

State of Tennessee

PUBLIC CHAPTER NO. 413

SENATE BILL NO. 806

By Dickerson, Bowling, Briggs, Haile, Yarbrow

Substituted for: House Bill No. 770

By Hazlewood, Favors, Jernigan, Faison, Love, Hardaway, Casada, Williams, Eldridge, Cameron Sexton, Wirgau, Farmer, Gilmore, Clemmons, Miller, Jones, Powell, Staples, Fitzhugh, Stewart, Pitts, Beck, Akbari, Turner, Shaw, Towns, Cooper, Mitchell, Thompson, Ramsey, Holsclaw

AN ACT to amend Tennessee Code Annotated, Title 68, relative to public health.

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

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

(a) If approved by the department of health, any nongovernmental organization, including an organization that promotes scientifically proven ways of mitigating health risks associated with drug use and other high-risk behaviors, may establish and operate a needle and hypodermic syringe exchange program. The objectives of the program shall be to do all of the following:

(1) Reduce the spread of human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), viral hepatitis, and other bloodborne diseases in this state;

(2) Reduce needle stick injuries to law enforcement officers and other emergency personnel; and

(3) Encourage individuals who inject drugs to enroll in evidence-based treatment.

(b) Programs established pursuant to this section shall offer all of the following:

(1) Disposal of used needles and hypodermic syringes;

(2) Needles, hypodermic syringes, and other injection supplies at no cost and in quantities sufficient to ensure that needles, hypodermic syringes, and other injection supplies are not shared or reused. A program shall strive for one-to-one syringe exchanges. No public funds may be used to purchase needles, hypodermic syringes, or other injection supplies;

(3) Reasonable and adequate security of program sites, equipment, and personnel. Written plans for security shall be provided to the law enforcement offices with jurisdiction in the program location and shall be updated annually;

(4) Educational materials on all of the following:

(A) Overdose prevention;

(B) The prevention of HIV, AIDS, and viral hepatitis transmission;

(C) Drug abuse prevention;

(D) Treatment for mental illness, including treatment referrals; and

(E) Treatment for substance abuse, including referrals for medication assisted treatment;

(5) Access to naloxone for the treatment of a drug overdose, or referrals to programs that provide access to naloxone for the treatment of a drug overdose; and

(6) Personal consultations from a program employee or volunteer concerning mental health or addiction treatment as appropriate for each individual requesting services.

(c)(1) It is an exception to the application of title 39, chapter 17, part 4, if an employee, volunteer, or participant of a program established pursuant to this section possesses any of the following:

(A) Needles, hypodermic syringes, or other injection supplies obtained from or returned to a program established pursuant to this section; or

(B) Residual amounts of a controlled substance contained in a used needle, used hypodermic syringe, or used injection supplies obtained from or returned to a program established pursuant to this section.

(2)(A) The exception provided in this subsection (c) shall apply only if the person claiming the exception provides written verification that a needle, syringe, or other injection supplies were obtained from a needle and hypodermic syringe exchange program established pursuant to this section. For a participant in the program, this exception shall only apply to possession when the participant is engaged in the exchange or in transit to or from the exchange.

(B) In addition to any other applicable immunity or limitation on civil liability, a law enforcement officer who, acting on good faith, arrests or charges a person who is thereafter determined to be entitled to immunity from prosecution under this section shall not be subject to civil liability for the arrest or filing of charges.

(3) In addition to any other applicable immunity or limitation on civil liability, a nongovernmental organization and an employee or volunteer of that organization are not subject to civil liability for establishing, operating, or participating in a program established pursuant to this section in the absence of gross negligence or willful, intentional, or malicious conduct.

(d) Prior to commencing operations of a program established pursuant to this section and obtaining approval from the department of health as required by subsection (a), the nongovernmental organization shall report to the department of health all of the following information:

(1) The legal name of the organization or agency operating the program;

(2) The areas and populations to be served by the program; and

(3) The methods by which the program will meet the requirements of subsection (b).

(e) Not later than one (1) year after commencing operations of a program established pursuant to this section, and every twelve (12) months thereafter, each organization operating such a program shall report the following information to the department of health:

(1) The number of individuals served by the program;

(2) The number of needles, hypodermic syringes, and needle injection supplies dispensed by the program and returned to the program;

(3) The number of naloxone kits distributed by the program; and

(4) The number and type of treatment referrals provided to individuals served by the program, including a separate report of the number of individuals referred to programs that provide access to naloxone that is approved by the federal food and drug administration for the treatment of a drug overdose.

(f) The department of health shall annually compile a report containing the information submitted to the department pursuant to subsection (e) and submit the report to the members of the general assembly.

(g) A program established pursuant to this section shall not conduct an exchange within two thousand feet (2,000') of any school or public park.

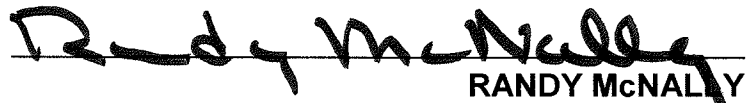
(h) The commissioner of health is authorized to promulgate rules to effectuate the purposes of this act. The rules shall be promulgated in accordance with the Uniform Administrative Procedures Act compiled in title 4, chapter 5.

SECTION 2. Notwithstanding this act or the Uniform Administrative Procedures Act, compiled in Tennessee Code Annotated, Title 4, Chapter 5, any rule promulgated to implement the provisions of this act shall be provided to the chairs of the health committee of the house of representatives and the health and welfare committee of the senate by the secretary of state, after approval by the attorney general and reporter, at the same time the text of the rule is made available to the government operations committees of the senate and the house of representatives for purposes of conducting the review required by § 4-5-226 in order for the health committee of the house of representatives and the health and welfare committee of the senate to be afforded the opportunity to comment on the rule.

SECTION 3. This act shall take effect upon becoming a law, the public welfare requiring it.

SENATE BILL NO. 806

PASSED: May 4, 2017


RANDY McNALLY
SPEAKER OF THE SENATE


BETH HARWELL, SPEAKER
HOUSE OF REPRESENTATIVES

APPROVED this 18th day of May 2017


BILL HASLAM, GOVERNOR