Metro Public Health Dept
Nashville/Davidson County
Protecting, Improving, and Sustaining Health

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PUBLIC NOTICE

BOARD OF HEALTH RETREAT
Lentz Public Health Center
Centennial Room, on the first floor
2500 Charlotte Avenue, Nashville TN 37209
Friday, November 19, 2021
9:30-2:45 p.m.

The Board of Health will conduct its annual retreat Friday, November 19, 2021, at 9:30 am-2:45 pm at the Lentz Health Center, in the Centennial Room on the first floor. The agenda will include information about programs, organizational chart review, Behavioral Health investments, legislative update, and Health in All Policies.

APPEAL OF DECISIONS FROM THE METROPOLITAN BOARD OF HEALTH

Pursuant to the provisions of § 2.68.030 of the Metropolitan Code of Laws, notice is hereby given that a contested case hearing before the Metropolitan Board of Health, acting as a Civil Service Commission, which affects the employment status of a civil service employee is appealable to the Chancery Court of Davidson County pursuant to the provisions of the Uniform Administrative Procedures Act. Any such appeal must be filed within sixty (60) days after the entry of the Board's final order in the matter. A common law writ of certiorari is the appropriate appeal process of any decision of the Metropolitan Board of Health that does not involve a contested case hearing affecting the employment status of a civil service employee. This appeal must be filed within sixty (60) days of the action taken by the Board. You are advised to seek your own independent legal counsel to ensure that your appeal is filed in a timely manner and that all procedural requirements are met.

Board of Health Retreat
Friday, November 19, 2021
9:30 am-2:45 pm
Lentz Centennial Room

Insight into Public Health

Agenda (Draft)

9:30-10:00 **Welcome,** Franklin
Practice Agreements, Franklin
Icebreaker, Board and ELT

10:00-12:00 **Parade of Programs Part I**
Rachel Franklin
Michelle Pardue
Hugh Atkins
Fonda Harris
Stephanie Kang
Celia Larson

12:00-12:30 **Break for Lunch**

12:30-1:40 **Parade of Programs Part II**
Jim Diamond
Joanna Shaw Kai-Kai
Laura Varnier
Rand Carpenter
Brian Todd

1:40-2:00 **Organizational Chart Review**, Wright, Black, Lester

2:00-2:45 **Deep Dives**
Behavioral Health Investments, Dia Cirillo (15 min)
HiAP, Stephanie Kang (15 min)
Legislative update, Tom Sharp (15 min)

Review Board Requests, Franklin and Bickley

2:45 Retreat Adjourned

Please take bio and standing breaks as needed. Feel free to dress casually.

Civil Service Medical Examiner

Gill C. Wright, III, MD

Metro Employee Benefit Board (MEBB)/Civil Service Commission (CSC)

The Civil Service Medical Examiner (CSME) works with an assistant to prepare injury on duty (IOD) and early medical pension requests for recommendations to the MEBB on whether requests should be granted. They gather all pertinent medical records and prepare summaries on all new applicants and periodically on medical and IOD pensioners. The CSME works with the OHWC to make recommendations on requests from applicants to departments for waivers to the standards of departments as set by the department of the Metro Charter.

Occupational Health and Wellness Clinic (OHWC), 6 positions

The OHWC has two nurse practitioners, one receptionist and three nursing staff that perform pre-employment physicals and periodic fitness for duty exams. These are focused exams for safety sensitive positions in Metro government that focus on the individual's job functions and their ability to perform them. Exams include hearing testing, ECG, vision testing, review of the medical history and an exam. Some individuals will also have a spirometry (breathing test). They then make recommendations, if needed, about whether an individual is able to safely perform those functions and make recommendations for additional testing or care by the individuals PCP and/or specialist(s).

Correctional Health, 3 positions

Manager and two Contract monitors oversee the medical, dental and mental health care provided by our contract vendor for inmates in DCSO's facilities. This vendor contract is MPHD's largest line item. They work closely with DCSO to ensure that the care is provided according to national standards.

Bureau of Clinical Services

Laura Varnier, Director
45 positions

Breast and Cervical Screening Program, 2 positions

The goal of the Tennessee Breast and Cervical Screening program (TBCSP) is to provide breast and cervical screening and diagnostic services and education to women. All persons must meet the general eligibility requirements: be a Tennessee resident; be at or below 250% of the federal poverty level for family size; be uninsured or underinsured; and under age 65 (there are some circumstances where persons over 65 may qualify for screening and diagnostic services). Eligible clients receive these services at no cost.

Clinical Competency Coordinator/Quality Improvement Coordinator, 2 positions

The two nurses in the positions oversee the onboarding, training, annual competency checkoffs and overall compliance of clinics in providing safe, equitable, quality care. These two individuals also oversee CLIA compliance for all clinical areas.

Pharmacy, 2 positions

The pharmacist and pharmacy tech work to facilitate pharmacy services as both a retail pharmacy (Project Access Nashville medications) as well as a redistribution center for medications dispensed at the various

health department clinics. Project access clients receive medical services at local community clinics that serve uninsured residents of Davidson County based on income.

Preventive Health (East, Woodbine, Lentz 120), 29 positions

Three clinic Managers, four nurse practitioners, eleven clinic nurses and ten clerical staff provide family planning, immunization, sexually transmitted disease testing and treatment, newborn screening, and head lice checks to patients. Family planning operates under Title X, the federal program that allows uninsured or underinsured individual access to free and low-cost birth control, STD testing, pregnancy test and counseling, and other preventive reproductive care. Immunizations are provided through four main programs: vaccines for children, 317, patient assistance programs, or pay vaccines.

Sexual Health/PrEP clinic, 10 positions

The clinic manager, two nurse practitioners, three nurses, two program specialists and two administrative staff make up the Sexual Health Center which provides confidential testing, treatment, and counseling services for individuals who suspect they have or may have been exposed to gonorrhea, chlamydia, HIV, and/or syphilis. Additionally, the program now offers pre-exposure prophylaxis (PrEP) prescriptions for individuals at high-risk for exposure to HIV.

Bureau of Communicable Disease and Public Health Emergency Preparedness

Rachel Franklin, Director

STD Outreach Program, 14 positions

Responsible for ensuring all individuals with positive / abnormal HIV/ STI screenings in Davidson County Tennessee are investigated. This investigation includes ensuring all individuals with positive or abnormal STI tests result(s) are aware of their STI tests result(s), receive examination and treatment for their infection, understand the nature of their infection, understand how STIs are spread, signs and symptoms of infection, and where to go to seek additional examination and treatment if necessary.

Notifiable Disease Program, 4 positions

Responsible for follow-up investigation on all reports of communicable diseases in Davidson County, not including sexually transmitted infections, TB or vaccine-preventable diseases. Also responsible for identifying and mitigating food borne and vector borne outbreaks.

Vaccine Preventable Disease (VPD) Program, 10 positions

(previously known as Immunizations Program)
Responsible for investigating vaccine preventable diseases (measles, mumps, rubella, pertussis, Hep A and Hep B) in Davidson County and offering PEP where appropriate. Also responsible for auditing day cares for immunization status. Works with providers to assure VFC vaccine stored and administered appropriately.

Public Health Emergency Preparedness (PHEP) Program, 6 positions

Responsible for keeping updated plans/procedures for how our department responds to emergencies. Also oversees logistical details of emergency response. Serves as subject matter expert when MPHD

activates the Regional Health Operations Center (RHOC) and operates within the Incident Command System (ICS) during emergencies.

Bureau of Community Health

Michelle Pardue, DDS, Director

WIC, 70 positions

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a public health nutrition program federally funded under the USDA providing quarterly nutrition education, supplemental nutritious foods, breastfeeding support, and healthcare referrals for income-eligible women who are pregnant or post-partum, infants, and children up to age 5. WIC Davidson Co currently has over 19,000 participants enrolled with an 86% participation rate (meaning families with active benefits), representing about 13% of the state's WIC caseload and 15% of the state's WIC participation rate. WIC reaches families through 4 different clinics sites as well as a mobile outreach program that has formed partnerships with up to as many as 15 community sites. Additionally, we offer bedside service to new mothers and their infants at 4 local hospitals.

School Health Program, 133 positions

In 1993, the Metro Public Health Department (MPHD) first began providing skilled nursing services to the students in the Metro Nashville Public School (MNPS) system. Our MOU with the schools renews every five years, which will next occur in 2022.

Skilled nursing services are the management of diabetes, tube feedings, catheterizations and tracheostomy care among other things. The MPHD/MNPS contract covers 135 traditional schools. There are eight nurses assigned to Harris-Hillman school. Students at Harris-Hillman typically exhibit profound disabilities, which determine their educational placement at this school. In addition, these students are medically fragile and require several skilled nursing interventions during the day.

Prior to the pandemic our School Health Program was considered a "procedure-driven" program having just enough nurses to cover procedures. Nurse assignments were 2-3 schools/nurse. At the time the pandemic began our program was stalled amid expanding to one nurse in every high school and one nurse for every two schools. Since then, MNPS leveraged dollars from the CARES Act and ESSER (Elementary and Secondary School Emergency Relief) to complete an enhanced version of the planned expansion, which is a nurse in *every* traditional school.

Dr. Nicole Boyle is the Director of School Health Services at Metro Schools. There is close collaboration between Dr. Boyle and the School Health Program Manager at MPHD to ensure the health and safety of all students in MNPS.

