



CAPITOL & 5TH
PUBLIC STRATEGIES

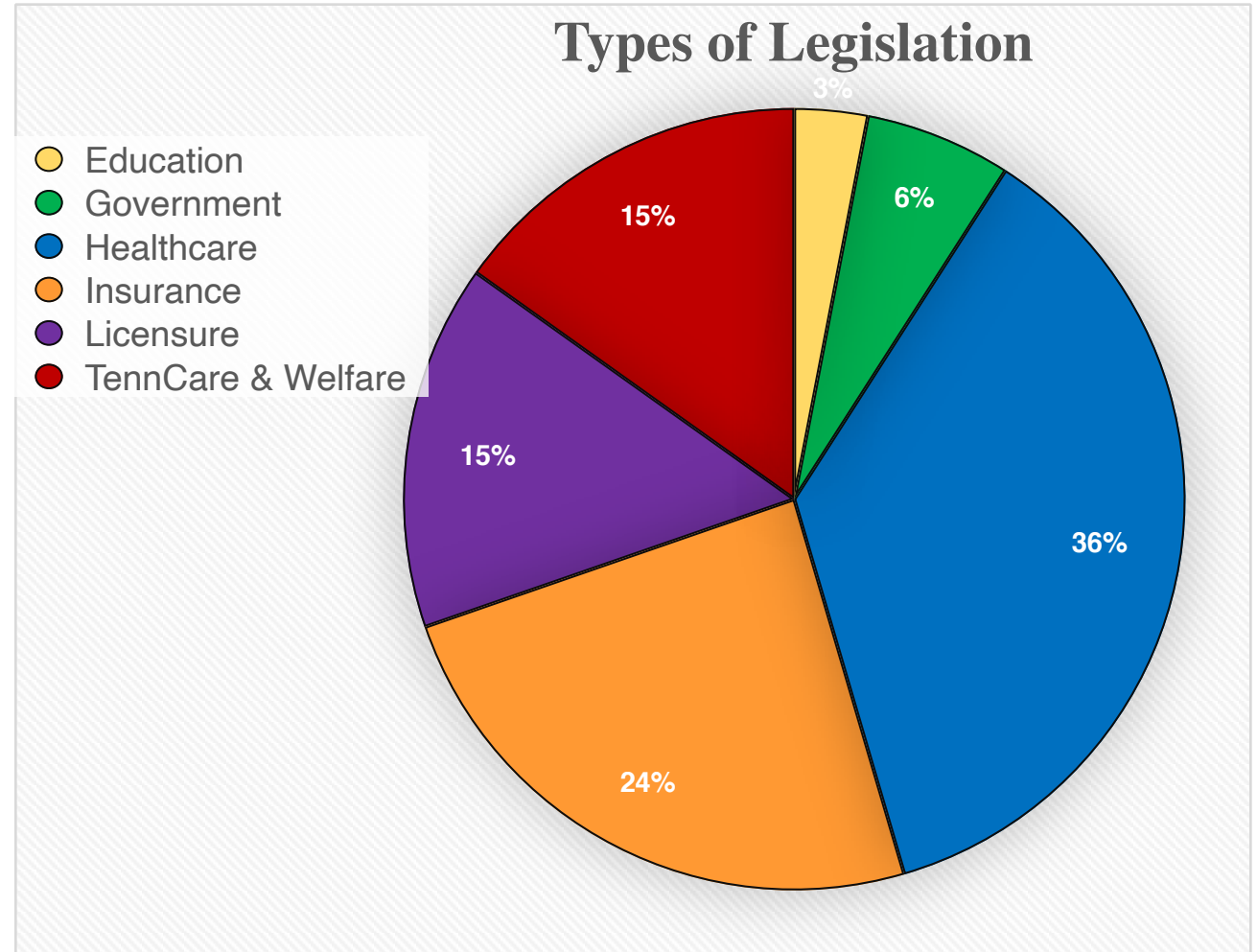
2021 Legislative Update

Presented by:

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Legislative Overview

- The first half of the 112th General Assembly recessed on **May 5, 2021**
- On behalf of TNOTA, Capitol & 5th:
 - tracked **33** bills, including **12** caption bills
 - Passed **1** bill



TNOTA Legislative Initiatives



State of Tennessee

PUBLIC CHAPTER NO. 143

SENATE BILL NO. 1072

By Watson, Crowe, Reeves

Substituted for: House Bill No. 1275

By Leatherwood, Williams, Smith

AN ACT to amend Tennessee Code Annotated, Title 63, Chapter 13, relative to medical occupations.

