House Health Subcommittee Am. #1

Amendment No._____

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Date _____
Time _____
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Comm. Amdt. _____

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Signature of Sponsor

AMEND Senate Bill No. 1451 House Bill No. 1312*

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Section 63-6-207(g), is amended by deleting the subsection and substituting:

(g)

(1) The board may issue a temporary license of limited duration to an international medical school graduate upon finding sufficient evidence that the international medical school graduate:

(A) Demonstrated competency as determined by the board;

(B) Completed a three-year post-graduate training program in the graduate's licensing country; or

(C) Has otherwise practiced as a medical professional performing the duties of a physician for at least three (3) of the last five (5) years outside the United States.

(2) An applicant under subdivision (g)(1)(B) or (g)(1)(C) must submit sufficient evidence that the applicant is an international medical school graduate and has an offer for employment as a physician at a healthcare provider that operates in this state and has a post-graduate training program accredited by the accreditation council for graduate medical education in place.

(3) An international medical school graduate who is granted a temporary license under subdivision (g)(1)(B) or (g)(1)(C) must only provide medical

services at a healthcare provider that has in place a post-graduate training program accredited by the accreditation council for graduate medical education.

(4) The board shall grant a full and unrestricted license to practice medicine to a temporary licensee under subdivision (g)(1)(B) or (g)(1)(C) who is in good standing two (2) years after the date of temporary licensure. A temporary licensee who obtains a full and unrestricted license is not subject to the limitation of practicing at a healthcare facility with a post-graduate training program.

(5) As used in this subsection (g), "healthcare provider" means an individual, entity, corporation, person, or organization, whether for profit or nonprofit, that furnishes, bills, or is paid for a healthcare procedure or service delivery in the normal course of business, and includes, but is not limited to, a health system, hospital, hospital-based facility, freestanding emergency facility, and urgent care clinic.

SECTION 2. For the purpose of promulgating rules, this act takes effect upon becoming a law, the public welfare requiring it. For all other purposes, this act takes effect July 1, 2024, the public welfare requiring it.

House Health Subcommittee Am. #1

Amendment No._____

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

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Signature of Sponsor

AMEND Senate Bill No. 1049 **House Bill No. 1077***

by deleting subdivision (b)(4) from § 68-14-728 in SECTION 2 and substituting:

(4) The time period for correction of violations in § 68-14-716(b)(4) does not apply to a farmers market food unit; however, § 68-14-716(b)(1), (3), and (5) do apply to a farmers market food unit; and

AND FURTHER AMEND by deleting SECTION 4 and SECTION 5 and substituting:

SECTION 4. Tennessee Code Annotated, Section 68-14-716(b), is amended by adding the following as a new subdivision:

(5) In the case of farmers market food units, all violations of priority items must be corrected immediately whenever possible, and in any event within twenty-four (24) hours.

SECTION 5. The commissioner of health is authorized to promulgate rules to effectuate this act, which may be promulgated as emergency rules pursuant to Tennessee Code Annotated, Section 4-5-208(a)(5). The rules must be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in Tennessee Code Annotated, Title 4, Chapter 5.

SECTION 6. For the purpose of promulgating rules, this act takes effect upon becoming a law, the public welfare requiring it. For all other purposes, this act takes effect January 1, 2024, the public welfare requiring it.

House Health Subcommittee Am. #1

Amendment No._____

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Date _____
Time _____
Clerk _____
Comm. Amdt. _____

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Signature of Sponsor

AMEND Senate Bill No. 277* **House Bill No. 325**

by inserting the following new sections immediately preceding the effective date section and renumbering the effective date section accordingly:

SECTION 2. Tennessee Code Annotated, Section 63-1-164(a), is amended by adding the following as a new subdivision:

( ) "Recent cancer treatment" means six (6) months following the end of an active cancer treatment;

SECTION 3. Tennessee Code Annotated, Section 63-1-164(d)(1), is amended by adding the following as a new subdivision:

(C) After issuing an initial prescription to a patient for an opioid in a manner that complies with subdivision (d)(1)(A), the healthcare practitioner who issued the initial prescription is not required to obtain and document informed consent as required under subdivision (d)(1)(A)(iv) if the subsequent prescription is for the same opioid and for the same episode of treatment. Notwithstanding this subdivision (d)(1)(C), informed consent must be updated periodically during any course of treatment.

SECTION 4. Tennessee Code Annotated, Section 63-1-164(d)(1)(A)(iv), is amended by deleting the language "Obtains informed consent" and substituting "Obtains informed consent, except as provided in subdivision (d)(1)(C),".

SECTION 5. Tennessee Code Annotated, Section 63-1-164(e)(1), is amended by deleting the subdivision and substituting:

(1) The treatment of patients who are undergoing active cancer treatment or recent cancer treatment, undergoing palliative care treatment, or are receiving hospice care;

SECTION 6. Tennessee Code Annotated, Section 63-1-164(f), is amended by deleting the subsection and substituting the following:

(f) The commissioner of health, in consultation with the regulatory boards created pursuant to this title that license healthcare practitioners, shall provide a letter no later than November 1 of each even-numbered year to the governor, the speaker of the senate, the speaker of the house of representatives, the health and welfare committee of the senate, and the health committee of the house of representatives that includes updated information on the impact and effects of the restrictions set forth in this section. The letter may include recommendations for revisions to the restrictions on the prescription of opioids.