Oral Health Services

- **WIC Dental**: Limited no cost oral health services are included in WIC appointments at Lentz and South Nashville WIC Nutrition Center locations only. Dental screenings, fluoride applications, toothbrushes and oral health education by a registered dental hygienist are available to children and expectant mothers during regularly scheduled WIC appointments.
- **Lentz Dental Clinic**: The Lentz Dental Clinic serves children under age 20 and provides limited emergency treatment for those over age 21. The clinic operates on a sliding fee scale based on income and the number of people in the family.

- **School Based Dental Prevention Program**: The School-Based Dental Prevention Program is a year-round dental program that provides preventive dental services to children grades K-8 at selected schools in Davidson County. The program offers dental sealants, fluoride, dental screenings, oral health education and more by our enthusiastic team of registered dental hygienists, dentists, and assistants.

Bureau of Environmental Health Services

Hugh Atkins, Director
94 total positions

Air Quality (pollution control), 13 positions

- Collection and validation of air monitoring data to be compared to EPA's National Ambient Air Quality Standards; these data are used for the daily Air Quality Index
- Issue permits and conduct inspections: air pollution emissions, construction and demolition projects
- Respond to complaints from the public regarding ambient air pollution
- Air Quality Flag Program in schools.

Environmental Engineering, 4 positions

- Subsurface sewage (septic systems): evaluation of building sites, system design and inspection, system evaluation, complaint and failure investigations
- Public swimming pool construction plan review and approval
- Evaluate requests for waivers in the pool program
- Radon testing in Metro buildings
- Legionella program

Food and Public Facilities, 26 positions

- Food Service Establishments
  - Commercial/Restaurants
  - School Cafeterias
  - Day Care Food Service
  - Temporary Food Service
  - Food Service Training
  - Foodborne Outbreak Investigations
- Public Swimming Pools
- Hotels/Motels
- Bed & Breakfast Establishments
- Child Care Facilities
- Schools
- Organized Campgrounds
- Body Art: Tattoo Parlors, Body Piercing Establishments
- TN Non-Smoker Protection Act

Metro Animal Care and Control (MACC) 41 positions

- Delivers humane and responsive animal care and control services to and for the residents and animals of Nashville-Davidson County.
- Works with individuals and organizations to help domestic animals find caring homes, decrease over-population of cats and dogs through spaying and neutering, support rabies vaccinations, and promote responsible pet ownership.

Pest Management, three positions

- Conducts on-site trapping of mosquitoes to identify West Nile Virus and St. Louis Encephalitis vector habitat
- Identifies genus and species of trapped mosquitoes
- Investigation and consultation on complaints related to mosquitoes, ticks, rats, and mice

Vehicle Emissions, four positions

- Works with a vendor to operate six inspection stations in Davidson County
- Mobile Test Vans at four sites
- Fleet testing
- "Referee" Lane at Lentz
- Reduces almost four tons of smog-forming emissions from vehicles every day

Epidemiology Division

Rand Carpenter, Director/Chief Epidemiologist

7 positions

The Epi Division provides department-wide support for data access and analysis, geospatial analysis and visualization, and project planning and evaluation. Work also includes leadership in several partnerships or initiatives, including the Nashville PrEP Coalition, Nashville Thrives Coalition, Youth Risk Behavior Survey, Partners in Care, and the Child Death Review process. The division recently published Nashville's Health Equity Report and partners with the Healthy Nashville Leadership Council to support the Community Health Assessment and Improvement processes. The division responds to data and technical assistance requests from other departments and academia, and maintains data sharing relationships with other entities such as the Tennessee Department of Health and Metro Planning Department.

Bureau of Finance and Administration

Jim Diamond, Director

Finance & Administration provides administrative support and assistance with budget and financial responsibilities for all the programs encompassed by the Metro Public Health Department. The responsibility of coordinating, preparing, and maintaining an operating budget in excess of $100 million for Fiscal Year 2022 inclusive of local, grant, and contractual obligations lies within the bureau.

Facilities, 15 positions

This division is responsible for maintenance, cleaning, and related services for all Health Department buildings. The Director of Facilities Services provides security training for Health Department staff and serves as the focal point in matters of security regarding staff, buildings, and equipment of the department. This division is responsible for all repairs to all Health Department facilities. They provide routine maintenance of all Health Department facilities, which includes preventive maintenance

procedures. They coordinate the security system for all Health Department facilities, including after-hours response to emergencies. They provide courier service for program activities. Inventory Control, Mail Room, Central Supply and Print Shop are part of the Facilities Services Division.

Inventory Control supplies every division of MPHD with operational forms, supplies, and equipment handling. Other components consist of fixed asset inventory, central shipping and receiving, and employee assigned equipment.

Facilities staff also provide set up and break down of meeting and conference rooms.

Finance, 14 positions

This division is responsible for providing budgeting and grants and contracts coordinating and tracking for the department. They are responsible for preparing payroll. They prepare requisitions for purchase, departmental vouchers, process purchase orders, and maintain records on expenditures for all divisions in the department. They are also responsible for patients accounts for services, and billing insurance companies for services rendered. The division handles petty cash reimbursement and processes travel and training requests.

Finance is responsible for monitoring the financial operations of the department and compliance with established Metro and departmental policies and procedures. This division also handles all processing of journal vouchers, refunds, credit card transactions, and all Medicare, TennCare, and private insurances corrections and resubmissions.

Finance is also responsible for administration of the contract with the Medical Examiner's Office.

Human Resources, 12 positions, includes interpreters

This division is responsible for processing applications for employment, schedules physicals for new employees, coordinates employee training, maintains personnel files and records for all MPHD employees. They also assure compliance with EEOC regulations. MPHD's Cultural and Linguistics program also resides in HR, providing voice interpretation and document translation services.

Information Systems, 5 positions

Information Systems is responsible for all systems (hardware and software) for the Department. In addition to purchasing, installing, and maintaining the computer hardware, this division provides administration of the Department's patient care management system (PCMS). Information Systems also maintains the department's Internet and Intranet sites. IS works in conjunction with Medical and Vital Records on privacy compliance, inclusive of administering security groupings and server permissions as a means of protecting the data and information housed within and accessed by the department.

Medical and Vital Records, 8 positions

Medical/Vital Records manages the Department's medical records and privacy compliance. They are also responsible for issuing birth and death certificates, cremation permits and medical records. Vital Records also provides Voluntary Acknowledgment of Paternity services.

Bureau of Health Equity

Stephanie Kang, Director

The HE Bureau will support and work with all MPHD Bureaus and programs and with local and national partners, to advance practices, strategies and policies that promote health equity in Davidson County.

This Bureau will serve as a vehicle to convene meaningful inside-outside partnerships and strategies in order to operationalize health equity and address disparities wholly and structurally. The Bureau will establish a bold and transformational vision and enact community-based, inclusive, city-wide initiatives and policies that enable all of us to live healthier and more fulfilling lives.

The Bureau has multiple multi-year federal grants and resources to address COVID-19 disparities through community health worker programming, messaging campaigns, and data reporting improvement projects; develop and coordinate a city-wide health equity coalition; facilitate intersectoral collaborations that center racial and health equity and sustainability across the development process of projects and policies that impact our communities (also known as a Health in All Policies framework).

Bureau of Population Health – Health Access

Fonda Harris, Interim Director

Division of Health Access

Health Access Division of MPHD encompasses four programs that address access to health services for many vulnerable persons in our community. Through our Health Access division, we are protecting, improving, and sustaining the health and well-being of women, men, children, and families in Metropolitan Nashville.

Community Health Access and Navigation in Tennessee (CHANT), 27 positions

CHANT is a new program that combines TennCare Kids Outreach, Help Us Grow Successfully (HUGS) and Children's Special Services (CSS) into a single, integrated, service-delivery program to benefit children and families through care coordination, family engagement and service navigation. Referrals for CHANT are received through the Tennessee Department of Health (TDOH) Call Center, Metro Public Health Department Central Intake, hospitals, community organizations, and self-referrals.

Presumptive Eligibility Expansion Project, 4 positions

The Tennessee Department of Health has enlisted all health departments across the state, through an agreement with TennCare, to assist pregnant women who come to the health departments for TennCare presumptive eligibility, in applying for Medicaid through the HealthCare.gov Marketplace.

Presumptive eligibility (PE) is a TennCare Medicaid category of coverage for pregnant women. The presumptive eligibility option encourages early entry into prenatal care for improved health outcomes for both the mother and the baby. A pregnant woman who qualifies for presumptive eligibility can begin receiving covered services on the day that she is approved for PE. The intent of the program is to offer her prenatal care at the earliest possible time during her pregnancy.

Project Access Nashville

The Presumptive Eligibility team also provides services to uninsured residents of Davidson County through Project Access Nashville (PAN). PAN connects the uninsured to primary care safety net clinics that serve patients based on their ability to pay. The network of providers offers an array of primary care services, which include disease management, treatment of acute episodic conditions, and access to pharmacy services. There are also specialty care services offered to those who qualify.

Ryan White Planning Council, 1 position

The Ryan White Planning council provides oversight to Ryan White funding and to improve the availability, accessibility and quality of healthcare services provided to the HIV/AIDS community.

Division of Maternal Child and Adolescent Health, 21 positions

The division of Maternal, Child and Adolescent Health (MCAH) works to eliminate maternal, child and adolescent health inequities related to infant mortality, child fatality and reproductive morbidity. The MCAH division supports 21 personnel with a total of 12 programs, projects and services including: Pregnancy Concierge Services; Fatality Review (Fetal, infant and child); Preconception Health; Youth Violence Prevention; Youth Equity in Sexuality; Sudden Child Fatality Prevention; Care Seat Program; Childhood Lead Prevention; Evidence-based home visiting; Central Referral System; Racial Health; and Youth Advisory Board. Program and service staff support 5 collaboratives: Nashville Strong Babies Community Transformation Network; FIMR Community Action Team; Health Beginnings Community Advisory Board; Youth Violence Prevention Collaborative, and Alignment Nashville Youth Equity in Sexuality Team (YES).

