Tennessee Pharmacists Association

SB1683 **CRIMINAL LAW: Possession and distribution of testing equipment for identifying strength of controlled substances.**

Sponsors: Sen. Briggs, Richard ,
Summary: Permits a person who intends to introduce a controlled substance into the person's body to use or possess with the intent to use testing equipment for identifying or analyzing the strength, components, or purity of a controlled substance. Permits a governmental or nongovernmental entity that promotes scientifically proven ways of mitigating health risks associated with drug use to possess or distribute this equipment to a person who intends to introduce a controlled substance into the person's body.
Senate Status: 01/13/22 - Referred to Senate Judiciary Committee.

SB1769/HB1752 **INSURANCE HEALTH: Coverage of emergency services.**

Sponsors: Sen. Briggs, Richard , Rep. Smith, Robin - RESIGNED 03-07-22
Summary: Prohibits a health benefit plan from denying coverage for emergency services obtained in certain medical facilities, including a hospital, satellite emergency department facility, freestanding emergency room, urgent care center, or physician's office. Broadly captioned.
Fiscal Note: (Dated January 30, 2022) NOT SIGNIFICANT
Senate Status: 03/15/22 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 02/14/22 - House passed.
Executive Status: 02/14/22 - Joint Council on Pensions released to standing committees without comment.

SB1780/HB1853 **LABOR LAW: Work authorization status of new hires verified through E-Verify.**

Sponsors: Sen. Lundberg, Jon , Rep. Boyd, Clark
Summary: Lowers the threshold for employers having to verify work authorization status of new hires through E-Verify from those with 50 or more employees to those with 25 or more employees. Requires the office of employment verification assistance to offer, at no charge, E-Verify sign ups and work authorization status checks for employers with less than 50 employees. Specifies that an employer is not in violation of the Tennessee Lawful Employment Act if the employer acts upon false results generated by the E-Verify program concerning an employee's work authorization status. Prohibits certain wrongful or retaliatory discharge or discrimination actions by employees who are not authorized to work in the US under federal immigration laws when the employer is unaware that the employee is not authorized to work in the US. Prohibits certain rehires.
Amendment Summary: Senate amendment 1 (014571) requires, on or after January 1, 2023, employers with 35 or more employees to enroll in the E-Verify program. Establishes that no employee has a civil cause of action for alleging wrongful or retaliatory discharge against their employer if: the employee is not authorized to work in the United States under federal immigration laws; and the employer was not aware that the employee was not authorized to work in the United States under federal immigration laws. Furthermore, establishes that any discharge of an employee due to results produced by positive results of the E-Verify program cannot provide a cause of action for discrimination based on national origin. Requires the Office of Employment Verification to enroll any employer in the E-Verify program, at no charge, if such employer has less than 35 full-time equivalent employees. Requires employers to maintain an E-Verify case result for each employee that shows that the employee is authorized to work, whether on the E-Verify Quick Audit Report, the E-Verify User Audit Report, or the individual employee E-Verify case verification result. Requires the E-Verify case result to be visible showing the work authorization status. House amendment 1 (013765) revises the present law provision that requires an employer to maintain, for employees, a record of any results generated by the E-Verify program for that particular employee to instead require an employer to maintain an E-Verify case result for each employee that visibly shows that the employee is authorized to work, whether on the E-Verify Quick Audit Report, the E-Verify User Audit Report, or the individual employee E-Verify case verification result. This amendment provides that the E-Verify case result must be visible showing the work authorization status.
Fiscal Note: (Dated February 10, 2022) NOT SIGNIFICANT
Senate Status: 03/28/22 - Senate passed with amendment 1 (014571).
House Status: 04/04/22 - House concurred in Senate amendment 1 (014571).
Executive Status: 04/25/22 - Enacted as Public Chapter 0832 effective April 19, 2022.

SB1802/HB1763 **CRIMINAL LAW: Definition of drug paraphernalia.**

Sponsors: Sen. Reeves, Shane , Rep. Lamberth, William
Summary: Expands the definition of drug paraphernalia to include pill press devices unless the pill press device is used by a person or entity that lawfully possesses drug products in the course of legitimate business activities, including a pharmacy or pharmacist licensed by the board of pharmacy; a wholesale drug distributor, or its agents, licensed by the board of pharmacy; and a manufacturer of drug products, or its agents, licensed by the board of pharmacy. Broadly captioned.
Amendment Summary: House amendment 1 (013293) expands the definition of drug paraphernalia to include pill press devices and pieces of a pill press device, unless the pill press device or piece of a pill press device is used by a person or entity that lawfully possesses drug products in the course of legitimate business activities.
Fiscal Note: (Dated January 24, 2022) NOT SIGNIFICANT
Senate Status: 03/24/22 - Senate passed.
House Status: 02/24/22 - House passed with amendment 1 (013293).
Executive Status: 04/13/22 - Enacted as Public Chapter 0804 effective July 1, 2022.

SB1804/HB1751 **INSURANCE HEALTH: Uniform claim forms - reporting by healthcare providers.**

Sponsors: Sen. Reeves, Shane , Rep. Whitson, Sam
Summary: Requires the commissioner of commerce and insurance to make the prescribed claim forms for reporting by healthcare providers available to healthcare providers on the department's website. Broadly captioned.
Fiscal Note: (Dated January 18, 2022) NOT SIGNIFICANT
Senate Status: 03/15/22 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 03/08/22 - Taken off notice in House Insurance Subcommittee.

SB1843/HB1897 **HEALTH CARE: Reporting prescribers that acquire controlled substances by fraud or forgery.**

Sponsors: Sen. Lundberg, Jon , Rep. Hulsey, Bud
Summary: Requires employers of healthcare prescribers to report to the TBI and local law enforcement authorities, as well as the department of health, prescribers that acquire or attempt to acquire controlled substances by misrepresentation, fraud, forgery, deception, or subterfuge.
Fiscal Note: (Dated January 30, 2022) NOT SIGNIFICANT
Senate Status: 03/01/22 - Taken off notice in Senate Judiciary Committee.
House Status: 02/22/22 - Failed in House Health Subcommittee after adopting amendment 1 (012143).

SB1858/HB1873 **COMMERCIAL LAW: Payments by customers - legal tender required to be accepted.**

Sponsors: Sen. Niceley, Frank , Rep. Hulsey, Bud
Summary: Prohibits a person selling or offering for sale goods or services at retail from requiring a buyer to pay using credit, or prohibit cash as payment, in order to purchase the goods or services. Requires a person selling or offering for sale goods or services at retail to accept legal tender when offered by the buyer as payment. Specifies that a violation is a prohibited practice under the Tennessee Consumer Protection Act of 1977.
Amendment Summary: House Banking & Consumer Affairs Subcommittee amendment 1 (013416) allows that the rule for a person selling or offering for sale goods or services at retail shall not require a buyer to pay using credit, or prohibit cash as payment, in order to purchase the goods or services and that a person selling or offering for sale goods or services at retail shall accept legal tender when offered by the buyer as payment to not apply to business entities that employ five or fewer employees.
Fiscal Note: (Dated January 26, 2022) NOT SIGNIFICANT
Senate Status: 01/27/22 - Referred to Senate Commerce & Labor Committee.
House Status: 02/16/22 - Failed in House Banking & Consumer Affairs Subcommittee after adopting amendment 1 (013416).

