 68-7-101, containing less than nine-tenths of one

percent (0.9%) of delta-9 tetrahydrocannabinol when possessed by a person with a qualifying medical disease or condition, as defined in § 68-7-101;

SECTION 5. Tennessee Code Annotated, Title 39, Chapter 17, Part 13, is amended by adding the following as a new section:

Notwithstanding any law to the contrary:

(1) A state or local law enforcement agency shall not use, or permit the use of, the patient registry described in title 68, chapter 7, part 2, to determine whether a person is authorized to purchase, transfer, possess, or carry a firearm under this part;

(2) A person who is a qualified patient or designated caregiver described in title 68, chapter 7, part 2, does not commit an offense under this part when purchasing, transferring, possessing, or carrying a firearm and the basis for the commission of the offense is the person's actions made in accordance with title 68, chapter 7, part 2; and

(3) The prohibition on the use of public funds, personnel, or property to be allocated to enforce federal laws governing firearms under § 38-3-115 applies to persons acting in accordance with the title 68, chapter 7, part 2.

SECTION 6. Tennessee Code Annotated, Section 68-7-102, is amended by deleting the section and substituting instead the following:

There is created the medical cannabis commission. The commission shall serve as a resource for the study of federal and state laws regarding medical cannabis and the preparation of legislation to establish an effective, patient-focused medical cannabis program in this state.

SECTION 7. Tennessee Code Annotated, Section 68-7-109(a), is amended by adding the following as a new subdivision:

( ) Hemp-derived cannabinoids, including, but not limited to:

(A) Delta-8 tetrahydrocannabinol;

(B) Delta-10 tetrahydrocannabinol; and

(C) Hexahydrocannabinol;

SECTION 8. If any provision of this act or its application to any person or circumstance is held invalid, then the invalidity does not affect other provisions or applications of the act that can be given effect without the invalid provision or application, and to that end, the provisions of this act are severable.

SECTION 9. For purposes of promulgating rules and forms and performing duties necessary to effectuate the purposes of this act, this act takes effect upon becoming a law, the public welfare requiring it. Sections 3 and 5 of this act take effect July 1, 2023, the public welfare requiring it. For all remaining sections, this act takes effect upon becoming a law, the public welfare requiring it.

House Health Subcommittee Am. #1

Amendment No._____

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

Signature of Sponsor

AMEND Senate Bill No. 2465 House Bill No. 2228*

by deleting all language after the enacting clause and substituting:

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

(1) Notwithstanding another law, and except as otherwise provided in subdivision ( )(2), when prescribing an opioid to a patient, a healthcare prescriber shall offer a prescription for an opioid antagonist, 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 federal centers for disease control and prevention opioid-prescribing guidelines setting forth treatment of a known or suspected opioid overdose:

(A) The healthcare provider prescribes more than a three-day supply of an opioid medication; and

(B)

(i) The healthcare provider prescribes an opioid medication concurrently with a prescription by the same provider for benzodiazepine; or

(ii) 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.

(2) Subdivision ( )(1) does not apply to:

(A) An opioid prescription that is written as part of a patient's palliative care treatment. As used in this subdivision ( )(2)(A), "palliative care" has the same meaning as defined in § 63-1-164; or

(B) An opioid prescription that is written by a licensed veterinarian, as defined in § 63-12-103.

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

This chapter does not create a private right of action.

SECTION 3. This act takes effect upon becoming a law, the public welfare requiring it, and applies to opioid prescriptions issued on or after that date.