Division of Behavioral Health and Wellness, 12 positions

Behavioral Health and Wellness provides activities to integrate mental health as a holistic approach to health. The division is comprised of 12 employees who provide an array of services including, mental health screening and assessments, referrals to local counseling agencies, suicide education and prevention, opioid crisis response, drug overdose surveillance, and developing trauma informed practices across the department. Programs include Adverse Childhood Experiences (ACE) Prevention, Substance Abuse Screening, Referral and Education, CMHSI and BHWAC Councils, Suicide Prevention, and Opioid Overdose Prevention. The Behavioral Health and Wellness Division supports 12 personnel.

Division of Prevention and Wellness, 7 positions

Provides activities to mitigate the onset of or decrease the prevalence of disease. This division is comprised of 7 employees providing services through the following programs: health promotion activities, chronic disease prevention, tobacco prevention and control, End the HIV Epidemic Coalition, and Wise Moves.

CDC Community Health Workers for COVID Response and Resilient Communities (CCR)

Expands the use of Community Health Workers to provide social support, navigation, coaching, and advocacy to address the real-life issues that make it difficult from vulnerable communities to be healthy. *The project is currently being developed.*

Division of Ryan White Part A, Tuberculosis Elimination and Viral Hepatitis C Navigation Programs

Dr. Joanna Shaw-KaiKai, Director

The Ryan White HIV/AIDS Part A (RWPA) Program, 5 positions

This program covers the cost of outpatient healthcare and support services for people living with HIV/AIDS in Davidson County and 12 neighboring counties. The counties are referred to as the Nashville Transitional Grant Area (NTGA): Cannon, Cheatham, Davidson, Dickson, Hickman, Macon, Roberson, Rutherford,

Smith, Sumner, Trousdale, Williamson, and Wilson. The RWPA program is Health Resources and Services Administration (HRSA) funded and is a payer of last resort. The Ryan White Planning Council determines the allocation of the money. In the NTGA, overall decrease in rate of new cases of HIV and decrease in rate of people dying from HIV compare to statewide and national rates. Based on 2015-2019 reports, there has been an increase in the number of people living with HIV in Rutherford County; one of the reasons is that people are seeking more affordable housing. Next year's goal is to expand services in counties such as Rutherford in which there has been an increase in cases.

The Tuberculosis (TB) Elimination Program, 20 positions

Provides evaluation and treatment for people exposed to TB in Davidson County. Medication administration by health department staff via directly observed therapy (DOT) is mandatory for people with confirmed or suspected TB disease and children with TB disease or infection in Tennessee, also known as active TB and latent TB respectively. Video or electronic DOT (eDOT) is offered to patients who meet the eligibility criteria. The number of TB disease cases is decreasing, but the cases are more complex due to more comorbidities such as diabetes, mental health disorders, and substance use. The number of latent cases with comorbidities has increased also. Next year's goal is to increase outreach to providers in the community and encourage screening for latent TB infection per U.S. Preventive Services Task Force (USPSTF) guidelines.

Viral Hepatitis C Navigation Program

Identifies and refers to care people with acute Hepatitis C viral infection in Davidson County. The navigator links persons to care for viral hepatitis care and other services as necessary. The Navigator is a member of TN's Ending the Syndemic (HIV, Sexually Transmitted Infections, Substance Use Disorder, Viral Hepatitis) team and refers clients to harm reduction services. Next year's goal is to increase internal and external partners awareness about the Syndemic. Also, the navigator assists MPHD's Vaccine Preventable Program with Hepatitis A vaccination outreach.

Office of Strategic Planning, Performance and Evaluation (SPPE)

Celia Larson, Director

The SPPE unit serves to provide administrative infrastructure to the department that facilitates organizational and community strategic direction, identifies performance metrics tailored to goals and objectives, provides the framework for evaluating performance through quality improvement tools, and coordinates the department's public health accreditation process. The unit strives to assure alignment of all activities. The unit is comprised of four positions.

Strategic Planning

Encompasses several functions. These include leading and facilitating public health system partner convenings such as the Healthy Nashville Leadership Council (HNLC), Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), the Metro Health in All Policies (HiAP) initiative; and developing and leading a Community of Practice to build capacity for facilitation within the department and among community partners.

Performance Measurement and Management

Include the following: guiding and facilitating identification of key metrics for each program; developing and implementing a dashboard of key metrics for tracking key operational and outcome indicators that highlight and focus on Equity and Inclusion; and customer wide customer satisfaction.

Evaluation

Activities include providing coordination and facilitation support to build the capacity of the department to evaluate and apply quality improvement tools and program evaluation processes for continuous quality improvement of performance metrics.

The unit engages in additional administrative activities as needed such as supporting workforce development and grant processes.

The major deliverables include the Community Health Assessment Plan, the Community Health Improvement Plan, the Performance Management System, the Quality Improvement Plan, and the documentation that will continue to meet the Public Health Accreditation Board standards.

OPIOID SETTLEMENT EXECUTIVE SUMMARY

Recommendations for Funding Distribution and Opioid Interventions

BACKGROUND

As a result of Tennessee's legal settlement with major opioid drug distributors, Metro Nashville/Davidson County is set to receive approximately $1.3 million per year for the next 18 years to combat the opioid crisis. With this long-term funding comes a unique opportunity to look beyond the press of immediate needs toward a sustained, long-term approach. The executive summary highlights strategies from the series of recommendations in MPHD's Memo on Opioid Interventions and Equity Considerations. The memo outlines levels of interventions from Level 1, outlining upstream strategies, through successively downstream interventions to Level 6 addressing non-fatal overdoses.

1	Environmental Change	4	Continuum of Care
2	Education & Awareness	5	Overdose Prevention
3	Early Intervention	6	Crisis Response

EQUITY INFORMED SUBSTANCE USE RESPONSE

An equity-centered and comprehensive substance use response requires addressing both the urgent needs of opioid and death prevention and prioritizing substance use prevention and systems change. Nashville's opioid response should be grounded in a public health approach acknowledging addiction as a systems crisis rather than an individual failure. We should work to address the persistent gaps and inefficiencies in the existing landscape of substance use interventions. We also must reflect upon and correct our community's history of stigmatizing, discriminating, marginalizing, and criminalizing those with substance use disorders. Lastly, as Nashville moves forward in transforming substance use interventions, we must ensure equity, transparency, and accountability in decision-making and distribution of resources.

SUMMARY OF SUBSTANCE USE STRATEGIES

Level 1: Environmental Change— Overdose Fatality Reviews (OFR)

OFR is a multi-disciplinary process for understanding the risk factors and circumstances leading to fatal overdoses and identifying opportunities to prevent future overdoses. OFR can help identify the social, environmental, economic, and systemic conditions that exacerbate addiction. Therefore, OFR is critical to identify the system failures that are leading to overdoses and how to address them.

- Invest in MPHD staff to manage the OFR process, identify gaps, and produce systems-level recommendations and strategies based on the OFR's findings.

Level 2: Education & Awareness— Youth Programming

Approximately one-half of all people with substance use disorders begin using substances before they turn 14. Any comprehensive effort to end the opioid epidemic supports long-term investment in effective programs that address the unmet needs of youth that can lead to these dangerous explorations. We can evaluate and learn from the successes and inefficiencies of existing substance use interventions by youth service providers.

- Develop and redesign substance use education to include counseling and programming that support youth and their families to explore addiction treatment and services and develop safe

alternative coping mechanisms; have open conversations about substance use and mental health; and build skills for identifying addiction and advocating for support needs.

Level 3: Early Intervention— Screenings

Many people battling addiction suffer alone. Substance use screenings pose an opportunity to identify people experiencing, or at risk of, addiction. Successful screenings should focus on identifying underlying issues and triggers that allow addictions to develop and persist.

- Implement screening protocols to identify those having a substance use addiction should be connected to substance use service providers and navigators to provide support for treatment and sobriety.
- Provide a connection point for those identified at risk of substance use and addiction, to access resources that can address individual stressors, trauma, and support needs. MPHD can implement these screening and referral processes within its own clinics, as well as partner with Metro Departments to develop and implement screening and referral tools across agencies.

Level 4: Continuum of Care— Outreach & Service Navigation

It can be difficult and overwhelming for people experiencing addiction to navigate Nashville's fragmented medical, behavioral, and social service systems. A model of peer support, in which those hired to provide referral and follow up services are people who have successfully overcome addiction, should be integrated into services.

- Invest in community health workers and peer recovery coaches who provide guidance, support, referrals, and follow ups.
- Build out capacity for hiring additional service coordinators (i.e. social workers, community health workers, and navigators).
- Develop a platform to support collaboration, communication, and coordination across service providers. This referral and tracking system would provide a vital foundation and necessary resource for connecting each stage of prevention to opportunities for treatment and support.

Level 5 / 6: Overdose Prevention & Crisis Support

Harm reduction, risk reduction, and opioid overdose prevention are critical aspects of effective substance use response and are necessary to save lives at the most imminent risk.

- MPHD's Correctional Health team and contracted providers provide Medication Assisted Treatment (MAT) to inmates experiencing opioid addiction. Those who are released from DDC while undergoing MAT should be connected to providers who can continue this treatment.
- Invest in purchasing and distribution of fentanyl test strips to community organizations that have frequent contact with people who are addicted to opioids. Testing strips should be paired with information about fentanyl and substance use services. This will require legislation.
- MPHD should work with government and non-profit emergency responders to develop best practices for 1-year follow up procedures with people who have experienced an overdose or drug-induced psychosis.