SB1859/HB1999 **PROFESSIONS & LICENSURE: Accessible Prescription Labels Act.**

Sponsors: Sen. Massey, Becky , Rep. Jernigan, Darren
Summary: Requires pharmacies offer accessible prescription labels to patients identifying as blind, visually impaired, or otherwise print disabled. Declares options of audible label readers, large print, or Braille be offered to patients depending on their needs and at no extra cost.
Amendment Summary: Senate amendment 1 (014927) adds a preamble and rewrites this bill to require the board of pharmacy to promulgate rules necessary to ensure that an individual who is blind, visually impaired, or otherwise print disabled has appropriate access to prescription labels, bag tags, and medical guides.
Fiscal Note: (February 19, 2022) Increase State Expenditures - $332,600/FY22-23 and Subsequent Years Increase Federal Expenditures - $515,500/FY22-23 and Subsequent Years Increase Local Expenditures - $4,700/FY22-23 and Subsequent Years*
Senate Status: 03/30/22 - Senate passed with amendment 1 (014927).
House Status: 04/21/22 - House passed.
Executive Status: 04/27/22 - Sent to governor.

SB1902/HB2849 **PROFESSIONS & LICENSURE: Issuance of short-term visitor clinical training license.**

Sponsors: Sen. Briggs, Richard , Rep. Kumar, Sabi
Summary: Allows the board of medical examiners to issue to an eligible physician or medical graduate from a foreign country or foreign territory a short-term visitor clinical training license as a limited and temporary license to practice medicine in this state for a period of time not to exceed 90 days. Broadly captioned.
Amendment Summary: Senate amendment 1 (013746) allows for the Board of Medical Examiners and the Board of Osteopathic Examination to short-term visitor clinical training licenses to eligible foreign physicians or medical graduates for up to 90 days.
Fiscal Note: (Dated February 12, 2022) Increase State Revenue $104,400/FY22-23 and Subsequent Years/ Board of Medical Examiners $26,100/FY22-23 and Subsequent Years/ Board of Osteopathic Examination Pursuant to Tenn. Code Ann. 4-29-121, all health-related boards are required to be self-supporting over a two-year period. The Board of Medical Examiners had a surplus of $180,872 in FY19-20, a surplus of $937,379 in FY20-21, and a cumulative reserve balance of $2,647,324 on June 30, 2021. The Board of Osteopathic Examination had a surplus of $130,275 in FY19-20, a surplus of $146,215 in FY20-21, and a cumulative reserve balance of $1,222,748 on June 30, 2021.
Senate Status: 04/13/22 - Senate passed with amendment 1 (013746).
House Status: 04/18/22 - House passed.
Executive Status: 04/21/22 - Sent to governor.

SB1905/HB1980 **HEALTH CARE: Timeframe for healthcare facility to report abuse to department of health.**

Sponsors: Sen. Briggs, Richard , Rep. Alexander, Rebecca
Summary: Reduces from seven business days to five calendar days the period of time that begins upon a healthcare facility discovering that an incident of abuse, neglect, or misappropriation has occurred at a facility, within which the facility must report the incident to the department of health. Broadly captioned.
Fiscal Note: (Dated January 26, 2022) NOT SIGNIFICANT
Senate Status: 01/27/22 - Referred to Senate Health & Welfare Committee.
House Status: 01/27/22 - Caption bill held on House clerk's desk.

SB1938/HB1953 **CRIMINAL LAW: Adds Tianeptine to the list of Schedule II controlled substances.**

Sponsors: Sen. Bowling, Janice , Rep. Sherrell, Paul
Summary: Adds Tianeptine to the list of Schedule II controlled substances.
Fiscal Note: (Dated February 7, 2022) Increase State Expenditures $95,900 Incarceration
Senate Status: 01/27/22 - Referred to Senate Judiciary Committee.
House Status: 02/09/22 - Referred to House Criminal Justice Subcommittee.

SB1997/HB2043 **CRIMINAL LAW: Schedule II controlled substance - tianeptine.**

Sponsors: Sen. Bell, Mike , Rep. Cochran, Mark
Summary: Makes tianeptine and any salt, sulfate, free acid, or other preparation of tianeptine, and any salt, sulfate, free acid, compound, derivative, or precursor that is substantially chemically equivalent or identical with tianeptine, a Schedule II controlled substance.
Amendment Summary: Senate amendment 1 (017171) adds that a violation of the present law offense of knowingly possessing or casually exchanging a controlled substance (unless the substance was obtained directly from, or pursuant to, a valid prescription or order of a practitioner while acting in the course of professional practice), will be a Class A misdemeanor with respect to a person knowingly possessing or casually exchanging, tianeptine and any salt, sulfate, free acid, or other preparation of tianeptine and any salt, sulfate, free acid, compound, derivative, precursor, or other preparation thereof that is substantially chemically equivalent or identical with tianeptine.
Fiscal Note: (Dated February 15, 2022) Increase State Expenditures - $95,900 Incarceration
Senate Status: 04/20/22 - Senate passed with amendment 1 (017171).
House Status: 04/27/22 - House passed.
Executive Status: 04/27/22 - Sent to the speakers for signatures.

SB2009/HB2073 **COVID-19: Entertainment venues - proof of vaccination for COVID-19.**

Sponsors: Sen. Bell, Mike , Rep. Cochran, Mark
Summary: Prohibits a place of entertainment receiving state funds or a political subdivision from requesting patrons to show proof of COVID-19 vaccination and denying entry without proof.
Amendment Summary: House Business & Utilities Subcommittee amendment 1 (014855) deletes the language after the enacting clause and substitutes that places of entertainment that, on or after July 1, 2022, receives public funds of this state, or of a political subdivision of this state, through direct or indirect allocations, grants, special tax districts, or other funding mechanisms, equal to or exceeding 5% of the place of entertainment's annual budget is not in violation of 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 the place of entertainment.
Fiscal Note: (Dated January 31, 2022) NOT SIGNIFICANT
Senate Status: 03/15/22 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 03/09/22 - Failed in House Business & Utilities Subcommittee after adopting amendment 1 (014855).

SB2025/HB2311 **CRIMINAL LAW: Creates an offense of requiring another to receive a COVID-19 vaccination.**

Sponsors: Sen. Hensley, Joey , Rep. Griffey, Bruce
Summary: Creates an offense for when a person or entity intentionally requires another person to receive a COVID-19 vaccination or provide proof of COVID-19 vaccination as a condition of employment or to enter any building, facility, or property that is generally open to the public. Permits this requirement as a condition for entry into a hospital or facility used for healthcare treatment of a person who has been designated as being at high risk of death from exposure to a communicable disease. Lists the first violation as a Class C misdemeanor, the second violation as a Class B misdemeanor and a fine of no less than one thousand dollars, and the third violation as a Class A misdemeanor and a fine of no less than two thousand five hundred dollars.
Fiscal Note: (Dated February 8, 2022) NOT SIGNIFICANT
Senate Status: 02/02/22 - Referred to Senate Judiciary Committee.
House Status: 03/09/22 - Failed in House Business & Utilities Subcommittee due to lack of second.