House Health Subcommittee Am. #1

Amendment No._____

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

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Signature of Sponsor

AMEND Senate Bill No. 937* **House Bill No. 1311**

by deleting all language after the caption and substituting:

WHEREAS, it is the intent of the General Assembly to ensure healthcare availability for the general population; and

WHEREAS, there is a well-known physician shortage; now, therefore,

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

SECTION 1. Tennessee Code Annotated, Title 63, is amended by adding the following as a new chapter:

63-15-101.

This chapter is known and may be cited as the "Graduate Physicians Act."

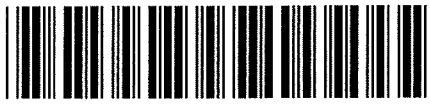
63-15-102.

As used in this chapter:

(1) "Graduate physician" means a medical school graduate who:

(A) Is a resident and citizen of the United States or a legal resident alien in the United States;

(B) Has successfully completed Step 1 and Step 2 of the United States Medical Licensing Examination (USMLE), or the equivalent of Step 1 and Step 2 of any other medical licensing examination or combination of examinations that is approved by the board of medical examiners or board of osteopathic examination, within the two-year period immediately preceding the date of the person's application for licensure as a graduate



physician, but not more than three (3) years after graduation from a medical school or school of osteopathic medicine; and

(C) Has not completed an approved postgraduate residency unless, within two (2) years from the date of the graduate's successful completion of Step 2 or its equivalent, the graduate was serving as a resident physician in an accredited residency in the United States and was serving in that capacity for the thirty-day period immediately preceding the date of the graduate's application for licensure as a graduate physician;

(2) "Graduate physician collaborative practice arrangement" means an agreement between a licensed physician and a graduate physician that meets the requirements of this chapter;

(3) "Medical school graduate" means any person who has graduated from a medical school as described in § 63-6-207 or a school of osteopathic medicine as described in § 63-9-104; and

(4) "Primary care services" means medical services in pediatrics, internal medicine, and family medicine.

63-15-103.

A graduate physician collaborative practice arrangement must limit the graduate physician to providing primary care services in a:

(1) Medically underserved rural area of this state;

(2) Pilot project area established for graduate physicians to practice; or

(3) Rural health clinic as defined under §§ 1861(aa) and 1905 of the federal Social Security Act (42 U.S.C. §§ 1395x and 1396d, respectively).

63-15-104.

(a) A graduate physician is considered a physician assistant for purposes of the regulations of the centers for medicare and medicaid services.

(b) Graduate physicians are subject to the supervision requirements established in any controlling federal law, any supervision requirements provided in this chapter, and any supervision requirements established by the board of medical examiners. Graduate physicians are not subject to any additional supervision requirements, other than the supervision requirements outlined in this subsection (b).

63-15-105.

(a) The board of medical examiners, in consultation with the board of osteopathic examination, is authorized to promulgate rules:

(1) To establish the process for licensure of graduate physicians, supervision requirements, additional requirements for graduate physician collaborative practice arrangements, and fees; and

(2) To address any other matters necessary to protect the public and discipline the profession.

(b) A graduate physician's license issued pursuant to this chapter and the rules promulgated by the board of medical examiners is only valid for two (2) years from the date of issuance and is not subject to renewal. The board of medical examiners or board of osteopathic examination may deny an application for licensure or suspend or revoke the license of a graduate physician for violation of the standards provided in §§ 63-6-214 and 63-9-111, as applicable, or for a violation of the standards of conduct established by the board of medical examiners by rule.

(c) Any rule promulgated under the authority delegated to the board of medical examiners in this chapter becomes effective only if it complies with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

63-15-106.

A graduate physician shall clearly identify as a graduate physician and is permitted to use the identifiers "doctor" or "Dr." A graduate physician shall not practice,

or attempt to practice, without a graduate physician collaborative practice arrangement, except as otherwise provided in this chapter.

63-15-107.

The licensed physician collaborating with a graduate physician is responsible for supervising the activities of the graduate physician and must accept full responsibility for the primary care services provided by the graduate physician.

63-15-108.

(a) This chapter applies to all graduate physician collaborative practice arrangements. To be eligible to practice as a graduate physician, a licensed graduate physician must enter into a graduate physician collaborative practice arrangement with a licensed physician no later than six (6) months after the date on which the graduate physician obtains initial licensure.

(b) Only a physician licensed pursuant to title 63, chapter 6 or chapter 9 may enter into a graduate physician collaborative practice arrangement with a graduate physician. Graduate physician collaborative practice arrangements must take the form of a written agreement that includes mutually agreed upon protocols and any standing orders for the delivery of primary care services. Graduate physician collaborative practice arrangements may delegate to a graduate physician the authority to administer or dispense drugs and provide treatment, as long as the delivery of the primary care services is within the scope of the graduate physician's practice and is consistent with the graduate physician's skill, training, and competence and the skill, training, and competence of the collaborating physician. The collaborating physician must be board-certified in the specialty that the graduate physician is practicing, which must only include pediatrics, internal medicine, or family medicine.