MEMO

TO: Dr. Melva Black, Dr. Gill Wright, Tom Sharp, & Tina Lester
FROM: Raquel de la Huerga & Dr. Stephanie Kang
DATE: November 5, 2021
SUBJECT: Overview of Opioid Interventions & Equity Considerations

SUMMARY

As a result of Tennessee's legal settlement with major opioid drug distributors, Metro Nashville/Davidson County is set to receive approximately $1.3 million per year for the next 18 years to combat the opioid crisis. MPHD will be involved with developing a plan for how these funds will be utilized to address opioid addiction and overdose in our community. This memo provides a review of best practices and potential strategies for opioid use interventions across six levels of care.

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<tr><th colspan="2">A HEALTH-EQUITY ORIENTED APPROACH FOR PREVENTING & REDUCING DRUG-RELATED HARMS OF STIGMA OR OVERDOSE</th></tr>
<tr><th>EQUITY PRINCIPLES</th><th>EQUITY INFORMED RESPONSES</th></tr>
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Focus on System Failures not Individual Failures
Meet People Where They Are
Intervene As Early As Possible
Addiction is a Health Condition and Should Be Treated As Such
Prioritize Care Over Punishment
Prevent People from Falling Through Cracks
Prioritize Transparency and Community Input in Decision-Making
Focus on Early Interventions and Upstream Solutions
Commit to Data Sharing and Collaborations with Partner Organizations
Integrate Cultural Safety, Trauma Informed Care, and Harm Reduction Strategies into Interventions

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Uplift the voices of people with lived/living experience of substance use when gathering community input
Develop transparent and iterative processes for decision making and funding distribution
Utilize multifaceted approaches to reduce stigma and discrimination
Ensure harm reduction principles are applied within comprehensive responses
Develop strategies to address barriers in affording and accessing services
Ensure program priorities reflect community need and include a responses aimed at systemic factors
Create streamlined communication, referral, and data sharing systems shared across service providers
Programs should not be targeted to reach only those most affected, and should be paired with universal responses that have reach across the population.

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THE 6 LEVELS OF SUBSTANCE USE INTERVENTIONS

1 Environmental Change	4 Continuum of Care
2 Education & Awareness	5 Overdose Prevention
3 Early Intervention	6 Crisis Response

Level 1: Environmental Change	Potential Interventions
People turn to substance use for a reason. How can we focus on removing and reducing adverse circumstances to prevent the stress, pain, and trauma that causes people to turn to drugs? How can we holistically address a person's social and emotional needs (i.e. unemployment, housing insecurity, violence, mental health, etc.)? **Best Practices** ● Strengthen social welfare programs (cash assistance, food stamps, unemployment) ● Implement models of restorative justice and self-healing communities ● Increase access to affordable, safe, non-addictive pain management ● Increase affordable housing and homeless services ● Reduce structural barriers to care	● **CROSS-AGENCY COLLABORATION** Nashville has several existing commissions and coalitions around housing and homelessness. **Recommendation:** MPHD partners with the Metro Continuum of Care Homeless Planning Commision and the Nashville Low Barrier Housing Collective to identify existing housing and homelessness assistance programs. MPHD will work with partners to integrate substance use programs when transitioning people into permanent housing. ○ i.e. *The Street Works Emergency Financial Assistance Program*, funded via Ryan White Part A and other grants, assists clients with costs related to housing. Additional funding could be provided to this program to prioritize those who are struggling with or recovering from addiction. ● **TRANSPORTATION ACCESS** Currently, there is limited transportation access to community clinics that provide mental health services. **Recommendation:** MPHD partners with MNDOT to develop bus routes that directly reach outpatient behavioral health clinics and bus vouchers that can be distributed by service providers. ● **ECONOMIC PROGRAMS** Moving Nashville Forward is launching a Universal Basic Income (UBI) pilot with 50 families in North Nashville which will each receive $1,000/mo for a year. **Recommendation:** MPHD partners with Moving Nashville Forward to incorporate data metrics around substance use to measure the impact of economic assistance/improving social determinants of health on substance use. ● **OVERDOSE FATALITY REVIEW** Overdose Fatality Review (OFR) is a series of confidential

<table>
<tr><td></td><td>reviews of overdose deaths by a multidisciplinary team intended to identify community needs and service gaps that should be addressed to prevent future overdoses. OFR exists in other cities in Tennessee, such as Knoxville. MPHD is currently working on developing the OFR process for Nashville. However, MPHD does not have any dedicated staff to facilitate OFR and there are barriers to accessing overdose data and case reports.

Recommendation: Invest in MPHD staff to manage and develop the OFR process. These staff should produce systems-level recommendations and strategies based on the OFR's findings.</td></tr>
<tr><td>Level 2: Education & Awareness</td><td>Potential Interventions</td></tr>
<tr><td>Substance use has become a taboo subject in our society.

How can we improve substance use education to increase awareness of substance resources and reduce stigma towards addiction?

How can the public become advocates for recognizing signs of addiction and connect people to substance use services and treatment?</td><td rowspan="2">• <u>MESSAGING CAMPAIGNS</u>
There is a need for training and campaigns aimed at health providers, police, educators, social system providers, decision-makers, and the general public.

Recommendation: MPHD partners with community organizations and a messaging firm to design and deliver a media campaign informing the public on how to identify signs of addiction and services available.

• <u>EDUCATION PROGRAMS</u>
Currently, Nashville has no comprehensive youth or inter-generational skills-building program that is targeted at substance use and emphasizes personal competence, life-skills, coping, and the impacts of addiction.

Recommendation: MPHD partners with MNPS and the Juvenile Justice Center to implement education programs and skills training that destigmatize addiction, teach alternative coping mechanisms, and empower youth and their families to reach out for help. The program reinforces education with counseling, joint family sessions, clinical services, and/or connection to resources.</td></tr>
<tr><td>Best Practices
• Develop educational programs that empower youth to avoid and overcome addiction.

• Enable schools and school districts to provide supports and counseling to students and their family members who are experiencing addiction</td></tr>
</table>

• Enable community-based organizations (CBOs) that target youth to provide support for students in recovery and students whose family members are suffering from addiction	
Level 3: Early Intervention	**Potential Interventions**
Many people battling addiction suffer alone and struggle to reach out. How can we improve screenings and outreach in the community to find people in need of treatment and support? How can we screen for risk factors that may lead to substance use (i.e. trauma, violence, mental illness, instability, stress, physical pain, etc.)? **Best Practices** • Implement screenings in a variety of settings (i.e. schools, hospitals, mental health clinics, homeless service centers, juvenile detention, jails, prisons, etc.) • Improve access to affordable mental health and substance use services	• **SCREENINGS** MPHD already provides robust Hepatitis C and HIV testing and screening and services. MPHD clinics can serve as a catchment area to identify people with substance use disorders and connect them with services. • **Recommendations:** Across MPHD clinics, integrate a highly-sensitive, quick, substance-use screening tool (i.e. CAGE tool) for nurses to identify patients experiencing or at risk of addiction. Patients who are identified should be connected to peer-recovery coaches that provide support in navigating substance use treatment and social services. (*This successful model was implemented in Knoxville*.) MPHD canalso partner with Metro Departments (such as MNPS, MSS, MDHA, MNPD, and DCC) to implement substance use and mental health screenings across agencies. • **ACCESSIBLE OUTPATIENT SERVICES** There are a spectrum of behavioral health care providers in Nashville, however, many clinics are difficult to get to or have limited hours. **Recommendation:** MPHD partners with community-based organizations to increase telehealth infrastructure for behavioral health treatment and counseling. • **AFFORDABLE COUNSELING** Many providers in Nashville offer substance use counseling, however, these services can be costly, especially for people who have low-incomes or are uninsured. Some providers offer free services, however, these opportunities are limited in reach and comprehensiveness.

	Recommendation: MPHD partners with MNPS and MSS to train and hire dedicated substance use and mental health workers to counsel the families they serve. In public schools, MPHD can collaborate with the STARS Student Assistance Program to increase substance use counseling and develop targeted interventions for youth.
Level 4: Continuum of Care	**Potential Interventions**
The experience of quitting addictive drugs can be incredibly painful and difficult. How can we coordinate across service providers to eliminate gaps in care that exacerbate addiction and reinforce relapse? How can we work to make substance use treatment easily available, accessible, and affordable?	• **RESOURCE/REFERRAL SYSTEM** Currently, there is not a comprehensive referral or inventory system of substance use services and treatments and social/economic assistance programs for those who are struggling or have family members struggling with addiction. **Recommendation:** MPHD, with appropriate partners, establishes an inventory of service providers that address economic assistance, including rent/utilities, food, employment, and mental health. Develop a referral and tracking system for referrals, discharge planning, specific requests, and follow up for services that can be used by schools, navigators, providers, community organizations, MPHD, and others.
Best Practices • Address the behavioral health needs of people involved in, or at risk of involvement in, the criminal justice system • Provide an array of community-based diversion services designed to keep individuals with behavioral health issues out of the criminal justice system while also addressing issues of public safety • Ensure access to Medicated-Assisted Treatment	• **NAVIGATING SERVICES** It can be difficult and overwhelming for people experiencing addiction to navigate Nashville's fragmented medical, behavioral, and social service systems alone. **Recommendation:** MPHD works with substance use providers to build out capacity for hiring additional service coordinators (i.e. social workers, community health workers, and navigators) who can guide those experiencing addiction through the process of navigating services, completing treatment, and maintaining sobriety. MPHD should consider a model of peer support, in which those hired to provide referral and follow up services are people who have past experience with substance use addiction.