SB2037/HB2259 **HEALTH CARE: Prescriptions for Schedule II controlled substances.**

Sponsors: Sen. Gilmore, Brenda , Rep. Harris, Torrey
Summary: Requires any practitioner authorized to issue a prescription for a Schedule II control substance or other prescription opioid pain reliever to discuss with the patient the risks associated with the drug, including the risk of overdose or addiction, the dangers of mixing medication with other drugs and alcohol, the medical reason for the prescription and any alternative medications available. The requirement does not apply to patients who are currently treating for cancer, are receiving hospice, palliative or long-term care or who are being prescribed a medication as treatment for substance abuse or opioid dependence. Requires the practitioner to document the patient's medical record that the patient or their parent or guardian has been counseled on the risks associated with controlled substances.

Amendment Summary: Senate amendment 1, House Health Subcommittee amendment 1(015393) clarifies that a practitioner is urged to discuss the use of a prescription of a Schedule II controlled, dangerous substance or other opioid pain reliever. Clarifies that the practitioner discusses the risks with the patient or the parent or guardian of a minor patient who is not an unemancipated minor.
Fiscal Note: (Dated February 1, 2022) NOT SIGNIFICANT
Senate Status: 03/17/22 - Senate passed with amendment 1 (015393).
House Status: 03/22/22 - Failed in House Health Subcommittee after adopting amendment 1 (015393).

SB2072/HB2192 **HEALTH CARE: Legislation proposals provided by medical cannabis commission.**

Sponsors: Sen. Watson, Bo , Rep. Terry, Bryan
Summary: Requires the medical cannabis commission to provide updated recommendations and proposed legislation by January 1st 2023 in order to establish a medical cannabis program. Details required information to be included in recommendations and proposals.
Fiscal Note: (Dated February 10, 2022) NOT SIGNIFICANT
Senate Status: 02/02/22 - Referred to Senate Judiciary Committee.
House Status: 02/07/22 - Referred to House Health Subcommittee.

SB2097 **INSURANCE HEALTH: Coverage for monoclonal antibody infusions and budesonide treatment.**

Sponsors: Sen. Pody, Mark ,
Summary: Requires certain insurers with policies or contracts that provide coverage for Veklury (remdesivir) to also provide coverage for monoclonal antibody infusions and budesonide treatment at a cost to the insured no greater than the cost of Veklury (remdesivir) to the insured on or after July 1, 2022. Broadly captioned.
Senate Status: 02/03/22 - Referred to Senate Commerce & Labor Committee.

SB2141/HB2216 **HEALTH CARE: Changes to the prescription drug donation repository program.**

Sponsors: Sen. Reeves, Shane , Rep. Sparks, Mike
Summary: Revises provisions relating to the prescription drug donation repository program under which a person may donate prescription drugs and supplies for use by an eligible individual. Transfers control of the program from the department of health to the board of pharmacy.
Fiscal Note: TENNESSEE GENERAL ASSEMBLY FISCAL REVIEW COMMITTEE FISCAL NOTE SB 2141 - HB 2216 March 29, 2022SUMMARY OF BILL: Expands the individuals and organizations that may participatein the prescription drug donation repository program and the type of prescription drugs that maybe donated. Transfers the control of the program to the Board of Pharmacy and allows for thecontract with a third party to implement and administer the program. Establishes variousregulations and procedures regarding participating in the program.FISCAL IMPACT: NOT SIGNIFICANT
Senate Status: 02/03/22 - Referred to Senate Commerce & Labor Committee.
House Status: 02/07/22 - Referred to House Health Subcommittee.

SB2165/HB2414 **LOCAL GOVERNMENT: Requesting medical information covered by HIPAA from a self-funded plan of insurance.**

Sponsors: Sen. Watson, Bo , Rep. Smith, Robin - RESIGNED 03-07-22
Summary: Clarifies when a public or private covered entity must comply with a request or subpoena for information, Requires the party seeking protected health information to provide to the covered entity a written and notarized statement and accompanying documentation indicating that efforts have been made to ensure that the individual who is the subject of the information requested has been notified of the request, or secure a qualified protective order for the information.
Amendment Summary: House amendment 1 (013612) authorizes a local government entity to opt out of the requirements of this bill upon passage of a resolution by a simple majority vote of the entity's governing body.
Fiscal Note: (Dated February 10, 2022) NOT SIGNIFICANT
Senate Status: 03/07/22 - Senate passed.
House Status: 02/28/22 - House passed with amendment 1 (013612).
Executive Status: 03/30/22 - Enacted as Public Chapter 0674 effective March 18, 2022.

SB2188/HB2746 **HEALTH CARE: Ivermectin to be sold as an over-the-counter medication.**

Sponsors: Sen. Niceley, Frank , Rep. Lynn, Susan
Summary: Permits ivermectin suitable for human consumption to be sold and purchased as an over-the-counter medication, not requiring a prescription. Broadly captioned.
Amendment Summary: Senate amendment 1 (014995) rewrites the bill to authorize a pharmacist to provide ivermectin to a patient, who is 18 years of age or older, pursuant to a valid collaborative pharmacy practice agreement containing a non-patient-specific prescriptive order and standardized procedures developed and executed by one or more authorized prescribers. This amendment requires the board of pharmacy to adopt rules to establish standard procedures for the provision of ivermectin by pharmacists, including rules to provide the patient with a standardized fact sheet regarding ivermectin. This amendment provides that a pharmacist or prescriber acting in good faith and with reasonable care involved in the provision of ivermectin under this amendment is immune from disciplinary or adverse administrative actions for acts or omissions during the provision of ivermectin. Also, a pharmacist or prescriber involved in the provision of ivermectin under this amendment will be immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by provisions of this amendment.
Fiscal Note: (Dated February 24, 2022) NOT SIGNIFICANT.
Senate Status: 04/06/22 - Senate passed with amendment 1 (014995).
House Status: 04/07/22 - House passed.
Executive Status: 04/26/22 - Enacted as Public Chapter 0908 effective April 22, 2022.

SB2208/HB2464 **INSURANCE GENERAL: Reporting requirements for commissioner of commerce and insurance.**

Sponsors: Sen. Swann, Art , Rep. Calfee, Kent
Summary: Removes provision requiring the commissioner of commerce and insurance to conduct a study due no later than March 1, 2012. Broadly captioned.
Fiscal Note: (Dated February 1, 2022) NOT SIGNIFICANT
Senate Status: 03/08/22 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 02/03/22 - Caption bill held on House clerk's desk.

SB2234 **HEALTH CARE: Availability of healthcare personnel in healthcare facilities during a healthcare staffing crisis.**

Sponsors: Sen. Jackson, Ed ,
Summary: Authorizes the commissioner of health and the commissioner of mental health and substance abuse services to allow certain rules to not be applied to certain healthcare professionals and students in order for those persons to operate outside of normal licensure requirements during a healthcare staffing crisis; requires certain notice to governor and speakers of the senate and house of representatives and the commissioner may impose geographic and time limitations on the measures authorized by this section but shall not extend the measures for longer than 180 days, unless the commissioner provides an additional finding addressed to the governor and the speakers of the senate and house of representatives that a healthcare staffing crisis still exists.
Senate Status: 02/03/22 - Referred to Senate Health & Welfare Committee.

