



State of Tennessee

PUBLIC CHAPTER NO. 124

SENATE BILL NO. 810

By Reeves, Briggs, Hensley, Haile

Substituted for: House Bill No. 843

By Cameron Sexton, Gant, Terry, Smith, Kumar, Vaughan; Mr. Speaker Casada; Jernigan, Leatherwood, Helton, Williams, Ragan, Ogles, Hazlewood

AN ACT to amend Tennessee Code Annotated, Title 53, Chapter 10, Part 3; Title 63, Chapter 1, Part 1 and Title 63, Chapter 1, Part 4, relative to prescriptions.

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

SECTION 1. Tennessee Code Annotated, Section 53-10-306(a), is amended by adding the following as a new subdivision (4) and renumbering the existing subdivision (4) and subsequent subdivisions accordingly:

(4) A healthcare practitioner under review by a quality improvement committee, as defined in § 63-1-150, who submits information contained in, and reported from the database to a quality improvement committee;

SECTION 2. Tennessee Code Annotated, Section 53-10-306(a), is amended by adding the following as a new subdivision (9) and renumbering the existing subdivision (9) and subsequent subdivisions accordingly:

(9) A quality improvement committee, as defined in § 63-1-150, of a group practice that is engaged in the provision of healthcare services, as part of the committee's confidential and privileged activities under § 63-1-150(c)(3) with respect to the evaluation of the safety, quality, appropriateness, or necessity of healthcare services performed by a healthcare practitioner, if the information is furnished to a quality improvement committee by the healthcare practitioner that is the subject of review by the quality improvement committee;

SECTION 3. Tennessee Code Annotated, Section 63-1-160, is amended by deleting subsection (b) and substituting the following:

(b) All written, printed, or electronic prescription orders for a Schedule II controlled substance must contain all information otherwise required by law. The healthcare prescriber must sign the written, printed, or electronic prescription order on the day it is issued. Nothing in this section prevents a healthcare prescriber from issuing a verbal prescription order.

SECTION 4. Tennessee Code Annotated, Section 63-1-160, is amended by deleting subsection (c) and substituting the following:

(c) Subject to subsection (d), on or after January 1, 2021, any prescription for a Schedule II, III, IV, or V controlled substance issued by a prescriber who is authorized by law to prescribe the drug must be issued as an electronic prescription from the person issuing the prescription to a pharmacy. The name, address, and telephone number of the collaborating physician of an advanced practice registered nurse or physician assistant must be included on electronic prescriptions issued by an advanced practice registered nurse or physician assistant.

SECTION 5. Tennessee Code Annotated, Section 63-1-163(b)(3), is amended by deleting the subdivision and substituting instead the following:

(3) Any subsequent fill must occur at the pharmacy that initially dispensed the partial fill. Any subsequent fill must be filled within six (6) months from issuance of the original prescription, unless federal law requires it to be filled within a shorter timeframe.

SECTION 6. Tennessee Code Annotated, Section 63-1-163, is amended by adding the following as a new subsection:

(f) By January 1, 2021, all pharmacy dispensing software vendors operating in this state shall update their dispensing software systems to allow for partial filling of controlled substances pursuant to this section.

SECTION 7. Tennessee Code Annotated, Section 63-1-164(a), is amended by adding the following as a new subdivision:

() "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. As used in this subdivision (a)(), "serious illness" means a health condition that carries a high risk of mortality and negatively impacts a patient's daily bodily functions;

SECTION 8. Tennessee Code Annotated, Section 63-1-164(b), is amended by deleting the subsection and substituting the following:

Except as provided in this section, a healthcare practitioner shall not treat a patient with more than a three-day supply of an opioid and shall not treat a patient with an opioid dosage that exceeds a total of one hundred eighty (180) morphine milligram equivalent dose. A healthcare practitioner shall not be required to include an ICD-10 code on any prescription for an opioid of a three-day supply or less and an opioid dosage of less than one hundred eighty (180) morphine milligram equivalent.

SECTION 9. Tennessee Code Annotated, Section 63-1-164(c)(2), is amended by deleting the subdivision and substituting the following:

Notwithstanding subdivision (c)(1), where the treatment provided by a healthcare practitioner is prescribing an opioid, the healthcare practitioner may authorize the prescription to be dispensed by partial fill by placing "partial fill" or "PF" on the prescription.

SECTION 10. Tennessee Code Annotated, Section 63-1-164(d)(3), is amended by deleting the language "twenty-day supply of an opioid and with a dosage that does not exceed a total of an eight hundred fifty (850) morphine milligram equivalent dose" and substituting instead the language "thirty-day supply of an opioid and with a dosage that does not exceed a total of a twelve hundred (1200) morphine milligram equivalent dose".

SECTION 11. Tennessee Code Annotated, Section 63-1-164(e)(1), is amended by deleting the subdivision and substituting the following:

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

SECTION 12. Tennessee Code Annotated, Section 63-1-164(e)(9), is amended by deleting the subdivision and substituting the following:

(9) The treatment of a patient who has suffered a severe burn or major physical trauma and for whom sound medical judgment would determine the risk of adverse effects from the pain exceeds the risk of the development of a substance use disorder or overdose event. As used in this subdivision (e)(9), "severe burn" means an injury sustained from thermal or chemical causes resulting in second degree or third degree burns. As used in this subdivision (e)(9), "major physical trauma" means a serious injury sustained due to blunt or penetrating force which results in serious blood loss, fracture, significant temporary or permanent impairment, or disability.

SECTION 13. Tennessee Code Annotated, Section 63-1-164, is amended by adding the following as a new subsection:

This section does not apply to opioids approved by the food and drug administration to treat upper respiratory symptoms or cough. However, a healthcare practitioner shall not treat a patient with more than a fourteen-day supply of such an opioid.

SECTION 14. Tennessee Code Annotated, Section 63-1-163(d)(1), is amended by deleting the subdivision.

SECTION 15. Tennessee Code Annotated, Section 63-1-163(e)(1), is amended by deleting the subdivision.


SECTION 16. SECTION 8 of this act shall take effect July 1, 2019, the public welfare requiring it. All other provisions of this act shall take effect upon becoming a law, the public welfare requiring it.

SENATE BILL NO. 810

PASSED: March 28, 2019




RANDY McNALLY
SPEAKER OF THE SENATE



GLEN CASADA, SPEAKER
HOUSE OF REPRESENTATIVES

APPROVED this 9th day of April 2019



BILL LEE, GOVERNOR