(MAT), which is effective at reducing use and helping people to lead normal lives if combined with ancillary treatment strategies, such as counseling and social services ● Stable housing plays a vital role in people's recovery from substance use disorders (SUDs). An inability to pay rent and the threat of losing housing can lead to stress that triggers substance misuse and relapse	● **DISCHARGE PLANNING** There is a lack of coordination across providers and social services causing a discontinuity of care that affects health gains for patients. **Recommendation:** MPHD supports or partners with local hospitals to standardize the discharge planning process to patients who are treated for a drug overdose or who are identified as having a substance use disorder. MPHD collaborates with DCC and the Juvenile Detention Center to develop reentry plans for people identified to have or be at risk of developing a substance use disorder. These re-entry plans should collaborate with continuum of care providers to ensure referrals and follow up after release. ● **CRIMINAL JUSTICE DIVERSION** MPHD is partnering with MNPD and Mental Health Coop to pilot a "Co-response" pilot program to de-escalate crisis situations and connect those to treatment. **Recommendation:** MPHD integrates a comprehensive system of services and treatments that can be connected to those diverted through the pilot. MPHD can also work with the Co-Response pilot partners to include more training on identifying those with substance use issues and ensuring a robust connection to services and follow-up. ● **SUPPORTIVE HOUSING** Currently, Nashville does not have a coordinated substance-use services program specifically targeting those who need and want to be able to stay in affordable housing. **Recommendation:** MPHD should facilitate partnerships between MDHA, MSS, and local behavioral health treatment providers, such as the Mental Health Coop, to provide onsite services to residents of project-based Section 8 housing.

Level 5: Overdose Prevention	Potential Interventions
Overcoming addiction doesn't happen overnight. How can we make treatment accessible and provide the resources necessary to prevent relapse? How can we minimize the harmful health effects of drug use? How can we reduce the spread of communicable diseases? How can we prevent opioid overdoses?	● **MEDICATION-ASSISTED TREATMENT** Medication Assisted Treatment (MAT) is the use of medications, such as methadone and buprenorphine, to help treat opioid addictions without as many negative withdrawal effects. Currently, MPHD Correctional Health only provides MAT to pregnant women in the correctional facilities, however, they are currently in discussion to provide MAT more broadly for those with substance use disorders. **Recommendation:** MPHD's Correctional Health team works with the contracted health providers at the Downtown Detention Center (DDC) to provide Medication Assisted Treatment (MAT) to inmates experiencing opioid addiction. Those who are released from DDC while undergoing MAT should be connected to providers who can continue this treatment. ● **COMMUNITY-BASED MEDICATION DISPOSAL** Nashville currently has 23 prescription drug take-back boxes located across the city at pharmacies, hospitals, and police precincts. These permanent boxes provide safe, environmentally-friendly disposal to prevent prescription and over-the-counter medications from getting in the hands of children, people with drug addictions, and drug dealers. **Recommendation:** MPHD provides additional drug take-back boxes to more pharmacies, clinics, and hospitals. MPHD develops public awareness campaigns to encourage the public to safely store and dispose of medications. ● **SYRINGE EXCHANGE** Currently, MPHD assists Street Works, a non-profit that provides a syringe exchange program, in syringe disposal. **Recommendation:** Elevate MPHD's partnership with StreetWorks to increase awareness of syringe exchange and boost community outreach. Street Works is a key entry point in identifying people with substance use disorders. MPHD
Best Practices: ● Harm reduction, risk reduction, and opioid overdose prevention efforts all need to be informed by an awareness of fentanyl exposure in the populations served in order to continue affording maximum safety and protection to community members who are navigating a fentanyl-contaminated drug supply ● Syringe services programs are a key component of overdose prevention strategies, because they can facilitate access to and uptake of services and interventions for reducing overdose, enhancing health and wellbeing, and improving public health and public safety ● Naloxone distribution across families and social networks can have lifesaving, synergistic effects. ● Medicine take back options are an	

effective way to safely dispose of unused or expired prescription and nonprescription (for example, over the counter) medicines.	can develop a plan for substance use service providers to collaborate with StreetWorks to offer services onsite. ● **FENTANYL TEST STRIPS** Fentanyl is a key contributor in the rise in opioid deaths. In Metro Nashville, fentanyl is detected in 3 out of 4 drug overdoses. Fentanyl test strips are a simple, inexpensive ($1 each), and evidence-based method for preventing drug overdoses. There is currently very limited distribution of test strips in Nashville. **Recommendation:** MPHD purchases and distributes fentanyl test strips to community organizations that have frequent contact with people who are addicted to opioids. Testing strips should be paired with information about fentanyl and substance use services. MPHD can encourage MNPD to create a formal policy excluding fentanyl test strips as "drug paraphernalia". ● **TARGETED NALOXONE DISTRIBUTION** There is a naloxone shortage across the country, which means the naloxone that is distributed should be proportionate to the level of need in priority areas. **Recommendation:** MPHD utilizes data on opioid overdoses to pinpoint hotspots in Nashville. These hotspots should then be compared to existing naloxone dispensation sites to identify gaps in distribution, then provide recommendations to partners to better distribute naloxone.

Level 6: Crisis Response	Potential Interventions
Overdose death rates have risen higher through the pandemic. How can we provide rapid response teams to save lives as overdoses dramatically rise? When a life is saved, how can we break the cycle of the likelihood of another overdose?	● **MOBILE CRISIS UNITS** The Tennessee Department of Mental Health and Substance Abuse Services currently runs mobile crisis services across the state. In Nashville, Centerstone and the Mental Health Cooperative are the agencies that operate 24/7 crisis response teams. **Recommendation:** MPHD collaborates with the Centerstone and Mental Health Coop crisis response teams on data collection, care coordination, and follow-up strategies. ● **EMERGENCY RESPONSE** Nashville's emergency responders are often the default response to people with substance use disorders who are experiencing crises. However, many of these responders currently have limited training for identifying and supporting substance use disorders. **Recommendation:** MPHD facilitates training of Fire, EMS, Police, and Emergency Communications Departments to recognize signs of substance use. Emergency Responders should be trained to implement de-escalation strategies and call in mobile crisis and co-response units to provide support and referrals to care. ● **FOLLOW-UP PRACTICES** After a person experiences an opioid overdose they are likely to remain addicted and overdose again. 1 in 20 people treated for opioid overdoses in emergency departments die within 1 year. The Mental Health Coop, in their work on the co-response pilot, is currently working to improve their follow up strategies. **Recommendation:** MPHD should work with government and non-profit emergency responders to develop best practices for 1-year follow up procedures with people who have experienced an overdose or drug induced psychosis.
Best Practices ● Maintain hotlines and mobile crisis units that can respond 24/7 to drug-related emergencies ● Train and equip emergency responders to appropriately respond to substance use crises and divert people experiencing addiction out of the criminal justice system. ● Ensure people experiencing drug-induced psychosis or overdoses have immediate access to substance use services. ● Provide calls and in person outreach to follow up with people who have experienced a crisis related to substance use	

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Conference Committee Report on
House Bill No. 9076 / Senate Bill No. 9013

The House and Senate Conference Committee appointed pursuant to motions to resolve the differences between the two houses on House Bill No. 9076 (Senate Bill No. 9013) has met and recommends that all amendments be deleted.

The Committee further recommends that the following amendment be adopted:

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 2, Part 6, is amended by adding the following as a new section:

(a) Notwithstanding any law to the contrary:

(1) For the purposes of effectively mitigating the impact of a pandemic, upon declaration of a pandemic by the world health organization and a subsequent declaration of a state of emergency by the governor indicating that the pandemic impacts this state, and until such pandemic ceases to exist, the governor has exclusive jurisdiction to issue executive orders and directives with respect to each county health department in this state, including a county health department created by private or public act prior to July 1, 1985, or by action of a county legislative body; and

(2) The commissioner of health and a local health department, board, entity, county mayor, or official shall not supersede, vacate, contradict, or refuse to comply with such executive order or directive of the governor issued pursuant to subdivision (1).

(b) For purposes of subsection (a), a pandemic ceases to exist when the governor terminates the state of emergency or allows the declaration of the state of emergency to expire upon finding that the pandemic no longer significantly impacts this state.

SECTION 2. Section 4 of Chapter 550 of the Public Acts of 2021, as codified in Tennessee Code Annotated, Section 68-2-609, is amended by deleting subdivision (4).

SECTION 3. Tennessee Code Annotated, Section 68-2-603(a), is amended by deleting subdivision (6) and substituting instead:

(6) When the commissioner appoints a county health director pursuant to this subsection (a), the appointment shall be made in writing by the commissioner in concurrence with the county mayor of the county for which the appointment is made. The mayor shall submit a slate of not more than three (3) nominees to the commissioner for consideration within ten (10) days of a request for nominees by the commissioner. The commissioner may appoint a health director from the list of nominees or request additional nominees.

SECTION 4. Tennessee Code Annotated, Section 68-2-601(i), is amended by deleting the subsection and substituting instead the following:

(i) A county health department or board of health of a county in existence prior to July 1, 1985, remains in existence after the effective date of this act. The regulations of such departments and boards remain in full force in effect to the extent such regulations do not conflict with this part 6.

SECTION 5. Tennessee Code Annotated, Section 68-2-609(1), is amended deleting the subdivision and substituting:

(1) Except as provided in Section 1 of this act, the quarantine of any place or person, if the county health officer finds that quarantine is necessary to protect the public health from an epidemic;

SECTION 6. Tennessee Code Annotated, Section 68-2-603(c), is amended by deleting the first sentence and substituting instead:

The commissioner may appoint a county health officer responsible for providing medical direction, including medical enforcement actions with the approval of the commissioner or the county mayor.