SB2235 **HEALTH CARE: Availability of healthcare personnel in healthcare facilities.**

Sponsors: Sen. Jackson, Ed ,
Summary: Authorizes the commissioner of health and the commissioner of mental health and substance abuse services to allow certain rules to not be applied to certain healthcare professionals and students in order for those persons to operate outside of normal licensure requirements. Authorizes the department of health and department of mental health and substance abuse services to promulgate rules to effectuate the purposes of this act.
Senate Status: 02/02/22 - Withdrawn in Senate.

SB2285/HB1749 **GOVERNMENT REGULATION: Contested case hearings - interpretation of state statutes.**

Sponsors: Sen. Bell, Mike , Rep. Ragan, John
Summary: Prohibits a court, administrative judge, or hearing officer presiding over a contested case hearing or appeal from deferring to a state agency's interpretation of a state statute or rule and instead requires the court, administrative judge, or hearing officer to interpret the meaning of the statute or rule de novo. Requires, in an action brought by or against a state agency, that the court, administrative judge, or hearing officer, after applying all customary tools of interpretation, exercise any remaining doubt in favor of a reasonable interpretation that limits agency power and maximizes individual liberty.
Amendment Summary: Senate amendment 1 (015909) rewrites this bill to provide that in interpreting a state statute or rule, a court presiding over the appeal of a judgment in a contested case must not defer to a state agency's interpretation of the statute or rule and must interpret the statute or rule de novo. After applying all customary tools of interpretation, the court must resolve any remaining ambiguity against increased agency authority. House amendment 1 (015101) deletes all language after the enacting clause and substitutes that in interpreting a state statute or rule, a court presiding over the appeal of a judgment in a contested case shall not defer to a state agency's interpretation of the statute or rule and shall interpret the statute or rule de novo. Allows that after applying all customary tools of interpretation, the court to resolve all remaining ambiguity utilizing the court's best judgment.
Fiscal Note: (Dated January 18, 2022) NOT SIGNIFICANT
Senate Status: 03/28/22 - Senate passed with amendment 1 (015909).
House Status: 03/31/22 - House passed.
Executive Status: 04/26/22 - Enacted as Public Chapter 0883 effective April 14, 2022.

SB2322/HB2662 **PROFESSIONS & LICENSURE: Requirements for executive director of board of pharmacy.**

Sponsors: Sen. Haile, Ferrell , Rep. Sexton, Cameron
Summary: Decreases the number of years a pharmacist must be licensed in this state to be employed by the board of pharmacy as the executive director from five years to four years. Broadly captioned.
Amendment Summary: House amendment 1 (015567) requires the Board of Pharmacy to consider the recommendation of the Division of Health Related Boards (Division) and employ an executive director who has been a licensed pharmacist in the state for at least five consecutive years immediately prior to appointment and authorizes the Board of Pharmacy to dismiss the executive director without consulting the Division. Authorizes the Board of Nursing to employ an executive director in consultation with the Governor, rather than required to be approved by the Governor, and to dismiss an executive director without approval by the governor. Requires the Board of Examiners for Nursing Home Administrators to appoint an executive director with consultation of the Commissioner of Health, but not bound by any such recommendation, and to dismiss an executive director without consulting the recommendation of the Commissioner of Health. Senate amendment 2 (016029) requires the Board of Pharmacy to consider the recommendation of the Division of Health Related Boards (Division) and employ an executive director who has been a licensed pharmacist in the state for at least five consecutive years immediately prior to appointment and authorizes the Board of Pharmacy to dismiss the executive director without consulting the Division. Authorizes the Board of Nursing to employ an executive director in consultation with the Governor, rather than required to be approved by the Governor, and to dismiss an executive director without approval by the Governor.
Fiscal Note: (Dated February 1, 2022) NOT SIGNIFICANT
Senate Status: 04/04/22 - Senate passed with amendment 2 (016029).
House Status: 04/11/22 - House concurred in Senate amendment 2 (016029).
Executive Status: 04/20/22 - Sent to governor.

SB2357/HB2493 **EDUCATION: Mental and behavioral health screenings for all students in kindergarten through eighth grade.**

Sponsors: Sen. Gilmore, Brenda , Rep. Clemmons, John
Summary: Requires the department of education to direct each local school board to develop a plan to conduct mental health screenings and behavioral health screenings, to assess effects of COVID-19 pandemic, on each student in grades K-8 during the 2022-2023 school year. Broadly captioned.
Fiscal Note: TENNESSEE GENERAL ASSEMBLY FISCAL REVIEW COMMITTEE FISCAL NOTE SB 2357 - HB 2493 April 4, 2022SUMMARY OF BILL: Requires the Basic Education Program (BEP) funding formula toinclude money sufficient to fund one full-time psychologist position for each 2,500 or fewerstudents and one full-time school social worker position for each 2,000 or fewer students.Requires each local board of education and public charter school governing body to develop aplan to conduct mental health screenings and behavioral health screenings on each student inkindergarten through grade eight (K-8) during the 2022-2023 school year, in order to evaluatethe impact of the COVID-19 pandemic on students. Expresses intent that any available fundingprovided to the state through the Coronavirus Aid, Relief, and Economic Security (CARES) Actbe used to fund this Act.FISCAL IMPACT: Increase State Expenditures - $5,389,000/FY21-22 and Subsequent Years Other Fiscal Impact The state received approximately $2,360,000,000 through the Coronavirus Relief Fund created by the CARES Act. As of March 21st, 2022, all CARES Act funding has been obligated. Because no CARES funding is available, this Act will require an appropriation by the General Assembly.
Senate Status: 02/03/22 - Referred to Senate Education Committee.
House Status: 02/07/22 - Referred to House K-12 Subcommittee.

SB2366/HB2469 **TENNCARE: TennCare foundation report on usage of funds.**

Sponsors: Sen. Briggs, Richard , Rep. Baum, Charlie
Summary: Changes, from October 1 to September 1, the date upon which the TennCare foundation must report in writing to the governor, the health and welfare committee and commerce and labor committee of the senate, and the health committee and insurance committee of the house of representatives regarding how funds allocated to the foundation were spent during the previous fiscal year. Broadly captioned.
Fiscal Note: (Dated February 1, 2022) NOT SIGNIFICANT
Senate Status: 02/03/22 - Referred to Senate Health & Welfare Committee.
House Status: 03/08/22 - Taken off notice in House Insurance Subcommittee.

SB2421/HB2171 **HEALTH CARE: Makes various changes to the controlled substance monitoring database.**

Sponsors: Sen. Johnson, Jack , Rep. Lamberth, William
Summary: Makes various changes to the controlled substance monitoring database dealing with patient reports and release of confidential information regarding healthcare practitioners, healthcare practitioner delegates, or patients. Part of Administration Package.
Amendment Summary: House amendment 1 (015056) requires a healthcare practitioner whose practice is a Part 2 Program shall submit the dispensing and administrating of all controlled substances, however, the reporting of the dispensing and administrating by a Part 2 Program is not required until the commissioner promulgates rules regarding the reporting of dispensing and administrating controlled substances. States a healthcare practitioner or delegate may place a copy of a patient's record from the database in the patient's medical records in exception to information reported by a Part 2 Program. States the commissioner is authorized to enter into agreements with the CDC, other states, and other government entities for the purposes of sharing and disseminating data and information in the database, however, the agreement must be approved by the operations committee prior to the execution of the agreement.
Fiscal Note: (Dated March 3, 2022). NOT SIGNIFICANT
Senate Status: 03/30/22 - Senate passed.
House Status: 03/24/22 - House passed with amendment 1 (015056).
Executive Status: 04/25/22 - Enacted as Public Chapter 0825 effective April 14, 2022.