(c) The graduate physician collaborative practice arrangement must contain the following provisions:

(1) Complete names, home and business addresses, and telephone numbers of the collaborating physician and the graduate physician;

(2) A requirement that the graduate physician practice at the same location as the collaborating physician;

(3) A requirement that a prominently displayed disclosure statement informing patients that they may be seen by a graduate physician, and advising patients that the patient has the right to see the collaborating physician, be posted in every office where the graduate physician is authorized to prescribe;

(4) All specialty or board certifications of the collaborating physician and all certifications of the graduate physician;

(5) The manner of collaboration between the collaborating physician and the graduate physician, including how the collaborating physician and the graduate physician will:

(A) Engage in collaborative practice consistent with each professional's skill, training, education, and competence; and

(B) Maintain geographic proximity. However, the graduate physician collaborative practice arrangement may only allow for geographic proximity to be waived for no more than twenty-eight (28) days per calendar year for rural health clinics, as long as the graduate physician collaborative practice arrangement includes alternative plans as required in subdivision (c)(5)(C). The exception to the geographic proximity requirement applies only to independent rural health clinics, provider-based rural health clinics if the provider is a critical access hospital as provided in 42 U.S.C. § 1395i-4, and provider-based rural health clinics if the primary location of the hospital sponsor is more than twenty-five (25) miles from the clinic. The collaborating physician must maintain documentation related to the geographic proximity requirement

and present the documentation to the board of medical examiners upon request;

(6) A requirement that the graduate physician shall not provide patient care during an absence of the collaborating physician for any reason;

(7) A list of all other graduate physician collaborative practice arrangements of the collaborating physician and the graduate physician;

(8) The duration of the graduate physician collaborative practice arrangement between the collaborating physician and the graduate physician;

(9) A provision describing the time and manner of the collaborating physician's review of the graduate physician's delivery of primary care services. The provision must require the graduate physician to submit to the collaborating physician a minimum of twenty-five percent (25%) of the charts documenting the graduate physician's delivery of primary care services for review by the collaborating physician or by any other physician designated in the graduate physician collaborative practice arrangement every fourteen (14) days after the initial observation year. For the first three (3) months of the initial observation year, the collaborating physician shall review one hundred percent (100%) of the charts documenting the graduate physician's delivery of primary care services. For months four (4) through twelve (12), the collaborating physician shall review seventy-five percent (75%) of the charts documenting the graduate physician's delivery of primary care services; and

(10) A requirement that a collaborating physician be on premises if the graduate physician performs services in a hospital or emergency department.

63-15-109.

(a) The board of medical examiners, in consultation with the board of osteopathic examination, shall promulgate rules regulating the use of graduate physician collaborative practice arrangements for graduate physicians. The rules must specify:

(1) The geographic areas to be covered;

(2) The methods of treatment that may be covered by the graduate physician collaborative practice arrangement;

(3) The educational methods and programs to be performed during the collaborative practice service, developed in consultation with deans of medical schools and primary care residency program directors in this state, which must facilitate the advancement of the graduate physician's medical knowledge and capabilities, the successful completion of which may lead to credit toward a future residency program that deems the documented educational achievements of the graduate physician through the methods and programs acceptable; and

(4) Require review of the services provided under a graduate physician collaborative practice arrangement.

(b) A collaborating physician shall not enter into a graduate physician collaborative practice arrangement with more than three (3) graduate physicians at the same time.

63-15-110.

(a) Any rules related to the dispensing or distribution of medications or devices by prescription or prescription drug orders under this chapter require approval of the state board of pharmacy. The board of medical examiners, in consultation with the board of osteopathic examination, shall promulgate rules applicable to graduate physicians that are consistent with the guidelines established for federally funded clinics. The rulemaking authority granted to the board of medical examiners in this subsection (a) does not extend to graduate physician collaborative practice arrangements of hospital employees providing inpatient care within hospitals.

(b) The state board of medical examiners or board of osteopathic examination shall not deny, revoke, suspend, or otherwise take disciplinary action against a collaborating physician for primary care services delegated to a graduate physician as

long as the provisions of this section and any applicable rules promulgated by the board of medical examiners are satisfied.

(c) Within thirty (30) days of any licensure change, the state board of medical examiners or board of osteopathic examination must require every physician to identify whether the physician is engaged in a graduate physician collaborative practice arrangement, and to report to the board the name of each graduate physician with whom the physician has entered into an arrangement. The board may make the information available to the public. The board shall track the reported information and may routinely conduct reviews or inspections to ensure that the arrangements are being carried out in compliance with this chapter.

(d) A contract or other agreement cannot require a physician to act as a collaborating physician for a graduate physician against the physician's will. A physician has the right to refuse to act as a collaborating physician, without penalty, for a particular graduate physician. A contract or other agreement cannot limit the collaborating physician's authority over any protocols or standing orders, or delegate the physician's authority to a graduate physician. However, this subsection (d) does not authorize a physician in implementing protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by a hospital's medical staff.

(e) A contract or other agreement cannot require a graduate physician to serve as a graduate physician for any collaborating physician against the graduate physician's will. A graduate physician has the right to refuse to collaborate, without penalty, with a particular physician.

