



# Metropolitan Nashville and Davidson County, TN

## Legislation Text

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**File #:** BL2023-2125, **Version:** 1

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An Ordinance to amend Chapters 10.16, 10.40, 10.44, and 10.72 of the Metropolitan Code of Laws to include provider-neutral language.

BE IT ENACTED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That Section 10.16.030 of the Metropolitan Code of Laws is hereby amended by replacing every instance of “physicians” with “healthcare providers” and every instance of “physician” with “healthcare provider”, as follows:

10.16.030 - Notification of authorities-By healthcare providers.

Whenever any healthcare provider examines or treats any person known or suspected by him to be affected with any of the diseases declared to be notifiable by this chapter, he shall give notice of such disease as follows:

- A. For diseases listed in Class I, notification shall be made as soon as possible, and within twelve hours by telephone, in person or by writing to the chief medical director or department of health, giving the name, age, sex, race and address of the patient and the name of the known or suspected disease;
- B. For all of the diseases listed in Classes I and II, notification shall be made each week to the chief medical director or department of health of all cases or suspected cases of the disease which have come under his care or observation during the preceding week, such reports to be made on forms supplied by the state department of health for that purpose, and giving the name, age, sex, race and address of the patient and the name of the known or suspected disease;
- C. For the diseases listed in Class III, notification shall be made each week to the chief medical director or department of health of the number of such cases which have come under his care or observation during the preceding week, such reports to be made on forms supplied by the state department of public health for that purpose;
- D. For the diseases listed in Class IV, every healthcare provider or other person who makes a diagnosis of or treats or prescribes for a person with any of these diseases, and every superintendent or manager of a clinic, dispensary or charitable or penal institution in which there is a case of such disease, shall make a confidential report of such case immediately in writing to the chief medical director or department of health on a form supplied by the state department of public health, stating the name, address, age, sex, race and stage of the disease, as prescribed in Section 68-10-101, Tennessee Code Annotated. When a person with an infectious case fails or refuses to take treatment, the case shall be reported to the chief medical director or department of health by special report.

Section 2. That Section 10.16.040 of the Metropolitan Code of Laws is hereby amended by replacing every instance of “physicians” with “healthcare providers” and every instance of “attending physician” with “healthcare provider”, as follows:

10.16.040 - Notification of authorities-By persons other than healthcare providers.

It shall be the duty of the following named persons to notify immediately the department of health of the existence of any known or suspected communicable disease as specified in this chapter, or as otherwise specified by the state department of health or the metropolitan department of health:

- A. Superintendents of Hospitals. Section 10.16.020 is made applicable to superintendents of hospitals in reference to the reporting of notifiable diseases. Superintendents of hospitals shall be equally responsible for the report of these diseases as the healthcare provider.
- B. Principals and Teachers. Principals and teachers of public and private schools shall report all known or suspected cases of diphtheria, encephalitis, infectious hepatitis, measles, meningococcal infections, poliomyelitis, psittacosis, salmonellosis (including typhoid fever), shigellosis, smallpox, streptococcal infections, typhus fever or whooping cough in children attending such schools.
- C. Summer Camps. The owner or manager of any summer camp shall report immediately any case or suspected case of communicable disease occurring among campers.
- D. Institutions and Jails. The managing officers of all public and private institutions and jails shall report all cases of suspected cases of diphtheria, encephalitis, gonorrhoea, infectious hepatitis, meningococcal infections, poliomyelitis, psittacosis, salmonellosis (including typhoid fever), shigellosis, smallpox, syphilis or typhus fever at such institutions.
- E. Dairies, Dairy Farms, Milk Plants and Food Establishments. Owners or managers of any dairy farm, dairy, milk plant or food establishment shall report all cases or suspected cases of diphtheria, infectious hepatitis, poliomyelitis, salmonellosis (including typhoid fever), shigellosis or streptococcal infections among their employees.
- F. Parents, Guardians and Heads of Households. Parents, guardians and heads of households shall report any cases or suspected cases of diseases declared notifiable by Section 10.16.020 occurring in their households.
- G. Midwives. Midwives shall report within six hours any cases of inflamed eyes in babies whom they have attended.

