

# **\*\*\*\*TNA LEGISLATIVE ALERT\*\*\*\***

**Tuesday, January 26, 2016**

**TNA has been notified by the Tennessee Medical Association (TMA)**

**SENATE BILL 521 - SEN. JOEY HENSLEY**  
**COMPANION TO HOUSE BILL 861 – REP. CAMERON SEXTON**  
**WILL BE CONSIDERED THIS LEGISLATIVE SESSION**

**\*\*\*\* TNA VEHEMENTLY OPPOSES SB 521/HB 861 \*\*\*\***

## **EXPLANATION OF BILL and TALKING POINTS**

- Requires that APRN nursing practice be under the direction/delegation of a physician. This negates the education, training, national certification and scope of practice of the APRN. APRNs are educated to diagnose, treat and develop plans of care....this bill would not allow that unless “expressly delegated by a patient care team physician.”
- Requires all APRNs be a member of a physician lead patient care team and can only practice as a member of that team. In rural and urban underserved areas, a nurse practitioner is often the only care provider. This bill would not allow them to practice and would drastically decrease access to care for large populations of TN citizens.
- This bill identifies “complex medical conditions” that require the “specialized skills possessed by a physician” and includes obesity, pregnancy, chronic disease and care of patients under 12 years of age. Nurse practitioners, certified nurse midwives and pediatric nurse practitioners routinely provide care for these patients.
- “Every APRN shall engage in collaboration with at least one patient care team physician, as evidenced by a written practice agreement.” As a professional standard, APRNs currently collaborate with physicians and other health care providers as patient needs dictate, to provide safe, effective, quality care.
- These written practice agreements shall include the minimum requirements of “collaboration” for both complex and non-complex medical conditions. In other words, what the APRN can and can’t do without physician permission.

- “...the decision and rules of the board of medical examiners or the board of osteopathic examination shall supersede the decision made by the board of nursing.” No professional regulatory board has the right to override the decision of another profession’s regulatory board. This precedent would unravel the entire regulatory process.
- “Failure to identify the primary patient care team physician or indicate that the prescription was written by an APRN on the prescription shall void the prescription. APRNs already sign their own prescriptions. This has the potential to void prescriptions for patients requiring a return to the care provider, a return to the pharmacy and increase cost/time.
- The patient care team physician shall review 100% of all patient charts or EHRs where a patient has been administered, dispensed, or prescribed an opioid or benzodiazepine. This will greatly increase the workload of already burdened physicians and is an unnecessary interruption to patient care

**\*\*\*PLEASE CONTACT HOUSE AND SENATE HEALTH COMMITTEES  
MEMBERS TO VOICE OPPOSITION OF SB521/HB861\*\*\***

<http://www.capitol.tn.gov/senate/committees/health-welfare.html>

<http://www.capitol.tn.gov/house/committees/health.html>