(f) All collaborating physicians and graduate physicians under a graduate physician collaborative practice arrangement must wear identification badges while acting within the scope of the arrangement. The identification badges must prominently display the licensure status of the collaborating physician and the graduate physician.

63-15-111.

(a) The collaborating physician must complete a certification course, which may include material on the laws pertaining to the professional relationship. The certification course must be approved by the board of medical examiners or board of osteopathic examination.

(b) A graduate physician collaborative practice arrangement supersedes current hospital licensing regulations governing hospital medication orders under protocols or standing orders for the purpose of delivering inpatient or emergency care within a hospital as defined in § 68-11-201, if the protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical therapeutics committee.

SECTION 2. Tennessee Code Annotated, Section 63-9-113, is amended by deleting the language "or a pharmacist" and substituting instead the language "a graduate physician, or a pharmacist".

SECTION 3. For purposes of promulgating rules, this act takes effect upon becoming a law, the public welfare requiring it. For all other purposes, this act takes effect January 1, 2025, the public welfare requiring it.

House Health Subcommittee Am. #1

Amendment No._____

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

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Signature of Sponsor

AMEND Senate Bill No. 560* **House Bill No. 584**

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Section 63-6-204, is amended by adding the following as a new subsection:

(I)

(1) This section does not prohibit a hospital or an affiliated entity from employing an emergency physician to treat patients at a satellite emergency department, or a physician to treat patients at a primary care clinic or urgent care clinic, which are located in this state and owned or controlled by the hospital or affiliated entity, if:

(A) The hospital:

(i) Is located in a neighboring state in a county contiguous to this state;

(ii) Is licensed by the appropriate healthcare facility licensing authority in that state; and

(iii) Holds a valid certificate of need for a satellite emergency department in this state;

(B) The satellite emergency department, primary care clinic, or urgent care clinic is located:

(i) In a county that:

(*a*) Borders the neighboring state and contiguous county in which the hospital is located;

(*b*) Is designated as an economically distressed or at-risk county by the department of economic and community development, as updated annually;

(*c*) Has a population of less than twenty-seven thousand (27,000), according to the 2020 federal census or a subsequent federal census; and

(*d*) Had a hospital in the county close within eight (8) years before the date healthcare services are initiated at the satellite emergency department, primary care clinic, or urgent care clinic; and

(ii) Less than twenty (20) miles from a hospital designated as a Level I, II, or III trauma center in the neighboring state, but more than fifty (50) miles from a hospital designated as a Level I, II, or III trauma center in this state;

(C) The physician is licensed to practice medicine in this state; and

(D) The employment relationship with the physician is evidenced by a written contract, job description, or other documentation containing language that does not restrict the physician from exercising independent medical judgment in diagnosing and treating patients.

(2) A hospital or affiliated entity that employs a physician pursuant to subdivision (l)(1) is not deemed to be engaged in the practice of medicine.

(3) As used in this subsection (l), "affiliated entity" means an entity that is directly or indirectly controlled by, or is under common control with, the hospital.

SECTION 2. Tennessee Code Annotated, Section 68-11-205, is amended by adding the following as a new subsection:

(g)

(1) Notwithstanding this section or another law, a hospital or an affiliated entity may employ an emergency physician to treat patients at a satellite emergency department, or a physician to treat patients at a primary care clinic or urgent care clinic, which are located in this state and owned or controlled by the hospital or affiliated entity, if:

(A) The hospital:

(i) Is located in a neighboring state in a county contiguous to this state;

(ii) Is licensed by the appropriate healthcare facility licensing authority in that state; and

(iii) Holds a valid certificate of need for a satellite emergency department in this state;

(B) The satellite emergency department, primary care clinic, or urgent care clinic is located:

(i) In a county that:

(*a*) Borders the neighboring state and contiguous county in which the hospital is located;

(*b*) Is designated as an economically distressed or at-risk county by the department of economic and community development, as updated annually;

(*c*) Has a population of less than twenty-seven thousand (27,000), according to the 2020 federal census or a subsequent federal census; and

(*d*) Had a hospital in the county close within eight (8) years before the date healthcare services are initiated at the satellite emergency department, primary care clinic, or urgent care clinic; and

(ii) Less than twenty (20) miles from a hospital designated as a Level I, II, or III trauma center in the neighboring state, but more than fifty (50) miles from a hospital designated as a Level I, II, or III trauma center in this state;

(C) The physician is licensed to practice medicine in this state; and

(D) The employment relationship with the physician is evidenced by a written contract, job description, or other documentation containing language that does not restrict the physician from exercising independent medical judgment in diagnosing and treating patients.

(2) A hospital or affiliated entity that employs a physician pursuant to subdivision (g)(1) is not deemed to be engaged in the practice of medicine.

(3) As used in this subsection (g), "affiliated entity" means an entity that is directly or indirectly controlled by, or is under common control with, the hospital.

SECTION 3. This act takes effect July 1, 2023, the public welfare requiring it.

