

HOUSE BILL 2549

By Hill

AN ACT to amend Tennessee Code Annotated, Title 63,
relative to interventional pain management.

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

SECTION 1. Tennessee Code Annotated, Section 63-7-126, is amended by
adding the following language as a new subsection (f):

(f)

(1) The board of nursing shall provide a certificate of competence
in interventional pain management to a certified registered nurse
anesthetist (CRNA), which will allow the CRNA to perform invasive
procedures involving any portion of the spine, spinal cord, sympathetic
nerves or block of major peripheral nerves in any setting not licensed
under title 68, chapter 11, if the CRNA provides evidence to the board of
nursing establishing the following:

(A) The CRNA is certified in basic life support and
advanced cardiac life support;

(B) The CRNA has demonstrated an understanding of
fluoroscopy imaging and radiation safety, as determined by the
board of nursing;

(C) The CRNA has completed a course or courses
approved by the board of nursing which provide at least forty (40)
hours of education related to interventional pain management; and

(D) The CRNA has performed, with direct supervision, at
least seventy (70) invasive procedures involving any portion of the

spine, spinal cord, sympathetic nerves or block of major peripheral nerves.

(2) For purposes of subdivision (f)(1)(D) only, “direct supervision” means supervision by a physician or by a CRNA who has received a certificate of competence in interventional pain management, who is physically present when the procedures are performed by the CRNA. Direct supervision shall not be required for the performance of such invasive procedures by a CRNA who has received a certificate of competence in interventional pain management from the board of nursing.

(3) A CRNA who provides to the board of nursing evidence from a physician or CRNA instructor that, prior to the effective date of this act, the CRNA has performed at least five hundred (500) invasive procedures involving any portion of the spine, spinal cord, sympathetic nerves or block of major peripheral nerves shall not be required to comply with the requirements of subdivisions (f)(1)(C) and (D) in order to obtain a certificate of competence in interventional pain management.

(4) A CRNA who has received a certificate of competence from the board of nursing allowing the CRNA to provide interventional pain management services in any setting not licensed under title 68, chapter 11, shall obtain at least twenty-five percent (25%) of the CRNA’s total number of continuing education hours required by the board of nursing on topics related to interventional pain management in each renewal cycle.

SECTION 2. Tennessee Code Annotated, Section 63-7-126, is amended by adding the following language as a new subsection (g):

(g)

(1) The board of nursing shall provide a certificate of competence in interventional pain management to a nurse practitioner, which will allow the nurse practitioner to perform invasive procedures involving any portion of the spine, spinal cord, sympathetic nerves or block of major peripheral nerves in any setting not licensed under title 68, chapter 11, if the nurse practitioner provides evidence to the board of nursing establishing the following:

(A) The nurse practitioner is certified in basic life support and advanced cardiac life support;

(B) The nurse practitioner has demonstrated an understanding of fluoroscopy imaging and radiation safety, as determined by the board of nursing;

(C) The nurse practitioner has completed a course or courses approved by the board of nursing which provide at least forty (40) hours of education related to interventional pain management; and

(D) The nurse practitioner has performed, with direct supervision, at least seventy (70) invasive procedures involving any portion of the spine, spinal cord, sympathetic serves or block of major peripheral nerves.

(2) For purposes of subdivision (g)(1)(D) only, "direct supervision" means supervision by a physician or by a nurse practitioner or physician

assistant who has received a certificate of competence in interventional pain management, who is physically present when the procedures are performed by the nurse practitioner. Direct supervision shall not be required for the performance of such invasive procedures by a nurse practitioner who has received a certificate of competence in interventional pain management from the board of nursing.

(3) A nurse practitioner who provides to the board of nursing evidence from a physician that, prior to the effective date of this act, the nurse practitioner has performed at least five hundred (500) invasive procedures involving any portion of the spine, spinal cord, sympathetic nerves or block of major peripheral nerves shall not be required to comply with the requirements of subdivisions (g)(1)(C) and (D) in order to obtain a certificate of competence in interventional pain management.

(4) A nurse practitioner who has received a certificate of competence from the board of nursing allowing the nurse practitioner to provide interventional pain management services in any setting not licensed under title 68, chapter 11, shall obtain at least twenty-five percent (25%) of the practitioner's total number of continuing education hours required by the board of nursing on topics related to interventional pain management in each renewal cycle.