SECTION 7. Tennessee Code Annotated, Section 68-2-601, is amended by designating subsection (f) as subdivision (f)(2) and adding the following new subdivision (f)(1):

(1) Except as provided in Section 1 of this act, under advisement of the county board of health under subdivisions (f)(2)(B) and (C), the county mayor has the power to issue orders as are necessary or appropriate to protect the general health and safety of county residents.

SECTION 8. This act takes effect upon becoming a law, the public welfare requiring it.

______________________________	______________________________
Senator Becky Massey, Chair	Representative Kevin Vaughan, Chair
______________________________	______________________________
Senator Ed Jackson	Representative Patsy Hazlewood
______________________________	______________________________
Senator Paul Rose	Representative John Mark Windle
______________________________	______________________________
Senator Sara Kyle	Representative Rusty Grills
______________________________	
Senator Todd Gardenhire	

Conference Committee Report on
House Bill No. 9077 / Senate Bill No. 9014

The House and Senate Conference Committee appointed pursuant to motions to resolve the differences between the two houses on House Bill No. 9077 (Senate Bill No. 9014) has met and recommends that all amendments be deleted.

The Committee further recommends that the following amendment be adopted:

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, is amended by adding the following as a new title:

Title 14 – COVID-19

Chapter 1 – General Provisions

14-1-101. Definitions.

As used in this title, unless the context otherwise requires:

(1) "Adverse action" means to:

(A) Discriminate against a person by denying the person employment, privileges, credit, insurance, access, products, services, or other benefits; or

(B) Discharge, threaten, or otherwise discriminate against an employee in any manner that affects the employee's employment, including compensation, terms, conditions, locations, rights, immunities, promotions, or privileges;

(2) "Applicant" means a person who has applied for employment with an employer;

(3) "Arising from COVID-19" means caused by or resulting from the actual, alleged, or possible exposure to or contraction of COVID-19, or caused by or resulting from services, treatment, or other actions in response to COVID-19, including, but not limited to:

(A) Implementing policies and procedures to prevent or minimize the spread of COVID-19; however, "arising from COVID-19" does not include implementing policies and procedures that violate this title;

(B) Testing;

(C) Monitoring, collecting, reporting, tracking, tracing, disclosing, or investigating COVID-19 exposure or other COVID-19-related information;

(D) Using, designing, manufacturing, providing, donating, or servicing precautionary, diagnostic, collection, or other health equipment or supplies, such as personal protective equipment;

(E) Closing or partially closing to prevent or minimize the spread of COVID-19;

(F) Delaying or modifying the schedule or performance of any medical procedure; or

(G) Providing services or products in response to government appeal or repurposing operations to address an urgent need for personal protective equipment, sanitation products, or other products necessary to protect the public;

(4) "COVID-19" means the novel coronavirus, SARS-CoV-2, and coronavirus disease 2019, commonly referred to as COVID-19, including any variant of SARS-CoV-2 or COVID-19;

(5) "COVID-19 vaccine" means a substance used to stimulate the production of antibodies and provide protection against COVID-19, prepared from the causative agent of COVID-19, its products, or a synthetic substitute, and treated to act as an antigen without inducing a COVID-19 infection;

(6) "Employer" means a person, private business, or governmental entity employing one (1) or more persons within this state;

(7) "Face covering" means a protective covering designed to be worn over the nose and mouth to reduce the spread of COVID-19, but "face covering" does not include an industry required mask;

(8) "Governmental entity":

(A) Means a state department, agency, or political subdivision, including a city, town, municipality, metropolitan government, county, utility district, public building authority, housing authority, emergency communications district, county board of health, a development district created and existing pursuant to the laws of this state, or an instrumentality of government created by one (1) or more local governmental entities;

(B) Does not include a school or LEA, as defined in § 49-1-103;

(C) Does not include an airport authority;

(D) Does not include a Medicare or Medicaid certified provider, but only to the extent such provider is subject to a valid and enforceable Medicare or Medicaid condition of participation that imposes a requirement contrary to this title, except a person in a position covered by the definition of emergency medical services personnel in § 68-140-302;

(E) Does not include an entity operating on property owned, managed, or secured by the federal government, but only to the extent such entity is subject to a valid and enforceable federal requirement contrary to this title;

(F) Does not include a healthcare provider enrolled in Medicare or Medicaid that is subject to fines or penalties for nonadherence to federal rules and regulations, but only to the extent such provider is subject to a valid and enforceable Medicare or Medicaid condition of participation that imposes a requirement contrary to this title; and

(G) Does not include an assisted-care living facility, a home for the aged, a nursing home, or a residential hospice, as those terms are defined in § 68-11-201;

(9) "Healthcare provider" means a healthcare practitioner, person, or facility licensed, authorized, certified, registered, or regulated under title 33, title 63, title 68, federal law or order, or an executive order of the governor, including but not limited to any employees, agents, or contractors of such a practitioner, person, or facility, and residents, interns, students, fellows, or volunteers of an accredited school or of such school's affiliated teaching or training hospitals or programs in this state;

(10) "Industry required mask" means a face covering, protective cover, or prophylactic device designed to be worn over the nose and mouth for a particular industry that may prevent the spread of COVID-19, but that would be used in the particular industry regardless of the risk of exposure to COVID-19;

(11) "Legal guardian" means a person or entity that has the legal authority to provide for the care, supervision, or control of a minor as established by law or court order;

(12) "Minor":

(A) Means a person who has not attained eighteen (18) years of age;

(B) Does not include a person who has been emancipated pursuant to title 29, chapter 31; and

(C) Does not include a person who is seventeen (17) years of age and is enlisted in the military;

(13) "Monoclonal antibodies" means bamlanivimab plus etesevimab, casirivimab plus imdevimab, sotrovimab, or any other anti-COVID-19 monoclonal antibody products that target the spike protein of COVID-19 and are approved or authorized by the federal

food and drug administration for use as a treatment or prophylaxis for a COVID-19 infection;

(14) "Person" means an individual;

(15) "Private business" means a person, sole proprietorship, corporation, limited liability company, partnership, trust, association, nonprofit organization described in § 501(c) of the Internal Revenue Code that is exempt from federal income taxation under § 501(a) of the Internal Revenue Code (26 U.S.C. § 501(a)), or any other legal or non-governmental entity whether formed as a for-profit or not-for-profit entity engaged in business or commerce in this state, but does not include:

(A) A school;

(B) A Medicare or Medicaid certified provider, but only to the extent such provider is subject to a valid and enforceable Medicare or Medicaid condition of participation that imposes a requirement contrary to this title, except a person in a position covered by the definition of emergency medical services personnel in § 68-140-302;

(C) A healthcare provider enrolled in Medicare or Medicaid that is subject to fines or penalties for nonadherence to federal rules and regulations, but only to the extent such provider is subject to a valid and enforceable Medicare or Medicaid condition of participation that imposes a requirement contrary to this title; or

(D) An assisted-care living facility, a home for the aged, a nursing home, or a residential hospice, as those terms are defined in § 68-11-201;

(16) "Proof of vaccination" means physical documentation or digital storage of a person's receipt of a COVID-19 vaccine;

(17) "Quarantine" means:

(A) The limitation or restriction of a person's freedom of movement or isolation of a person, or preventing or restricting access to premises upon which the person or the cause or source of COVID-19 may be found, for a period of time to prevent the spread of COVID-19; and

(B) Limiting or restricting the operation of a private business to prevent the spread of COVID-19;

(18) "School" means:

(A) A public elementary or secondary school operated by a local education agency or by the state with public funds, including a charter school;

(B) A publicly-operated child care agency, as defined in § 71-3-501; child care program, as defined in § 49-1-1102; preschool; or nursery school; and

(C) A public postsecondary educational institution;

(19) "School property" means all real property, improvements to real property, and facilities used for school purposes; and

(20) "Severe conditions" means:

(A) The governor has declared a state of emergency for COVID-19 pursuant to § 58-2-107; and

(B) A county has an average rolling fourteen-day COVID-19 infection rate of at least one thousand (1,000) new known infections for every one hundred thousand (100,000) residents of the county based on the most recent data published by the department of health. For purposes of this subdivision (20)(B), the number of new cases per one hundred thousand (100,000) persons within the last fourteen (14) days is calculated by adding the number of new cases in the county in the last fourteen (14) days divided by the population in the county by one hundred thousand (100,000).

14-1-102. Findings.

The general assembly finds that:

(1) Setting forth the rights of people in the context of COVID-19 restrictions in a statute assists the citizens of this state in the enforcement and protection of their rights and creates a safe harbor for those desiring to avoid litigation;

(2) Tennessee, as a great southern state within our federal system of government, is free to enact laws to protect the health and safety of its citizens under the police powers inherent to all states of a federal system of government;

(3) The United States Constitution does not prohibit the states from regulating health and medical practices, nor does it require any person to consent to any form of medical treatment, directly or indirectly, in relation to COVID-19;

(4) The right at common law to personal security and the liberty to be free from an unwanted touching of one's limbs and body was retained by the people of this state, and that right includes rights and duties with respect to medical treatment administered by other persons, such as through COVID-19 vaccinations;

(5) Informed consent between patients and healthcare practitioners protects the rights at common law of persons and all such consent must be voluntary and not given under duress, coercion, misrepresentation, or fraud; and

(6) Consistent with our constitutionally recognized and inalienable right of liberty, every person within this state is and must remain free to choose or to decline to be vaccinated against COVID-19 without penalty or threat of penalty.