House Health Subcommittee Am. #1

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Date _____
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Clerk _____
Comm. Amdt. _____

Amendment No._____

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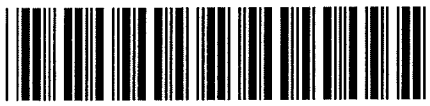
Signature of Sponsor

AMEND Senate Bill No. 329* **House Bill No. 514**

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

SECTION 1. Tennessee Code Annotated, Section 68-7-103(a)(3), is amended by adding the language "and with at least one (1) member being a patient who has been diagnosed with a qualifying medical disease or condition and who can establish the diagnosis for purposes of appointment to and service on the commission with a valid letter of attestation" immediately after the language "grand division".

SECTION 2. For purposes of appointing a patient to the commission for a term that begins on July 1, 2023, this act takes effect upon becoming a law, the public welfare requiring it. For all other purposes, this act takes effect July 1, 2023, the public welfare requiring it.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House Health Subcommittee Am. #1

Amendment No._____

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Date _____
Time _____
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Comm. Amdt. _____

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Signature of Sponsor

AMEND Senate Bill No. 799 House Bill No. 859*

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Section 68-140-319, is amended by designating the existing language as subsection (a) and adding the following as subsection (b):

(b) The department of health may disclose de-identified data that is collected pursuant to subsection (a), including for the purpose of providing opioid overdose response and resources throughout this state.

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

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House Health Subcommittee Am. #1

Amendment No._____

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Clerk _____
Comm. Amdt. _____

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Signature of Sponsor

AMEND Senate Bill No. 669* **House Bill No. 981**

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Section 68-140-303, is amended by deleting the section and substituting the following:

(a) There is created and established the Tennessee emergency medical services board by transfer and expansion of the duties and responsibilities of the EMS advisory council. The board consists of thirteen (13) members.

(b) Effective July 1, 2023, the existing membership of the Tennessee emergency medical services board is vacated and reconstituted, with the members of the board to be appointed by the governor as follows:

(1) One (1) physician licensed in this state who acts as the medical director of an ambulance service in this state;

(2) One (1) air-medical registered nurse with an EMS license (emergency medical technician (EMT) or paramedic) in this state;

(3) One (1) representative who is an administrator from a hospital that operates an ambulance service and is licensed to practice in this state under title 63 or this title;

(4) One (1) paramedic who is the director of a private ambulance service in this state;

(5) One (1) paramedic who is the director of a government-based ambulance service in this state;

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(6) One (1) paramedic with medical first response or transport responsibilities who is employed by an ambulance service in this state;

(7) One (1) administrator with a paramedic license who is employed by a fire service in this state that operates a medical first response service or ambulance service;

(8) One (1) paramedic with medical first responder or transport responsibilities that is employed by a fire service in this state;

(9) One (1) official of a county in this state that operates an ambulance service or medical first response service;

(10) One (1) rescue squad member who maintains licensure as emergency medical services personnel;

(11) One (1) program director of an accredited paramedic program taught at an institution of higher education in this state;

(12) One (1) paramedic that is an instructor, coordinator, or program director for an EMT or paramedic program that is taught at an EMS agency in this state; and

(13) A paramedic that holds a community paramedicine endorsement in this state, or a paramedic employed by an agency providing mobile integrated healthcare (MIH) services in this state.

(c) In order to stagger the terms of the newly appointed board members, the governor shall make initial appointments as follows:

(1) The persons appointed under subdivisions (b)(1)-(4) are appointed for terms of one (1) year, which expire on June 30, 2024;

(2) The persons appointed under subdivisions (b)(5)-(7) are appointed for terms of two (2) years, which expire on June 30, 2025;

(3) The persons appointed under subdivisions (b)(8)-(10) are appointed for terms of three (3) years, which expire on June 30, 2026; and

(4) The persons appointed under subdivisions (b)(11)-(13) are appointed for terms of four (4) years, which expire on June 30, 2027.

(d) Members serving on the board as of June 30, 2023, may be reappointed to serve as members after such date.

(e)

(1) Members, except as provided in subsection (c) and those appointed to complete the term of a former member, are appointed to full four-year terms, or until their successors are appointed. In making appointments to the board, the governor shall strive to ensure that at least one (1) member serving on the board is sixty (60) years of age or older, that at least one (1) person serving on the board is a member of a racial minority, and the membership on the board reflects the geographic diversity of the state.

(2) Following the expiration of the members' initial terms as prescribed in subsection (c), all four-year terms begin on July 1, and terminate on June 30, four (4) years thereafter. Vacancies must be filled by appointment of the governor.

(f) The chair must be a member who is elected by the board. The chair may certify the actions of the board.

(g)

(1) The board shall meet at the call of the chair. The chair shall convene at least two (2) meetings per year, and shall convene such other meetings as are necessary to transact the business of the board, or upon receipt of a written request signed by three (3) or more members of the board. Seven (7) members of the board constitute a quorum for the transaction of business at meetings.

(2)

(A) A member who misses more than fifty percent (50%) of the scheduled meetings in a calendar year must be removed as a member of the board.

(B) The emergency medical services director shall promptly notify, or cause to be notified, the appointing authority of a member who fails to satisfy the attendance requirement as prescribed in subdivision (g)(2)(A).

(h) The members of the board must be paid a per diem of fifty dollars ($50.00) for attending board meetings and must be reimbursed for their travel expenses incurred in attending board meetings, ad hoc committee activities, or other travel incurred in the performance of their official duties, in accordance with the comprehensive travel regulations as promulgated by the department of finance and administration and approved by the attorney general and reporter.