SB2446/HB2131 **PROFESSIONS & LICENSURE: Permits pharmacy technicians to perform tasks delegated by a pharmacist.**

Sponsors: Sen. Haile, Ferrell , Rep. Marsh, Pat
Summary: Allows pharmacy technicians to complete tasks delegated to them by a pharmacist including participation in drug, dietary supplement and device selection, storage, and distribution and administration. Adds that tasks must fall under technicians' education and experience level. Broadly captioned.
Fiscal Note: (Dated February 8, 2022) NOT SIGNIFICANT
Senate Status: 03/28/22 - Senate passed.
House Status: 03/07/22 - House passed.
Executive Status: 04/13/22 - Enacted as Public Chapter 0812 effective April 8, 2022.

SB2452/HB2624 **HEALTH CARE: Pharmacy - annual report comparing price level determinations.**

Sponsors: Sen. Haile, Ferrell , Rep. Baum, Charlie
Summary: Changes the date by which the commissioner of health must annually prepare a report comparing price level determinations under the Third-Party Prescription Program Act from January 31 to March 1. Broadly captioned.
Fiscal Note: (Dated February 3, 2022) NOT SIGNIFICANT
Senate Status: 02/07/22 - Referred to Senate Health & Welfare Committee.
House Status: 03/15/22 - Taken off notice in House Health Subcommittee.

SB2456/HB2320 **INSURANCE HEALTH: Notice to pharmacist or pharmacy regarding initial on-site audit.**

Sponsors: Sen. Reeves, Shane , Rep. Helton, Esther
Summary: Extends from two weeks to 30 days the period of time a pharmacist or pharmacy must be provided written notice prior to a covered entity, pharmacy benefits manager, the state or a political subdivision of the state, or a party representing such entity begins an initial on-site audit for an audit cycle. Broadly captioned.
Fiscal Note: (Dated February 1, 2022) NOT SIGNIFICANT
Senate Status: 03/15/22 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 02/03/22 - Caption bill held on House clerk's desk.

SB2457/HB2660 **GOVERNMENT REGULATION: UAPA - rules regarding pharmacy benefit managers.**

Sponsors: Sen. Reeves, Shane , Rep. Sexton, Cameron
Summary: Authorizes the department of commerce and insurance to promulgate rules regarding pharmacy benefits managers. Broadly captioned.
Amendment Summary: House amendment 1 (013680) authorizes the Commissioner of Commerce and Insurance (DCI) to promulgate rules to effectuate the purposes of policies regarding pharmacy benefits and pharmacy benefits managers (PBMs). Requires the rules to implement audits, provide for additional requirements of PBMs, implement a complaint and administrative hearing process. Authorizes the Commissioner to charge a fee to be paid by PBMs for costs associated with administering compliance of the rules including the auditing of a PBM. Senate amendment 4 (016955) requires that any audits conducted to not occur more than once every three years unless otherwise determined by the Commissioner.
Fiscal Note: (Dated February 10, 2022) NOT SIGNIFICANT
Senate Status: 04/13/22 - Senate passed with amendment 4 (016955).
House Status: 04/18/22 - House concurred in Senate amendment 4 (016955).
Executive Status: 04/22/22 - Sent to governor.

SB2458/HB2661 **INSURANCE HEALTH: Appeal by pharmacy of cost of particular drug or device on maximum allowable cost list.**

Sponsors: Sen. McNally, Randy , Rep. Sexton, Cameron
Summary: Increases from three to four business days the amount of time a pharmacy benefits manager or covered entity has to adjust the maximum allowable cost of a drug or medical product or device to which the maximum allowable cost applies for all similar pharmacies in the network for claims submitted in the next payment cycle after an appealing pharmacy's appeal is determined to be valid by the pharmacy benefits manager or covered entity. Broadly captioned.
Amendment Summary: House amendment 2 (018123) rewrites this bill and revises various provisions governing pharmacy benefits and pharmacy benefits managers, as follows: (1) Generally under present law, a pharmacy benefits manager is prohibited from reimbursing a contracted pharmacy for a prescription drug or device an amount that is less than the actual cost to that pharmacy for the prescription drug or device. Present law provides that: (A) The prohibition does not apply to a covered entity or pharmacy benefits manager that establishes a clearly defined process through which a pharmacy may contest the actual reimbursement received for a particular drug or medical product or device; and (B) If a pharmacy chooses to contest the actual reimbursement cost for a particular drug or medical product or device, then the pharmacy has the right to designate a pharmacy services administrative organization or other agent to file and handle its appeal of the actual reimbursement. This amendment deletes (A) and (B) above and instead provides the following: (AA) A pharmacy benefits manager must establish a process for a pharmacy to appeal a reimbursement for failing to pay at least the actual cost to the pharmacy for the prescription drug or device. This amendment sets out in detail the requirements for the appeals process. If a pharmacy chooses to contest a reimbursement for failing to pay at least the actual cost the pharmacy incurred for a particular drug or medical product or device, then the pharmacy has the right to designate a pharmacy services administrative organization or other agent to file and handle its appeal; (BB) If a pharmacy or agent acting on behalf of a pharmacy prevails in an appeal, then within seven business days after notice of the appeal is received by the pharmacy benefits manager or covered entity, the pharmacy benefits manager or covered entity must: make the necessary change to the challenged rate of reimbursement or actual cost; if the product involved in the appeal is a drug, then provide to the pharmacy or agent the national drug code number for the drug on which the change is based; permit the challenging pharmacy to reverse and rebill the claim upon which the appeal is based; pay or waive the cost of any transaction fee required to reverse and rebill the claim; reimburse the pharmacy at least the pharmacy's actual cost for the prescription drug or device; and apply the findings from the appeal as to the rate of reimbursement and actual cost for the particular drug or medical product or device to other similarly situated pharmacies; (CC) It will be a violation if, after an appeal in which a pharmacy or agent acting on behalf of a pharmacy prevails, a pharmacy benefits manager or covered entity fails to reimburse the pharmacy at least actual cost; and (DD) If a pharmacy or agent acting on behalf of a pharmacy loses or is denied an appeal, then: (i) if the product associated with the national drug code number or unique device identifier is available at a cost that is less than the challenged rate of reimbursement from a pharmaceutical wholesaler in this state, then within seven business days after notice of the appeal is received by the pharmacy benefits manager or covered entity, the pharmacy benefits manager or covered entity shall provide the appealing pharmacy or agent with: the name of the national or regional pharmaceutical wholesalers operating in this state that have the particular drug or medical product or device currently in stock at a price that is less than the amount of the challenged rate of reimbursement; and if the product involved in the appeal is a drug, then the national drug code number for the drug; or if the product involved is a medical device, then the unique device identifier for the device; and (ii) If the product associated with the national drug code number or unique device identifier is not available at a cost that is less than the challenged rate of reimbursement from the pharmaceutical wholesaler from whom the pharmacy purchases the majority of prescription pharmaceutical products for resale, then the pharmacy benefits manager must adjust the challenged rate of reimbursement to an amount equal to or greater than the appealing pharmacy's actual cost and permit the pharmacy to reverse and rebill each claim affected by the inability to procure the pharmaceutical product at a cost that is equal to or less than the previously challenged rate of reimbursement. The pharmacy benefits manager must pay or waive the cost of any transaction fee required to reverse and rebill the claim. (2) This amendment specifies that the provisions described above do not apply to a pharmacy benefits manager when utilizing a reimbursement methodology that is identical to the methodology provided for in the state plan for medical assistance approved by the federal centers for medicare and medicaid services. If a pharmacy benefits manager utilizes a reimbursement methodology that is identical to the methodology provided for in the state plan for medical assistance approved by the federal centers for medicare and medicaid services, then the pharmacy benefits manager must establish a process for a pharmacy to appeal a reimbursement paid at average acquisition cost and receive an adjusted payment by providing valid and reliable evidence that the reimbursement does not pay at least the actual cost to the pharmacy for the prescription drug or device. (3) This amendment prohibits a pharmacy benefits manager from including within the amount calculated to reimburse a pharmacy for actual cost, pursuant to the provisions described above under item (1), the amount of any professional dispensing fee that is payable to the pharmacy. (4) This amendment requires a pharmacy benefits manager to pay a professional dispensing fee at a rate that is not less than the amount paid by the TennCare program to a pharmacy, if: the pharmacy dispenses a prescription drug or device pursuant to an agreement with the pharmacy benefits manager or a covered entity; and the pharmacy's annual prescription volume is at a level that, if the pharmacy were a TennCare-participating ambulatory pharmacy, would qualify the pharmacy for the enhanced amount of professional dispensing fee for a low-volume pharmacy under the operative version of the Division of TennCare Pharmacy Provider Manual, or a successor manual. (5) This amendment requires the commissioner of commerce and insurance to institute an external appeals process for any appeal denied by a pharmacy benefits manager. (6) This amendment clarifies that a "covered entity" means an individual or entity that provides health coverage to covered individuals who are employed or reside in this state and specifically includes plans governed by ERISA and specifically excludes plans subject to regulation under medicare part D. This amendment also specifies that "pharmacy benefits manager" include plans governed by ERISA. (7) Present law prohibits a pharmacy benefits manager or a covered entity from interfering with the patient's right to choose a contracted pharmacy or contracted provider of choice in a manner that violates the present governing pharmacy access or by means such as inducement, steering, or offering financial or other incentives. This amendment rewrites this provision to prohibit a pharmacy benefits manager or a covered entity from: (A) Interfering with the right of a patient, participant, or beneficiary to choose a contracted pharmacy or contracted provider of choice in a manner that violates present governing pharmacy access; or (B) Offering financial or other incentives to a patient, participant, or beneficiary to persuade the patient, participant, or beneficiary to utilize a pharmacy owned by or financially beneficial to the pharmacy benefits manager or covered entity.
Fiscal Note: (Dated February 3, 2022) NOT SIGNIFICANT
Senate Status: 04/27/22 - Senate passed.
House Status: 04/27/22 - House passed with amendment 2 (018123).

