Tenn. Code Ann. § 63-1-160

Current through the 2021 First Extraordinary and the 2021 Regular Sessions.


(a) As used in this section, "electronic prescription" means a written prescription that is generated on an electronic application and is transmitted in accordance with 21 CFR Part 1311.

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

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

(d) Subsection (c) does not apply to prescriptions:

   (1) Issued by veterinarians;
   (2) Issued in circumstances where electronic prescribing is not available due to technological or electrical failure, as set forth in rule;
   (3) Issued by a health care prescriber to be dispensed by a pharmacy located outside the state, as set forth in rule;
   (4) Issued when the health care prescriber and dispenser are the same entity;
   (5) Issued while including elements that are not supported by the most recently implemented version of the National Council for Prescription Drug Programs Prescriber/Pharmacist Interface SCRIPT Standard;
   (6) Issued by a health care prescriber for a drug that the federal food and drug administration (FDA) requires the prescription to contain certain elements that are not able to be accomplished with electronic prescribing;
   (7) Issued by a health care prescriber allowing for the dispensing of a non-patient-specific prescription pursuant to a standing order, approved protocol or drug therapy, collaborative pharmacy practice agreement in response to a public health emergency, or in other circumstances where the health care prescriber may issue a non-patient-specific prescription;
   (8) Issued by a health care prescriber prescribing a drug under a research protocol;
   (9) Issued by a health care prescriber who has received a waiver or a renewed waiver for a specified period determined by the commissioner of health, not to exceed one (1) year without renewal by the commissioner, from the requirement to use electronic prescribing, pursuant to a process established in rule by the commissioner, due to economic hardship, technological limitations that are not reasonably within the control of the health care prescriber, or other exceptional circumstance demonstrated by the health care prescriber;
   (10) Issued by a health care prescriber under circumstances where, notwithstanding the health care prescriber’s present ability to make an electronic prescription as required by this subsection (a), the health care prescriber reasonably determines that it would be impractical for the patient to obtain substances prescribed by electronic prescription in a timely manner, and such delay would adversely impact the patient’s medical condition;
   (11) Issued by a health care prescriber who issues fifty (50) or fewer prescriptions for Schedule II controlled substances per year.

(e) A pharmacist who receives a written, oral, or faxed prescription is not required to verify with the health care prescriber that the prescription properly falls under one (1) of the exceptions from the requirement to electronically prescribe in subsection (d). Pharmacists may continue to dispense medications from otherwise valid written, oral, or fax prescriptions that are consistent with § 53-11-308.

(f) The commissioner of health shall refer individual health care prescribers who violate this section to the health care prescriber’s licensing board, and for such violation in this section, the health care prescriber is subject to penalties under § 53-1-134.

(g) Any health-related board under § 66-1-101(a)(8) that is affected by this section, shall report to the general assembly by January 1, 2019, on issues related to the implementation of this section.