14-1-103. Broad construction to safeguard liberty.

The purpose of this title is to safeguard the constitutional rights and liberty interests of persons during the COVID-19 pandemic. This title must be construed broadly to effectuate the purpose described in this section.

14-1-104. Construction with other laws.

(a) Notwithstanding any other law to the contrary, a governmental entity or public official shall not suspend any provision of this title, regardless of whether there is a state of emergency. This subsection (a) does not prohibit the governor from suspending a provision of this title pursuant to title 58, chapter 2, if the governor has declared a state of emergency.

(b) This title is in addition and supplemental to all other provisions of state law; wherever the application of this title conflicts with the application of other provisions of state law, this title prevails.

Chapter 2 – Uniform Standards

14-2-101. COVID-19 vaccine mandates by governmental entities.

A governmental entity, school, or local education agency shall not mandate that a:

(1) Person receive a COVID-19 vaccine; or

(2) Private business or school require proof of vaccination as a condition to access the private business's or school's premises or facilities or to receive the benefits of the private business's or school's products or services.

14-2-102. COVID-19 vaccine status.

(a) A private business, governmental entity, school, or local education agency shall not compel or otherwise take an adverse action against a person to compel the person to provide proof of vaccination if the person objects to receiving a COVID-19 vaccine for any reason.

(b) Allowing a person to voluntarily provide proof of vaccination or proof of COVID-19 antibodies instead of a negative COVID-19 test in order to gain admission to a place of entertainment, as defined in § 47-25-512 is not a violation of this subsection (a).

(c) Notwithstanding subsection (a), a person is not prohibited from requiring another person to provide proof of vaccination as a condition to entering that person's personal residence for purposes of providing products or services.

14-2-103. Face coverings generally.

(a) Notwithstanding any law to the contrary and except as otherwise provided in subsection (c) and (e):

(1) A governmental entity shall not require a person to wear a face covering as a condition to access the governmental entity's premises or facilities, or to receive the benefits of the governmental entity's products or services, unless severe conditions exist and the requirement is in effect for no more than fourteen (14) days; and

(2) An employer that is a governmental entity shall not require an employee to wear a face covering as a term or condition of employment, or take an adverse action against an employee for failing to wear a face covering, unless severe conditions exist at the time the requirement is adopted and the requirement is in effect for not more than fourteen (14) days.

(b) A governmental entity may renew its face covering requirement for additional fourteen-day periods if severe conditions continue to exist each time the face covering requirement is renewed. If, at the end of a fourteen-day period, severe conditions no longer exist, then the governmental entity shall not renew its face covering requirement or otherwise require a person to wear a face covering as a condition to access its premises or facilities; to receive the benefits of its products or services; or as a term or condition of employment.

(c) Notwithstanding subsection (a), a governmental entity shall not require a person to wear a face covering if the person provides documentation from the person's healthcare provider that wearing a face covering is contraindicated for the person, or if the person objects to wearing a face covering because of the person's sincerely held religious belief.

(d) This section does not authorize a person to access the premises or facilities of a governmental entity, or to receive the benefits of a governmental entity’s products or services, if the person is otherwise prohibited from accessing its premises or facilities, or from receiving the benefits of its products or services.

(e) This section does not apply to state or local correctional facilities housing inmates in a congregate living arrangement.

14-2-104. Face coverings for schools.

(a) Notwithstanding title 49 or any other law to the contrary and except as otherwise provided in subsection (c), a school or a governing body of a school shall not require a person to wear a face covering while on school property unless:

(1) The principal or president of the school submits a written request to the school's governing body for the adoption of a policy requiring all persons on school property to wear a face covering;

(2) Severe conditions exist;

(3) The school's governing body adopts such a policy on a school-by-school or campus-by-campus basis and only:

(A) For the school for which a request is submitted by the principal or president pursuant to subdivision (a)(1);

(B) If all other conditions or requirements of this subsection (a) exist at the time the policy is adopted; and

(C) If the policy is in effect for no more than fourteen (14) days;

(4) The school provides face coverings for persons twelve (12) years of age and older that meet the U.S. National Institute for Occupational Safety and Health N95 classification of air filtration, meaning that the face covering filters at least ninety-five percent (95%) of airborne particles, including droplets containing COVID-19; and

(5) The school provides age-appropriate face coverings for persons under twelve (12) years of age, but over five (5) years of age, that provide air filtration similar to the face coverings described in subdivision (a)(4).

(b) A principal or president of a school may submit a written request to the school's governing body to renew the face covering requirement for the school for an additional fourteen-

day period if the requirements of subsection (a) exist at the time the face covering requirement is renewed. If, at the end of a fourteen-day period, one (1) or more of the requirements or conditions of subsection (a) no longer exist, then a school shall not renew the school's face covering requirement or otherwise require a person to wear a face covering on school property.

(c) Notwithstanding subsection (a), a school shall not require a person to wear a face covering if the person provides documentation from the person's healthcare provider that wearing a face covering is contraindicated for the person, or if the person objects to wearing a face covering because of the person's sincerely held religious belief.

(d) Notwithstanding subsection (a):

(1) A school shall, to the extent practicable, provide a reasonable accommodation pursuant to the Americans with Disabilities Act (42 U.S.C. § 12101 et seq.) to a person who provides a written request for a reasonable accommodation to the principal or president of the school. If the person requesting a reasonable accommodation under this subsection (d) is a minor, then the person's parent or legal guardian must provide the written request on the minor's behalf.

(2) The principal or president of the school shall evaluate the request on behalf of the school and, to the extent practicable, provide a reasonable accommodation. The principal or president shall issue a decision approving or denying the request in writing. If the principal or president denies the request, then the grounds for denial must be provided in the principal's or president's written decision. If the principal or president approves the request, then the school shall place the person in an in-person educational setting in which other persons who may place or otherwise locate themselves within six feet (6') of the person receiving the reasonable accommodation for longer than fifteen (15) minutes are wearing a face covering provided by the school that:

(A) For persons twelve (12) years of age or older, meets the U.S. National Institute for Occupational Safety and Health N95 classification of air

filtration, meaning that the face covering filters at least ninety-five percent (95%) of airborne particles, including droplets containing COVID-19; and

(B) For persons under twelve (12) years of age, but over five (5) years of age, is age-appropriate and provides air filtration similar to the face coverings described in subdivision (d)(2)(A).

(e) The governing body of a school shall not use state funds to mandate or require students to wear face coverings in violation of this section. If a school's governing body violates this subsection (e), then the commissioner of education may withhold future distributions of school funds from a local education agency in the amount of the state funds used in violation of this section, or the attorney general and reporter may initiate legal proceedings to recover all state funds used in violation of this subsection (e).

(f) This section does not authorize a person to access a school's property or to receive the benefits of a school's services if the person is otherwise prohibited from accessing the school's property, or from receiving the benefits of the school's services.

Chapter 3 – Unemployment Benefits Relative to COVID-19

14-3-101. Unemployment benefits.

(a) The disqualification from receipt of unemployment benefits provided in § 50-7-303(a)(1)(A) does not apply to a claimant who left employment because the claimant's employer, as defined in § 50-7-205, required its employees to receive a COVID-19 vaccine and the claimant failed or refused to receive a COVID-19 vaccine.

(b) Unemployment benefits shall not be reduced or denied under title 50, chapter 7 to an otherwise eligible claimant who left employment due to the claimant's failing or refusing to receive a COVID-19 vaccine.

(c) This section entitles an otherwise eligible claimant to a retroactive payment of unemployment benefits if the claimant was denied benefits on grounds that the claimant's

separation from employment for failing or refusing to receive a COVID-19 vaccine was insufficient for benefits.

Chapter 4 – Healthcare Standards of Practice

14-4-101. Sole authority to quarantine.

(a) Notwithstanding any law to the contrary, the commissioner of health has the sole authority to determine quarantine guidelines for:

(1) A person if the person tests positive for COVID-19. The quarantine of a person must be lifted if the person receives a negative antigen detection test result or a negative molecular diagnostic test result at any time during the quarantine period; and

(2) A private business or school for purposes of closing the private business or restricting the operation of the private business for purposes of COVID-19. The quarantine of a business must be lifted as soon as practicable after the commissioner is satisfied that the conditions at the business do not present a serious public health or safety threat with respect to the spread of COVID-19.

(b) A local health entity or official, mayor, governmental entity, or school does not have the authority to quarantine a person or private business for purposes of COVID-19.

(c) The commissioner may only establish quarantine guidelines by rules promulgated pursuant to the Uniform Administrative Procedures Act, complied in title 4, chapter 5.

14-4-102. Monoclonal antibodies.

Notwithstanding any guidance or advice received from a governmental entity to the contrary, a healthcare provider shall exercise independent professional judgment when determining whether to recommend, prescribe, offer, or administer monoclonal antibodies to a patient as a treatment or prophylaxis against COVID-19.

14-4-103. Mature minor doctrine.

(a) Except as provided in subsection (b), a healthcare provider shall not provide a patient who is a minor with a COVID-19 vaccine without first obtaining written consent from the minor patient's parent or legal guardian.

(b) Subsection (a) does not apply if a healthcare provider, in the provider's independent professional judgment, suspects that the minor may be subjected to abuse, as defined in § 37-1-102, by a parent or legal guardian, or may be a dependent and neglected child, as defined in § 37-1-102. If the exception provided in this subsection (b) applies, then the common law applies to the minor's capacity to consent to receiving a COVID-19 vaccine.

14-4-104.

Notwithstanding title 63 or 68 to the contrary, any disciplinary process, or action taken pursuant to such process, that is implemented by a health-related board regarding the dispensing or prescribing of medication for COVID-19 must be promulgated as a rule pursuant to title 4, chapter 5.