Executive Status: 04/27/22 - Sent to the speakers for signatures.

SB2459/HB2233 **TENNCARE: Annual report to general assembly regarding pharmacy benefits.**

Sponsors: Sen. Reeves, Shane , Rep. Helton, Esther
Summary: Changes the date from January 15 to February 1 of each calendar year for TennCare to annually report on pharmacy benefits under the medical assistance program. Requires the report to specifically cover the use and cost of opioids and other controlled substances in the program. Broadly captioned.
Fiscal Note: (Dated February 1, 2022) NOT SIGNIFICANT
Senate Status: 03/15/22 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 03/15/22 - Taken off notice in House Insurance Subcommittee.

SB2460/HB2191 **PROFESSIONS & LICENSURE: Revocation of meeting requirement for polysomnographic professional standards committee.**

Sponsors: Sen. Reeves, Shane , Rep. Terry, Bryan
Summary: Removes an outdated requirement for the polysomnography professional standards committee to conduct at least one meeting in each of the years 2007-2010 to allow public discussion of new developments in the practice of polysomnography. Broadly captioned.
Fiscal Note: (Dated February 1, 2022) NOT SIGNIFICANT
Senate Status: 02/07/22 - Referred to Senate Health & Welfare Committee.
House Status: 02/03/22 - Caption bill held on House clerk's desk.

SB2461/HB2879 **INSURANCE GENERAL: Insurance licensee complaints process.**

Sponsors: Sen. Reeves, Shane , Rep. Rudder, Iris
Summary: Reduces from 30 to 15 days, the amount of time that an entity or individual licensed under the insurance laws of this state has to respond to a request by the department of commerce and insurance concerning a complaint filed against the entity or individual, unless another time period is provided in law.
Amendment Summary: House Insurance Subcommittee amendment 1 (014776) provides that the pharmacy benefits manager or covered entity may be subject to sanctions.
Fiscal Note: (Dated February 3, 2022) NOT SIGNIFICANT
Senate Status: 03/15/22 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 03/22/22 - Taken off notice in House Insurance Committee.

SB2465/HB2228 **HEALTH CARE: Prescription for naloxone hydrochloride.**

Sponsors: Sen. Reeves, Shane , Rep. Ramsey, Bob
Summary: Requires a health care prescriber to prescribe naloxone hydrochloride, or another drug approved for the complete or partial reversal of an opioid overdose, when a patient receives a prescription for an opioid medication. Exempts palliative care patients and specifies conditions that apply. Failure by a prescriber to comply could result in penalty. Broadly captioned.
Amendment Summary: House amendment 1 (016756) makes the following changes to this bill: (1) Removes the reference to naloxone hydrochloride; (2) Replaces this bill's conditions under which a healthcare prescriber will be required to offer a prescription for an opioid antagonist, or another drug approved by the United States FDA for the complete or partial reversal of an opioid overdose event, to be: (A) The healthcare provider prescribes more than a three-day supply of an opioid medication; and (B) The healthcare provider prescribes an opioid medication concurrently with a prescription by the same provider for benzodiazepine, or the patient presents with an increased risk for overdose; (3) Removes the provision that authorizes administrative sanctions against a prescriber; (4) Adds an exception for opioid prescriptions written by licensed veterinarians; (5) Specifies that this amendment and present law concerning regulations and registration for controlled drugs does not create a private right of action; (6) Adds that a person who fails to comply with this amendment's requirements is not guilty of a felony under present law that generally makes it a Class D felony offense for a person to distribute or dispense a controlled substance in violation of requirements for prescription drugs. This amendment specifies that a person who fails to comply with this amendment's requirements is punishable only by a civil penalty assessed by the provider's licensing board and only in cases involving a pattern of willful failure to comply; and (7) Changes this bill's effective date from upon becoming a law to July 1, 2022.
Fiscal Note: (Dated February 27, 2022) Increase State Expenditures - $21,500/FY22-23 and Subsequent Years. Increase Federal Expenditures - $42,100/FY22-23 and Subsequent Years
Senate Status: 04/27/22 - Senate passed.
House Status: 04/25/22 - House passed with amendment 1 (016756).
Executive Status: 04/27/22 - Sent to the speakers for signatures.