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

SECTION 1. Tennessee Code Annotated, Section 63-13-103(10)(A)(i), is amended by deleting the subdivision and substituting instead the following:

(i) Screening, evaluation, assessment, planning, implementation, or discharge planning in order to determine an occupational therapy treatment diagnosis, prognosis, plan of therapeutic intervention, or discharge plan, or to assess the ongoing effect of intervention;

SECTION 2. Tennessee Code Annotated, Section 63-13-103(10)(B), is amended by adding the following as a new subdivision:

() Practice of dry needling of the upper limb, with proper training and certification;

SECTION 3. Tennessee Code Annotated, Section 63-13-103(10)(C), is amended by adding the following as a new subdivision:

() Telehealth, telemedicine, or provider-based telemedicine, as authorized by § 63-1-155;

Changes to the Practice of Occupational Therapy (SB1072/HB1275)

- Amends *TCA § 63-13*
- The bill makes certain changes to the practice of occupational therapy, including authorizing the practice of dry needling of the upper limb (defined as the wrist, elbow, hand, and shoulder girdle), authorizing the making of certain treatment diagnoses, and permanently authorizing practice via telehealth.
- The legislation was enacted as Public Chapter 143 on April 17, 2021.
- For the purposes of rulemaking, it went into effect on July 1, 2021.



Sen. Bo Watson
R-Hixson



Rep. Tom Leatherwood
R-Arlington

Thanks to the work of our
sponsors, partner
organizations, and the
TNOTA Advocacy team,
our bill passed the
General Assembly
unanimously in both
chambers!



TNOTA Supported Initiative

**SCHOOL –BASED HEALTH-
RELATED SERVICES (SB503/HB753)**

Sen. Jon Lundberg and Rep. Mark
White

SB503

HB753

Reimbursement for eligible health-related services provided by LEAs pursuant to a student's IEP

- Under the bill, an LEA would be entitled to reimbursement for the costs incurred by an LEA for health-related services to an eligible student if those services are provided:
 1. By the LEA pursuant to the eligible student's individualized education program (IEP);
 2. On the campus of an elementary, middle, or high school owned, managed, operated, contracted with, or otherwise affiliated with the LEA or at a Head Start Center or pre-K program affiliated with the LEA; and
 3. By an LEA employee or contractor.

SB503 HB753

Reimbursement for eligible health-related services provided by LEAs pursuant to a student's IEP

- While the legislation did gain broad support, it had a couple limitations which prevented it from passing this year:
 - 1) Concerns regarding the authorization to provide treatment without a physician or practitioner referral
 - **Note:** *the bill allows participating healthcare professionals to provide treatment within their scope of practice*
 - 2) A fiscal note exceeding \$95 million
- Despite these concerns, the legislation remains active and will reappear in the 2022 session.



TNOTA Supported Initiatives

**Student Telehealth (SB1265/
HB508)**

Sen. Shane Reeves and Rep. Clark
Boyd

SB1265 HB508



State of Tennessee

PUBLIC CHAPTER NO. 179

HOUSE BILL NO. 508

By Representatives Boyd, Freeman, Smith, Whitson, Hardaway, Hazlewood, Lamar,
Camper, Beck, Terry

Substituted for: Senate Bill No. 1265

By Senators Reeves, Akbari

AN ACT to amend Tennessee Code Annotated, Title 56; Title 63 and Title 68, relative to telehealth.

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

SECTION 1. Tennessee Code Annotated, Section 63-1-155(a)(1), is amended by deleting the subdivision and substituting the following:

(1) "Healthcare provider" means:

(A) An individual acting within the scope of a valid license issued pursuant to this title;

(B) A state-contracted crisis service provider that is employed by a facility licensed under title 33;

(C) An alcohol and drug abuse counselor licensed under title 68, chapter 24, part 6; or

(D) A graduate who has completed, or a student actively enrolled in, a professional training program the educational standards of which meet the training requirements for a license under this title or title 68, chapter 24, part 6, as

- Revises the definition of "health care provider" to authorize unlicensed graduates and students of medical training programs to provide telehealth services as long as those graduates and students adhere to the same standards for the provision of telehealth services that licensed medical professionals must meet.

2022 Legislative Goals

Proposed Regulatory Initiatives

Preserving telehealth services

- Telehealth legislation passed in 2020 is set to repeal on **April 1, 2022**.
- Although TNOTA successfully amended their Practice Act to include telehealth as a service delivery, OTs risk losing **reimbursement** and **payment parity** for this service once the bill sunsets.
- Further legislative action will be taken in conjunction with other provider groups to ensure telehealth is a permanent option for Tennessee patients.

Interstate Compact

- AOTA has been working to create an interstate professional licensing compact for occupational therapy to address licensure portability.
- The Occupational Therapy Licensure Compact legislation must be passed into law in each state where it will apply. The goal for this multi-year initiative is to begin state participation by 2024.
- This interstate licensing compact would:
 - Allow licensed occupational therapists and occupational therapy assistants to practice across state lines (e.g., telehealth)
 - Improve consumer access to occupational therapy
 - Enhance mobility of occupational therapy practitioners (e.g., spouses of relocating military families, staff of travel therapy companies)
 - Improve continuity of care
 - Address competition issues raised by the Federal Trade Commission and others
 - Preserve and strengthen the state licensure system
 - Enhance the exchange of licensure, investigatory, and disciplinary information between member states.