Chapter 5 – Liability

14-5-101. Clear and convincing standard for liability.

(a) Except as otherwise provided in this title, there is no claim against a person for loss, damage, injury, or death arising from COVID-19, unless the claimant proves by clear and convincing evidence that the person proximately caused the loss, damage, injury, or death by an act or omission constituting gross negligence or willful misconduct.

(b)

(1) In any claim alleging loss, damage, injury, or death arising from a COVID-19 infection, the claimant must file a verified complaint pleading specific facts with particularity from which a finder of fact could reasonably conclude that the alleged loss, damage, injury, or death was caused by the defendant's gross negligence or willful misconduct.

(2) In any claim alleging loss, damage, injury, or death based on a COVID-19 infection, the claimant must also file a certificate of good faith stating that the claimant or claimant's counsel has consulted with a physician duly licensed to practice in this state or a contiguous state, and the physician has provided a signed written statement that the physician is competent to express an opinion on the contraction of COVID-19, and, upon information and belief, believes that the alleged loss, damage, injury, or death was caused by an alleged act or omission of the defendant or defendants.

(3) The failure of a claimant to satisfy the requirements of subdivisions (b)(1) and (2), if required by subdivision (b)(2), makes the action subject to dismissal with prejudice upon motion of the defendant.

(c) This chapter does not:

(1) Create a cause of action;

(2) Eliminate a required element of any existing cause of action;

(3) Affect workers' compensation claims under the Workers' Compensation Law, compiled in title 50, chapter 6, including the exclusive application of such law; or

(4) Amend, repeal, alter, or affect any immunity, defense, limitation of liability, or procedure available or required under law or contract.

(d) Unless otherwise prohibited by the United States or Tennessee Constitution, this chapter applies to claims arising from COVID-19 except those for which, on or before August 3, 2020:

(1) A complaint or civil warrant was filed;

(2) Notice of a claim was given pursuant to § 9-8-402; or

(3) Notice was satisfied pursuant to § 29-26-121(a)(3) or § 14-5-101(b).

(e) As used in this section, "person" means an individual, healthcare provider, sole proprietorship, corporation, limited liability company, partnership, trust, religious organization, association, nonprofit organization described in 501(c) of the Internal Revenue Code that is

exempt from federal income taxation under 501(a) of the Internal Revenue Code, 26 U.S.C. 501(a), or any other legal entity whether formed as a for-profit or not-for-profit entity.

14-5-102. Termination date.

This chapter terminates on July 1, 2022, but continues to apply to any loss, illness, injury, or death occurring before July 1, 2022, to which none of the exceptions listed in § 14-5-101(d) apply.

Chapter 6 – Miscellaneous

14-6-101. Anti-commandeering.

(a) Except funding for emergency rules already in effect and until the emergency rule expires, public funds of this state, or any political subdivision of this state, shall not be allocated for the implementation, regulation, or enforcement of any federal law, executive order, rule, or regulation that mandates the administration of a COVID-19 countermeasure.

(b) Except for emergency rules already in effect and until the emergency rule expires, personnel or property of this state, or any governmental entity of this state, shall not be allocated for the implementation, regulation, or enforcement of any federal law, executive order, rule, or regulation that mandates the administration of a COVID-19 countermeasure.

(c) As used in this section, "countermeasure" has the same meaning as "covered countermeasure" as that term is defined in the Public Readiness and Emergency Preparedness (PREP) Act, codified at 42 U.S.C. § 247d-6d

14-6-102.

(a) A provision of chapter 2 or 6 of this title does not apply to a private business, governmental entity, school, or employer that submits notice in writing to the comptroller of the treasury that compliance with a provision chapter 2 or 6 of this title would result in a loss of federal funding, to the extent such an exemption is necessary to conform to federally awarded or amended contracts, subcontracts, or postsecondary grants as a condition to receipt of federal funds. The comptroller of the treasury shall create

guidelines as to what information is required in the notice. The comptroller shall review a notice submitted by a private business, governmental entity, school, or employer and, if the comptroller finds that compliance would result in a loss of federal funding, then the comptroller shall notify the private business, governmental entity, school, or employer in writing of its exemption. Section 14-6-103 does not apply to a violation of chapter 2 of this title committed by a private business, governmental entity, school, or employer if compliance with the violated provision has been exempted by the comptroller.

(b) After one (1) calendar year from the date on which the comptroller exempts the private business, governmental entity, school, or employer from a provision of chapter 2 or 6 of this title, the private business, governmental entity, school, or employer must submit notice in writing to the comptroller to have the exemption renewed for no more than one (1) additional one-year period. A private business, governmental entity, school, or employer shall notify the comptroller within fourteen (14) days if the conditions or justifications for the comptroller granting the exemption no longer exist.

14-6-103. Remedies.

A person injured as a result of a violation of chapter 2 or § 14-4-103 of this title is entitled to maintain a private right of action for injunctive relief and to recover compensatory damages and reasonable attorneys' fees against an alleged violator.

14-6-104. Termination Date.

This title, except for chapter 5, terminates on July 1, 2023.

SECTION 2. Tennessee Code Annotated, Section 9-8-307(j), is amended by adding the following language to the end of the subsection:

This subsection (j) terminates on July 1, 2022, but continues to apply to any loss, illness, injury, or death occurring before July 1, 2022, to which none of the exceptions listed in § 14-5-101(d) apply.

SECTION 3. Tennessee Code Annotated, Sections 9-8-307(j), 29-20-205(10), 29-20-310(f)(1), 49-7-159, are amended by deleting the language "29-34-802(a)" and substituting instead the language "14-1-101".

SECTION 4. Tennessee Code Annotated, Sections 9-8-307(j), 29-20-205(10), and 49-7-159, are amended by deleting the language "29-34-802(c)" and substituting instead the language "title 14, chapter 5".

SECTION 5. Tennessee Code Annotated, Section 29-20-205(10), is amended by adding the following language to the end of the subdivision:

> This subdivision (10) terminates on July 1, 2022, but continues to apply to any loss, illness, injury, or death occurring before July 1, 2022, to which none of the exceptions listed in § 14-5-101(d) apply.

SECTION 6. Tennessee Code Annotated, Section 29-20-310(f), is amended by adding the following language as a new subdivision:

> This subsection (f) terminates on July 1, 2022, but continues to apply to any loss, illness, injury, or death occurring before July 1, 2022, to which none of the exceptions listed in § 14-5-101(d) apply.

SECTION 7. Tennessee Code Annotated, Title 29, Chapter 34, Part 8, is amended by deleting the part.

SECTION 8. Tennessee Code Annotated, Section 49-7-159, is amended by adding the following language to the end of the section:

> This section terminates on July 1, 2022, but continues to apply to any loss, illness, injury, or death occurring before July 1, 2022, to which none of the exceptions listed in § 14-5-101(d) apply.

SECTION 9. Tennessee Code Annotated, Section 50-7-303(a)(1), is amended by adding the following as a new subdivision:

(C) The disqualification provided in subdivision (a)(1)(A) does not apply to a claimant who left employment because the claimant's employer required its employees to receive a COVID-19 vaccine, as defined in § 14-1-101, and the claimant failed or refused to receive the immunization or vaccination.

SECTION 10. Tennessee Code Annotated, Section 50-7-303(c), is amended by adding the following as a new subdivision:

(4) Benefits shall not be reduced or denied under this chapter to an otherwise eligible claimant for separation from employment due to the claimant's failure or refusal to receive a COVID-19 vaccine, as defined in § 14-1-101.

SECTION 11. Tennessee Code Annotated, Title 68, Chapter 5, Part 1, is amended by deleting §§ 68-5-115 - 68-5-117.

SECTION 12. Tennessee Code Annotated, Title 68, Chapter 11, Part 2, is amended by adding the following as a new section:

(a) As used in this section:

(1) "COVID-19" means the novel coronavirus, SARS-CoV-2, and coronavirus disease 2019, commonly referred to as COVID-19, including any variant of SARS-CoV-2 or COVID-19;

(2) "Family member" means a spouse, parent, grandparent, stepmother, stepfather, child, grandchild, brother, sister, half-brother, half-sister, adopted child, or spouse's parent; and

(3) "Hospital" has the same meaning as defined in § 68-11-201.

(b) Notwithstanding any law to the contrary, during a period in which a disaster, emergency, or public health emergency for COVID-19 has been declared, a hospital shall not restrict a patient from having at least one (1) family member present with the patient during the stay in the hospital as long as the family member tests negative for

COVID-19 and is not exhibiting symptoms of COVID-19 or another virus or communicable disease.

SECTION 13. The headings to sections, parts, and chapters in this act are for reference purposes only and do not constitute a part of the law enacted by this act. However, the Tennessee Code Commission is requested to include the headings in any compilation or publication containing this act.

SECTION 14. If any provision of this act or its application to any person or circumstance is held invalid, then the invalidity does not affect other provisions or applications of the act that can be given effect without the invalid provision or application, and to that end, the provisions of this act are severable.

SECTION 15. This act takes effect upon becoming a law, the public welfare requiring it, and except as otherwise provided in § 14-5-101, this act applies to acts occurring on or after the effective date of this act.

Senator Jack Johnson

Representative Jason Zachary

Senator Mike Bell

Representative William Lamberth

Senator Bo Watson

Representative Bryan Terry

Senator Paul Bailey

Representative Robin Smith

Senator Dawn White

Representative Tim Rudd

Senator Raumesh Akbari

Representative Chris Todd

Senator Jeff Yarbro

Representative Bill Beck

Representative Johnny Shaw