Section 3. That Section 10.16.050 of the Metropolitan Code of Laws is hereby amended by replacing every instance of “physicians” with “healthcare providers”, every instance of “attending physician” with “healthcare provider”, and every instance of “physician” with “healthcare provider”, as follows:

10.16.050 - Notification of heads of households by healthcare providers.

It shall be the duty of any healthcare provider, immediately upon discovering a case or suspected case of communicable disease, to inform the head of household of this fact, to instruct the head of household of such isolation of the patient and concurrent disinfection as may be necessary to prevent spread of the infection. It shall be the duty of persons so informed to comply with such instructions, unless otherwise instructed by the chief medical director or his authorized agent; provided, that this section shall not be construed to mean that any healthcare provider not duly authorized by the chief medical director has authority to establish quarantine or isolation or remove established quarantine or isolation restrictions for those diseases for which official quarantine or isolation is required by this chapter.

Section 4. That Section 10.40.150 of the Metropolitan Code of Laws is hereby amended by replacing every instance of “physician” with “healthcare provider”, as follows:

10.40.150 - Communicable or contagious diseases.

Every owner, operator, attendant or other person operating a trailer court shall notify the chief medical director immediately of any suspected communicable or contagious disease within the trailer court. In the case of diseases diagnosed by a healthcare provider as quarantinable, such owner, operator, attendant or other person operating the trailer court shall not permit the departure of a trailer coach or its occupants or the removal therefrom of clothing or other articles which have been exposed to infection, without approval of the chief medical director.

Section 5. That Section 10.44.140, Subsection D, of the Metropolitan Code of Laws is hereby amended by replacing the word “physicians” with the phrase “healthcare providers”, as follows:

E. Facilities. There shall be facilities for healthcare providers to give out-patient care on the premises. The facility shall have chairs, examining tables with stirrups, locked cabinets for equipment and drugs. There will be an assortment of instruments for minor surgery and for examinations. Supplies such as sutures, novocaine, adrenalin and therapeutic injectibles will be available. There will be temporary holding facilities for the sick and injured for temporary treatment or while awaiting transport to a hospital. There will be one bed for each five thousand persons shielded with appropriate curtains for privacy. There shall be desks and chairs for staff and chairs for visitors. Toilet and lavatory facilities shall be immediately available.

Section 6. That Section 10.72.010 of the Metropolitan Code of Laws is hereby amended by replacing the phrase “physician, surgeon or doctor” with “healthcare provider”, as follows:

10.72.010 - Police report required when.

Every healthcare provider who shall render medical or surgical service or be called upon to render service or who attends or treats a case of bullet wound, gunshot wound, powder burn or any other injury arising from or caused by the discharge of a gun, pistol or other firearm or stab or cut, wound or any other traumatic injury inflicted by any other dangerous instrumentality, or, whenever such case is treated in a hospital, sanitarium or other institution, the manager, superintendent or other person in charge shall report such case at once to the chief of detectives at police headquarters, giving the name, address, description and any other information with regard to such person and occurrence.

Section 7. This ordinance shall take effect from and after its final passage, the welfare of the public requiring it.

### Analysis

This ordinance amends the Metropolitan Code of Laws to include “provider-neutral language” that replaces the use of “physician” or “physicians” with “healthcare provider” and “healthcare providers.”

In practice, this legislation would allow a larger range of medical professionals to do what only physicians are authorized under the current Metropolitan Code. This includes the following: notify the Department of Health and other authorities of any patients known or suspected to have a disease that requires notification under existing law; notify the heads of household immediately upon discovering a case or suspected case of communicable disease; diagnose a suspected communicable or contagious disease as required to regulate the departure of a trailer coach and its occupants from a trailer court; and report cases involving bullet or gunshot wounds, other injuries caused by the discharge of a firearm, or a stab, cut or other wound caused by a dangerous instrumentality. The legislation also provides for facilities to be arranged for healthcare providers,

instead of physicians, at mass gatherings.