(i) The department shall provide administrative services to the board.

(j) The board shall keep accurate minutes of the proceedings of all its meetings, a copy of which must be kept on file in the office of the director and open to public inspection. Rules adopted by the board must be promulgated pursuant to the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

(k) The commissioner shall appoint the director of the division of emergency medical services within the department.

SECTION 2. Tennessee Code Annotated, Section 4-29-243(a), is amended by deleting subdivision (40).

SECTION 3. Tennessee Code Annotated, Section 4-29-246(a), is amended by inserting the following as a new subdivision:

( ) Tennessee emergency medical services board, created by § 68-140-303;

SECTION 4. For purposes of promulgating rules and carrying out administrative duties necessary to effectuate this act, this act takes effect upon becoming a law, the public welfare requiring it. For all other purposes, this act takes effect on June 30, 2023, the public welfare requiring it.

House Health Subcommittee Am. #2

Amendment No._____

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

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Signature of Sponsor

AMEND Senate Bill No. 675 House Bill No. 667*

by deleting subdivision (6) from § 63-10-502 in SECTION 1 and substituting:

(6) "Donor" means any of the following that donates prescription drugs to a repository program approved pursuant to this part:

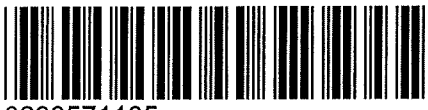
(A) A person;

(B) A pharmacy;

(C) A medical facility;

(D) A drug manufacturer or wholesaler licensed by the board; or

(E) A prison or government entity federally authorized to possess prescription drugs with a license or permit in good standing in the state in which the entity is located;



House Health Subcommittee Am. #1

Amendment No._____

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

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Signature of Sponsor

AMEND Senate Bill No. 675 House Bill No. 667*

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 10, Part 5, is amended by deleting the part and substituting:

63-10-501. Short title.

This part is known and may be cited as the "Kevin Clauson Drug Donation Act."

63-10-502. Part definitions.

As used in this part:

(1) "Anti-rejection drug" means a prescription drug that suppresses the immune system to prevent or reverse rejection of a transplanted organ;

(2) "Board" means the board of pharmacy;

(3) "Cancer drug" means a prescription drug that is used to treat:

(A) Cancer or the side effects of cancer; or

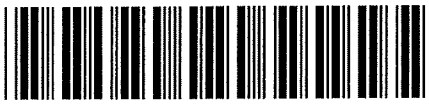
(B) The side effects of a prescription drug that is used to treat cancer or the side effects of cancer;

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

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

(6) "Donor" means any of the following with a license or permit in good standing in the state in which the person or entity is located and that donates prescription drugs to a repository program approved pursuant to this part:

(A) A person;



(B) A pharmacy;

(C) A medical facility;

(D) A drug manufacturer or wholesaler licensed by the board; or

(E) A prison or government entity federally authorized to possess prescription drugs;

(7) "Eligible individual" means an indigent, an uninsured person, or an underinsured person who meets the criteria for eligibility pursuant to this part;

(8) "Indigent" means a person with an income that is below six hundred percent (600%) of the federal poverty level as defined by the most recently revised poverty income guidelines published by the United States department of health and human services;

(9) "Medical facility" means:

(A) A physician's office;

(B) A hospital;

(C) A health clinic;

(D) A nonprofit health clinic, including a federally qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B); a rural health clinic, as defined in 42 U.S.C. § 1396d(l)(1); and a nonprofit health clinic that provides medical care to patients who are indigent, uninsured, or underinsured;

(E) A free clinic as defined in § 63-6-703;

(F) A charitable organization as defined in § 48-101-501; or

(G) A nursing home as defined in § 68-11-201;

(10) "Pharmacy" means a pharmacy as defined in § 63-10-204;

(11) "Prescription drug":

(A) Has the same meaning as defined in § 63-10-204;

(B) Includes, but is not limited to, cancer drugs and anti-rejection drugs; and

(C) Does not include:

(i) Controlled substances; or

(ii) Drugs covered by the risk evaluation and mitigation strategy program of the United States food and drug administration;

(12) "Repository" means a pharmacy that:

(A) Has a license or permit in good standing with the board; and

(B) Meets the requirements established by § 63-10-503;

(13) "Supplies" means the supplies necessary to administer the prescription drugs donated pursuant to this part; and

(14) "Unopened tamper-evident packaging" has the same meaning as defined in United States Pharmacopeia (USP) General Chapter 659, Packaging and Storage Requirements.

63-10-503. Prescription drug donation repository program.

(a) A pharmacy may elect to participate in the prescription drug donation repository program by providing written notification to the department of the following:

(1) The name, street address, and telephone number of the pharmacy and the license or registration number issued by the board;

(2) The name, telephone number, and pharmacy license number of the responsible pharmacist who is employed, or under contract, with the repository; and

(3) A statement signed and dated by the responsible pharmacist indicating that the repository meets the eligibility requirements and will comply with the program.

(b) The repository shall develop and implement standards and procedures to determine, based on basic visual inspection, that the prescription drugs appear to be unadulterated, safe, and suitable for dispensing.