SB2474/HB2501 **LABOR LAW: Prohibits discrimination based on a person's vaccination status for COVID-19.**

Sponsors: Sen. Bowling, Janice , Rep. Rudd, Tim
Summary: Prohibits employers or other specified places of public accommodation to discriminate or refuse service based on a person COVID-19 vaccination status or possession of a vaccine passport. Does not apply to nursing home facilities or contest laws in place for school children. Violations can receive a fine of $5,000.
Fiscal Note: (Dated February 16, 2022) NOT SIGNIFICANT
Senate Status: 03/08/22 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 03/08/22 - Failed in House Civil Justice Subcommittee due to the lack of a second motion.

SB2532/HB2641 **HEALTH CARE: Establishes a medical cannabis program.**

Sponsors: Sen. Haile, Ferrell , Rep. Terry, Bryan
Summary: Establishes a medical cannabis program under the purview of the medical cannabis commission. Establishes a patient registry for qualified patients. Specifies that the patient registry must be accessible to law enforcement agencies and qualified physicians to verify the authorization of a qualified patient or a designated caregiver to possess medical cannabis. Specifies that a qualified patient or designated caregiver in actual possession of a qualified patient identification card or designated caregiver identification card shall not be subject to arrest, prosecution, or penalty for the medical use of cannabis if the qualified patient or designated caregiver possesses an amount of cannabis less than or equal to the following three grams of concentrated product or 3,000 milligrams of infused products. Redefines the term "marijuana" to exclude products containing less than 0.9 percent delta-9 tetrahydrocannabinol (27 pp.).
Amendment Summary: House Health Committee amendment 1 (016732) adds additional illnesses to the list of qualifying medical diseases or conditions as they relate to considerations of the Medical Cannabis Commission (Commission). Requires the Commission to examine: various hemp-derived cannabinoids; increasing patient access and participation in clinical research programs in this state and throughout the country and ensuring the ability of participants to possess cannabis-based medicines in this state that are used as part of the clinical research programs; authorizing the medical use of cannabis for chronic pain and intractable pain, and establishing safeguards related to the qualifying of such conditions; and creating a fiscally sound and financially viable program, including patient registration, at minimal state expense. Senate Judiciary Committee amendment 1 (017186) adds additional illnesses to the list of qualifying medical diseases or conditions as they relate to considerations of the Medical Cannabis Commission (Commission) and to exemptions to criminal offenses regarding “marijuana” as such conditions pertain to the legal use of certain oils containing cannabidiol, with less than 0.9 percent of tetrahydrocannabinol (THC). Requires the Commission to examine: • Various hemp-derived cannabinoids; • Increasing patient access and participation in clinical research programs in this state and throughout the country and ensuring the ability of participants to possess cannabis-based medicines in this state that are used as part of the clinical research programs; • Authorizing the medical use of cannabis for chronic pain and intractable pain, and establishing safeguards related to the qualifying of such conditions; and • Creating a fiscally sound and financially viable program, including patient registration, at minimal state expense.
Fiscal Note: (Dated March 7, 2022) Increase State Revenue - $2,705,600/FY22-23/Tennessee Medical Cannabis Commission $5,411,300/FY23-24 and Subsequent Years/ Tennessee Medical Cannabis Commission $175,800/FY22-23/TBI $175,800/FY23-24/TBI $3,500/FY24-25 and Subsequent Years/TBI Increase State Expenditures $5,168,400/FY22-23/Tennessee Medical Cannabis Commission $260,900/FY23-24/Tennessee Medical Cannabis Commission $109,500/FY22-23/TBI $109,500/FY23-24/TBI $2,200/FY24-25 and Subsequent Years/TBI
Senate Status: 04/06/22 - Failed in Senate Judiciary Committee after adopting amendment 1 (017186).
House Status: 04/13/22 - Taken off notice in House Criminal Justice Committee.

SB2555/HB2376 **MENTAL HEALTH: Annual report on medication-assisted treatment for opiate addiction.**

Sponsors: Sen. Jackson, Ed , Rep. Littleton, Mary
Summary: Requires the department of mental health and substance abuse to submit an annual report of data related to the use of medication-assisted treatment for opiate addiction, specifically its utilization in recovery courts, jails, safe baby courts and the TennCare program. Further requires that any treatment funded by grant dollars, direct or indirect appropriations and federal, state or local expenditures be reported. Requires the report be submitted annually by December 31.
Amendment Summary: House amendment 1 (014951) requires the Department of Mental Health and Substance Abuse Services (DMHSAS) to submit a report to the Tennessee General Assembly by February 15 of each year, beginning in 2024, of specified data collected related to the use of medication-assisted treatment for opiate addiction by department-funded providers in Tennessee.
Fiscal Note: (Dated March 3, 2022) NOT SIGNIFICANT
Senate Status: 04/07/22 - Senate passed.
House Status: 04/04/22 - House passed with amendment 1 (014951).
Executive Status: 04/25/22 - Enacted as Public Chapter 0846 effective April 20, 2022.

SB2556/HB2158 **HEALTH CARE: Reduces various restrictions on the provision of opioid antagonists.**

Sponsors: Sen. Jackson, Ed , Rep. Whitson, Sam
Summary: Removes certain restrictions on opioid antagonists. Provides protections for those administering an opioid antagonist. Broadly captioned.
Fiscal Note: (Dated February 24, 2022) NOT SIGNIFICANT
Senate Status: 02/07/22 - Referred to Senate Health & Welfare Committee.
House Status: 02/07/22 - Referred to House Health Subcommittee.

SB2572/HB2465 **HEALTH CARE: Use of opioid antagonists for drug-related overdoses.**

Sponsors: Sen. Crowe, Rusty , Rep. Leatherwood, Tom
Summary: Authorizes a healthcare prescriber to prescribe an opioid antagonist for purposes related to the potential for drug-related overdose, not just opioid-related overdose. Redefines "opioid antagonist" to mean a formulation of naloxone hydrochloride or another similarly acting and equally safe drug approved by the United States food and drug administration for the treatment of a drug-related overdose. Allows certain government and non-governmental entities to prescribe and store an opioid antagonist for the purpose of providing the antagonist to a person at-risk of overdose or likely to assist a person experiencing overdose. Specifies if an organization, municipal entity, or county entity does not have access to a healthcare practitioner to issue a standing order for a prescription for an opioid antagonist then the state medical director in the department of health may issue a standing order to such entity.
Amendment Summary: Senate amendment 1 (013823) authorizes healthcare prescribers to prescribe an opioid antagonist or similarly acting drug to an organization, or municipal or county entity that may be in a position to assist an individual at risk of experiencing a drug-related overdose. Expands the definitions of a drug-related overdose and opioid antagonist. Deletes provision requiring a health care prescriber establish good faith for prescribing a drug antagonist by requiring a written communication from the person to whom the prescription is issued. Specifies civil immunity for persons administering an antagonist.
Fiscal Note: (Dated February 11, 2022) NOT SIGNIFICANT
Senate Status: 02/28/22 - Senate passed with amendment 1 (013823).
House Status: 03/10/22 - House passed.
Executive Status: 04/04/22 - Enacted as Public Chapter 0749 effective July 1, 2022.

