TENNESSEE GENERAL ASSEMBLY FISCAL REVIEW COMMITTEE



FISCAL MEMORANDUM

HB 2060 - SB 2019

March 19, 2024

SUMMARY OF BILL AS AMENDED (015859): Establishes that, with regard to the treatment of opiate addiction, community mental health centers and federally qualified health centers do not qualify as nonresidential office-based opiate treatment facilities.

Establishes that in order to be a facility where healthcare providers may prescribe buprenorphine products for the treatment of opioid use disorder, a facility that is contracted with TennCare must be a contracted buprenorphine enhanced medication assisted recovery and treatment (BESMART) program.

Authorizes a healthcare provider who prescribes buprenorphine for the treatment of opioid use disorder to dispense a mono product or buprenorphine without naloxone to a pregnant woman or to a patient with a documented history of an adverse reaction or hypersensitivity to naloxone.

Increases, from 50 to 100, the number of patients to whom a licensed nurse practitioner or physician assistant who is authorized to prescribe Schedule II or III drugs may prescribe buprenorphine products. Increases, from four to five, the maximum number of licensed nurse practitioners or physician assistants who prescribe buprenorphine products that a physician may supervise or collaborate with at one time.

Removes obsolete references to federal *Drug Addiction Treatment Act of 2000* waivers.

FISCAL IMPACT OF BILL AS AMENDED:

NOT SIGNIFICANT

Assumptions for the bill as amended:

- The proposed legislation will not have a significant impact on the operations of the Department of Mental Health and Substance Abuse Services, the Department of Health, or the health-related boards.
- Any impact to the Division of TennCare as a result of changing the requirements for prescribing of buprenorphine is estimated to be not significant.

CERTIFICATION:

The information contained herein is true and correct to the best of my knowledge.

Krista Lee Carsner, Executive Director

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