(c) Donated prescription drugs must be in unopened tamper-evident packaging. However, drugs packaged in single use doses may be accepted and dispensed when the outside packaging is opened if the single unit dose packaging is undisturbed.

(d) Donations of prescription drugs and supplies may be made on the premises of, or mailed to, a repository that participates in the program.

(e) A repository may receive, accept, replenish, repackage, and store donated prescription drugs and supplies in accordance with this part.

(f) Donation and facilitation of a donation are not considered wholesale distribution, and a person donating or facilitating a donation does not require licensure as a wholesaler.

(g) Repositories shall prioritize dispensing of donated prescription drugs and supplies as follows:

(1) First, to an indigent person;

(2) Second, to a person who has no prescription insurance or cannot afford the out-of-pocket expenses for the prescription drug or supplies prescribed; and

(3) Lastly, to another individual if an indigent, uninsured, or underinsured person is unavailable.

(h) A repository shall not charge or collect fees from an eligible individual for prescription drugs or supplies dispensed pursuant to the program. However, a repository may charge a handling fee for each donated prescription drug or supply that is dispensed.

(i) A repository may charge fees, including, but not limited to, a usual and customary charge, to donors, eligible individuals, health plans, pharmacy benefit managers, drug manufacturers, veterans' affairs hospitals, and government agencies.

(j) A repository that receives donated prescription drugs or supplies may distribute the donated prescription drugs or supplies to another repository for use pursuant to the program or to similar repository programs in other states.

(k) Participation in the program is voluntary.

63-10-504. Acceptance and dispensing of donated prescription drugs and supplies.

Prescription drugs or supplies may be accepted and dispensed under the prescription drug donation repository program in accordance with the following:

(1) Prior to the first donation from a new donor, a repository shall verify and record the following:

(A) The person or entity qualifies as a donor as defined in § 63-10-502;

(B) The donor's name, address, phone number, and license number, if applicable; and

(C) That the donor will only make donations in accordance with this part;

(2) A licensed pharmacist employed, or under contract, with the program shall inspect donated prescription drugs and supplies prior to dispensing to determine if the donated prescription drugs and supplies are suitable for dispensing pursuant to this section;

(3) Repositories shall store donated prescription drugs and supplies in a secure area in compliance with all United States food and drug administration and United States Pharmacopeia packaging and storage requirements;

(4) Donated prescription drugs and supplies must be physically or electronically separated from non-donated prescription drugs and supplies;

(5) Repositories shall redact donor information from the packaging of donated prescription drugs and supplies prior to dispensing;

(6) Donated prescription drugs and supplies may be repackaged. Repackaged donated prescription drugs must be relabeled with the drug name, dose, and expiration date;

(7) Repositories shall maintain an electronic inventory of accepted donated prescription drugs and supplies that includes the drug name, national drug code number, quantity, and date of donation;

(8) Repositories shall return or destroy donated prescription drugs or supplies that are not suitable for dispensing;

(9) Repositories shall dispose of donated prescription drugs and supplies by returning to the donor, transferring to a reverse distributor, or incinerating in an incinerator that is approved by the federal environmental protection agency;

(10) The record of transaction history for donated prescription drugs and supplies must be maintained, beginning with the donor, including all prior donations, but not including information that is not required by law to be placed on the prescription drug's label;

(11) An identifier or bar code may be used in place of information required by law for a record or label if the identifier or bar code allows for that information to be readily retrievable;

(12) Repositories shall dispense in compliance with all applicable federal and state laws and regulations for dispensing, labeling, packaging, and record keeping;

(13) An expiration date is required on all dispensed prescription drugs and supplies. If multiple packaged donated drugs are used to fill a single

prescription, then the shortest expiration date must be used for the dispensed prescription;

(14) A donated prescription drug or supply must not be dispensed after its expiration date;

(15) Donated prescription drugs must not expire before the end-use date by the patient based on the prescriber's directions;

(16) Controlled substances are not acceptable for donation and must be disposed of pursuant to regulations promulgated by the federal drug enforcement administration (DEA);

(17) Prescription drugs that are part of a risk evaluation and mitigation strategy (REMS) program of the federal food and drug administration must not be accepted for donation;

(18) Records required pursuant to this section must be retained in physical or electronic format for a period of three (3) years. A donor or repository may contract with one another or a third party to create or maintain records on each other's behalf; and

(19) Donated prescription drugs and supplies may be used to replenish inventory in compliance with applicable provisions of 42 U.S.C. § 256b and regulations promulgated pursuant to that statute.

63-10-505. Immunity and exemption.

(a) Except for acts of gross negligence, willful misconduct, or bad faith, a drug manufacturer is not civilly liable or subject to criminal prosecution for injury, death, or loss to a person or property for matters related to the donation, acceptance, or dispensing of a prescription drug manufactured by the drug manufacturer that is donated under this part, including liability for failure to transfer or communicate product or consumer information or the expiration date of the donated prescription drug.

(b) Except as provided in subsection (d), a medical facility or another person who is not a drug manufacturer subject to subsection (a) is not civilly liable or subject to criminal prosecution for injury to or the death of an individual to whom a donated prescription drug is dispensed under this part except due to its own acts of gross negligence, willful misconduct, or bad faith.