SB2621/HB2506 **HEALTH CARE: Prescribing of ivermectin.**

Sponsors: Sen. Niceley, Frank , Rep. Lynn, Susan
Summary: Allows a properly licensed physician or physician assistant, or advanced practice registered nurse exercising reasonable care to prescribe ivermectin by standing order. Regards prescription ordered under an ivermectin standing order as part of a legitimate, law-abiding medical practice. Broadly captioned.
Fiscal Note: (Dated February 24, 2022) NOT SIGNIFICANT
Senate Status: 03/23/22 - Taken off notice in Senate Health & Welfare Committee.
House Status: 03/22/22 - Taken off notice in House Health Subcommittee.

SB2630/HB2744 **PROFESSIONS & LICENSURE: Tennessee Pharmacy Act.**

Sponsors: Sen. Niceley, Frank , Rep. Towns Jr., Joe
Summary: Enacts the "Tennessee Pharmacy Act," which requires a pharmacy to dispense ivermectin or hydroxychloroquine to an individual with a valid prescription from a healthcare provider with prescribing authority for ivermectin or hydroxychloroquine. Prohibits a health-related board from suspending, denying, revoking, or otherwise taking disciplinary action against a healthcare provider with prescribing authority for the prescribing of ivermectin or hydroxychloroquine. Also prohibits such action against a licensed pharmacist for dispensing or failing or refusing to dispense ivermectin or hydroxychloroquine.
Fiscal Note: (Dated February 24, 2022) NOT SIGNIFICANT
Senate Status: 03/23/22 - Taken off notice in Senate Health & Welfare Committee.
House Status: 02/08/22 - Referred to House Health Subcommittee.

SB2647/HB2625 **TENNCARE: Report on usage of data from the all payer claims database.**

Sponsors: Sen. Gardenhire, Todd , Rep. Baum, Charlie
Summary: Changes from January 15 to February 15 the date by which the bureau must submit an annual report to the chairs of the health and welfare committee of the senate and the health committee of the house of representatives that describes the nature and purpose of any requests to utilize data from the all payer claims database submitted to the bureau or the health information committee. Broadly captioned.
Amendment Summary: Senate Health & Welfare Committee amendment 1 (014704) requires the Division of TennCare to study the impact of a policy which requires automatic enrollment of full benefit dual enrollees into a Medicare dual special needs plan (D-SNP). Requires the results of the study to be submitted to the chairs of the Insurance and Commerce and Labor Committees, as well as the legislative librarian, by January 1, 2023. House amendment 2 (018191) rewrites this bill to require the bureau of TennCare to study the impact of a policy which requires automatic enrollment of full benefit dual enrollees into a medicare dual special needs plan (D-SNP). The study must examine the impact of such a policy to beneficiaries and the impact to medicare products and services available to the beneficiaries. The bureau must submit the results of the study to the chair of the insurance committee of the house, the chair of the commerce and labor committee of the senate, and the legislative librarian no later than January 1, 2023. This amendment prohibits the bureau of TennCare from doing the following, unless authorized by a joint resolution of the general assembly: (1) Implementing a policy that requires automatic enrollment of full benefit dual enrollees into a medicare dual special needs plan (D-SNP; or (2) Reducing current medicare dual special needs plans approved on or before January 1, 2022.
Fiscal Note: (Dated February 3, 2022) NOT SIGNIFICANT
Senate Status: 03/09/22 - Senate Health & Welfare Committee recommended with amendment 1 (014704). Sent to Senate Calendar Committee.
House Status: 04/27/22 - House passed with amendment 2 (018191).

SB2786/HB2068 **COVID-19: Private businesses prohibited from requiring COVID-19 vaccination for only a specific group.**

Sponsors: Sen. Bowling, Janice , Rep. Hulsey, Bud
Summary: Requires private businesses who require COVID-19 vaccinations for a specific group of people to require COVID-19 vaccinations to all employees, irrespective of vaccination or booster status. Defines “private business” as a person, sole proprietorship, corporation, limited liability company, partnership, trust, association, nonprofit organization that is exempt from federal income tax, or other non-government entities engaged in business or commerce.
Amendment Summary: House Banking & Consumer Affairs Subcommittee amendment 1 (013917) clarifies the definition of “private business.” Specifies that a private business does not mean a healthcare facility licensed under Title 68 or Title 33. Prohibits a private business requiring a COVID-19 test for an individual from charging the individual. Allows the private business to seek reimbursement from sources excluding the tested individual.
Fiscal Note: (Dated February 10, 2022) NOT SIGNIFICANT
Senate Status: 02/07/22 - Referred to Senate Commerce & Labor Committee.

House Status: 02/23/22 - Taken off notice in House Banking & Consumer Affairs Subcommittee after adopting amendment 1 (013917).

SB2826/HB2462 **INSURANCE HEALTH: Fine for failure to obtain or renew licensure for a pharmacy benefits manager.**

Sponsors: Sen. Swann, Art , Rep. Rudder, Iris
Summary: Increases the minimum fine from $100 to $200, for failure to renew a pharmacy benefits manager license while continuing to do the job. Broadly captioned.
Fiscal Note: TENNESSEE GENERAL ASSEMBLY FISCAL REVIEW COMMITTEE FISCAL NOTE HB 2462 - SB 2826 April 11, 2022SUMMARY OF BILL: Increases the minimum fine for failing to obtain licensure orrenew a license while acting as a pharmacy benefits manager (PBM) to $200.FISCAL IMPACT: NOT SIGNIFICANT
Senate Status: 02/07/22 - Referred to Senate Commerce & Labor Committee.
House Status: 02/03/22 - Caption bill held on House clerk's desk.

SB2844/HB2351 **INSURANCE HEALTH: Destruction of shared information by pharmacy.**

Sponsors: Sen. Bailey, Paul , Rep. Hall, Mark
Summary: Requires a pharmacy services administrative organization or similar entity to destroy the information shared with contracted pharmacy within 5 business days of receipt. Broadly captioned.
Amendment Summary: Senate Commerce & Labor Committee amendment 1 (014374) requires a pharmacy services administrative organization (PSAO) to obtain a $100 licensure to conduct business and establishes the criteria the PSAO must meet in order to apply for licensure. Establishes that a PSAO licensure must be renewed biennially with a $50 fee and that failing to do so results in a fine. Requires PSAOs to disclose up to date information regarding ownership and organizations it is associated with to the Department of Commerce and Insurance (DCI) and to any independent pharmacy or covered entity prior to entering into a contract. Prohibits a PSAO from requiring a pharmacy that it has a contract with from purchasing drugs or supplies from an entity it has an ownership interest in and requires the PSAO to disclose to DCI when a pharmacy it has a contract with enters an agreement to buy drugs, biologicals, or medical devices from an entity it has ownership interest in.
Fiscal Note: (Dated February 23, 2022) NOT SIGNIFICANT
Senate Status: 03/21/22 - Re-referred to Senate Calendar Committee.
House Status: 03/15/22 - Taken off notice in House Insurance Subcommittee.

HB1758 **HEALTH CARE: Medical treatment to minors without parental consent prohibited.**

Sponsors: Rep. Ragan, John
Summary: Prohibits a healthcare provider from providing medical treatment to a minors without receiving prior consent to that treatment from a parent or legal guardian. Provides exceptions for minors seeking treatment from healthcare providers, including instances when the minor's need for medical treatment is due to abuse or neglect.
House Status: 02/02/22 - Withdrawn in House.