SECTION 3. Tennessee Code Annotated, Section 63-19-106, is amended by adding a new subsection (d) as follows:

(d)

(1) The committee on physician assistants shall provide a certificate of competence in interventional pain management to a

physician assistant, which will allow the physician assistant to perform invasive procedures involving any portion of the spine, spinal cord, sympathetic nerves or block of major peripheral nerves in any setting not licensed under title 68, chapter 11, if the physician assistant provides evidence to the committee on physician assistants establishing the following:

(A) The physician assistant is certified in basic life support and advanced cardiac life support;

(B) The physician assistant has demonstrated an understanding of fluoroscopy imaging and radiation safety, as determined by the committee on physician assistants;

(C) The physician assistant has completed a course approved by the committee on physician assistants which provides at least forty (40) hours of education related to interventional pain management; and

(D) The physician assistant has performed, with direct supervision, at least seventy (70) invasive procedures involving any portion of the spine, spinal cord, sympathetic nerves or block of major peripheral nerves.

(2) For purposes of subdivision (d)(1)(D) only, “direct supervision” means supervision by a physician or by a nurse practitioner or physician assistant who has received a certificate of competence in interventional pain management, who is physically present when the procedures are performed by the physician assistant.

(3) A physician assistant who provides to the committee on physician assistants evidence from a physician that, prior to the effective date of this act, the physician assistant has performed at least five hundred (500) invasive procedures involving any portion of the spine, spinal cord, sympathetic nerves or block of major peripheral nerves shall not be required to comply with the requirements of subdivisions (d)(1)(C) and (D) in order to obtain a certificate of competence in interventional pain management.

(4) A physician assistant who has received a certificate of competence from the committee on physician assistants allowing the physician assistant to provide interventional pain management services in any setting not licensed under title 68, chapter 11, shall obtain at least twenty-five percent (25%) of the physician assistant's total number of continuing education hours required by the committee on physician assistants on topics related to interventional pain management in each renewal cycle.

SECTION 4. Tennessee Code Annotated, Title 63, Chapter 6, Part 2, is amended by adding a new section as follows:

63-6-242.

(a) A physician licensed pursuant to this chapter may only practice interventional pain management if the licensee is:

(1) Board certified through the American Board of Medical Specialties (ABMS) in one of the following medical specialties or options:

(A) Anesthesiology;

(B) Neurological surgery;

(C) Orthopedic surgery;

(D) Physical medicine and rehabilitation; or

(E) Any other board certified physician who has completed an ABMS subspecialty board in pain medicine or completed an ACGME-accredited pain fellowship;

(2) A recent graduate in a medical specialty listed in subdivision (a)(1) not yet eligible to apply for ABMS board certification; provided, there is a practice relationship with a physician who meets the requirements of subdivision (a)(1) or an osteopathic physician who meets the requirements of § 63-9-119(a)(1); or

(3) A licensee who is not board certified in one of the specialties listed in subdivision (a)(1) but is board certified in a different ABMS specialty and has completed a post-graduate training program in interventional pain management approved by the board.

(b) For purposes of this section, interventional pain management is the practice of performing invasive procedures involving any portion of the spine, spinal cord, sympathetic nerves or block of major peripheral nerves in any setting not licensed under title 68, chapter 11.

(c) The board is authorized to define through rulemaking the scope and length of the practice relationship established in subdivision (a)(2).

(d) A physician who violates this section is subject to disciplinary action by the board pursuant to § 63-6-214, including, but not limited to, civil penalties of up to one thousand dollars (\$1,000) for every day this section is violated.

SECTION 5. Tennessee Code Annotated, Title 63, Chapter 9, Part 1, is amended by adding a new section as follows:

63-9-119.

(a) A physician licensed in this chapter may only practice interventional pain management if the licensee is:

(1) Board certified through the American Osteopathic Association (AOA) in one of the following medical specialties or options:

(A) Anesthesiology;

(B) Neuromusculoskeletal medicine;

(C) Orthopedic surgery;

(D) Physical medicine and rehabilitation; or

(E) Any other board certified physician who has completed an ABMS subspecialty board in pain medicine or completed an ACGME-accredited pain fellowship;

(2) A recent graduate of a medical specialty listed in subdivision (a)(1) not yet eligible to apply for AOA specialty certification; provided, there is a practice relationship with an osteopathic physician who meets the requirements of subdivision (a)(1) or a physician who meets the requirements of § 63-6-242(a)(1); or

(3) A licensee who is not board certified in one of the specialties listed in subdivision (a)(1) but is board certified in a different AOA specialty and has completed a post-graduate training program in interventional pain management approved by the board.

(b) For purposes of this section, interventional pain management is the practice of performing invasive procedures involving any portion of the spine, spinal cord, sympathetic nerves or block of major peripheral nerves in any setting not licensed under title 68, chapter 11.

(c) The board is authorized to define through rulemaking the scope and length of the practice relationship established in subdivision (a)(2).

(d) An osteopathic physician who violates this section is subject to disciplinary action by the board pursuant to § 63-9-111, including, but not limited to, civil penalties of up to one thousand dollars (\$1,000) for every day this section is violated.

SECTION 6. This act shall be effective January 1, 2013, the public welfare requiring it.