(c) Except for acts of gross negligence, willful misconduct, or bad faith, the department of health or the board of pharmacy are not civilly liable or subject to criminal prosecution for injury, death, or loss to a person or property resulting from matters related to the donation, acceptance, distribution, or dispensing of a prescription drug donated pursuant to this part.

(d) The immunity and exemption provided in subsections (b) and (c) do not apply to the following:

(1) The donation, acceptance, distribution, or dispensing of a donated prescription drug under this part by a person if the person's acts or omissions are not performed reasonably and in good faith; or

(2) Acts or omissions outside the scope of the program.

63-10-506. No restriction on use of samples.

This part does not restrict the use of samples by a physician or other person legally authorized to prescribe drugs pursuant to this title during the course of the physician's or other person's duties at a medical facility or pharmacy.

63-10-507. Resale of prescription drugs not authorized.

This part does not authorize the resale of prescription drugs by any person.

63-10-508. Dispensing after expiration date prohibited.

A repository shall not dispense a prescription drug after the expiration date of the drug.

63-10-509. Donation by long-term care facility.

Notwithstanding this title, title 68, or any rule, a long-term care facility licensed under title 68 may donate prescription drugs to the repository program established by this part.

63-10-510. Authority.

The prescription drug donation repository program is governed by this part. This part supersedes a law or rule inconsistent with this part.

SECTION 2. If a 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 3. 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 4. This act takes effect January 1, 2024, the public welfare requiring it.

House Health Subcommittee Am. #1

Amendment No._____

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

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Signature of Sponsor

AMEND Senate Bill No. 296* **House Bill No. 779**

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Section 63-6-211(a), is amended by designating the existing language as subdivision (a)(1) and adding the following as subdivision (a)(2):

(2)

(A) When the board receives a completed application for licensure from an applicant who is licensed in another state or territory of the United States or in the District of Columbia, then the board shall, within forty-five (45) days from the date the board receives the completed application:

(i) Render a decision on the application; or

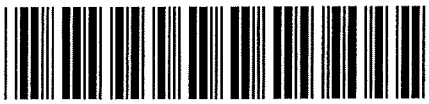
(ii) Inform the applicant of the need to appear before the board.

(B) As used in this subdivision (a)(2), "completed application" means an application that satisfies all statutory and board rule requirements.

SECTION 2. Tennessee Code Annotated, Section 63-9-105(b), is amended by designating the existing language as subdivision (b)(1) and adding the following as subdivision (b)(2):

(2)

(A) When the board receives a completed application for licensure from an applicant who is licensed in another state or territory of the United States or in the District of Columbia, then the board shall, within forty-five (45) days from the date the board receives the completed application:



(i) Render a decision on the application; or

(ii) Inform the applicant of the need to appear before the board.

(B) As used in this subdivision (b)(2), "completed application" means an application that satisfies all statutory and board rule requirements.

SECTION 3. Tennessee Code Annotated, Section 63-7-105(b), is amended by designating the existing language as subdivision (b)(1) and adding the following as subdivision (b)(2):

(2)

(A) When the board receives a completed application for licensure from an applicant who is licensed in another state or territory, then the board shall, within forty-five (45) days from the date the board receives the completed application:

(i) Render a decision on the application; or

(ii) Inform the applicant of the need to appear before the board.

(B) As used in this subdivision (b)(2), "completed application" means an application that satisfies all statutory and board rule requirements.

SECTION 4. Tennessee Code Annotated, Section 63-7-110(b), is amended by designating the existing language as subdivision (b)(1) and adding the following as subdivision (b)(2):

(2)

(A) When the board receives a completed application for licensure from an applicant who is licensed in another state or territory, then the board shall, within forty-five (45) days from the date the board receives the completed application:

(i) Render a decision on the application; or

(ii) Inform the applicant of the need to appear before the board.

(B) As used in this subdivision (b)(2), "completed application" means an application that satisfies all statutory and board rule requirements.

SECTION 5. Tennessee Code Annotated, Section 63-19-105(b), is amended by designating the existing language as subdivision (b)(1) and adding the following as subdivision (b)(2):

(2)

(A) When the board receives a completed application for licensure from an applicant who is licensed in another jurisdiction, then the board shall, within forty-five (45) days from the date the board receives the completed application:

(i) Render a decision on the application; or

(ii) Inform the applicant of the need to appear before the board.

(B) As used in this subdivision (b)(2), "completed application" means an application that satisfies all statutory and board rule requirements.

SECTION 6. Tennessee Code Annotated, Section 68-24-602, is amended by adding the following as a new subsection (c):

(c)

(1) When the board receives a completed application for initial licensure or a completed application for licensure from an applicant who is licensed in another state or territory of the United States or in the District of Columbia, the the board shall, within sixty (60) days from the date the board receives the completed application:

(A) Render a decision on the application; or

(B) Inform the applicant of the need to appear before the board.

(2) As used in this subsection (c), "completed application" means an application that satisfies all statutory and board rule requirements.

SECTION 7. This act takes effect upon becoming a law, the public welfare requiring it, and applies to applications submitted on or after the effective date of this act.