HARRIS FRAZIER

Government Relations

Pharma

SB11/HB2 **COVID-19: Makes permanent various provisions regarding COVID-19.**

Sponsors: Sen. Johnson, Jack , Rep. Zachary, Jason
Summary: Makes permanent various provisions regarding COVID-19.
Fiscal Note: (Dated January 22, 2023) NOT SIGNIFICANT
Senate Status: 02/13/23 - Senate passed.
House Status: 03/06/23 - House passed.
Executive Status: 03/27/23 - Enacted as Public Chapter 0048 effective March 21, 2023.

SB34/HB200 **GOVERNMENT ORGANIZATION: Sunset - board of pharmacy.**

Sponsors: Sen. Roberts, Kerry , Rep. Ragan, John
Summary: Extends the board of pharmacy to June 30, 2027.
Fiscal Note: (Dated February 5, 2023) NOT SIGNIFICANT
Senate Status: 02/27/23 - Senate passed.
House Status: 02/13/23 - House passed.
Executive Status: 03/20/23 - Enacted as Public Chapter 0032 effective March 14, 2023.

SB36/HB202 **GOVERNMENT ORGANIZATION: Sunset - controlled substance database committee.**

Sponsors: Sen. Roberts, Kerry , Rep. Ragan, John
Summary: Extends the controlled substance database committee to June 30, 2027.
Fiscal Note: (Dated January 22, 2023) NOT SIGNIFICANT
Senate Status: 02/23/23 - Senate passed.
House Status: 02/13/23 - House passed.
Executive Status: 03/20/23 - Enacted as Public Chapter 0029 effective March 10, 2023.

SB38/HB204 **GOVERNMENT ORGANIZATION: Sunset - department of commerce and insurance.**

Sponsors: Sen. Roberts, Kerry , Rep. Ragan, John
Summary: Extends the department of commerce and insurance to June 30, 2027.
Fiscal Note: (Dated January 10, 2023) NOT SIGNIFICANT
Senate Status: 02/06/23 - Senate passed.
House Status: 03/13/23 - House passed.
Executive Status: 04/11/23 - Enacted as Public Chapter 0072 effective March 31, 2023.

SB40/HB206 **GOVERNMENT ORGANIZATION: Sunset - department of health.**

Sponsors: Sen. Roberts, Kerry , Rep. Ragan, John
Summary: Extends the department of health to June 30, 2027.
Fiscal Note: (Dated January 10, 2023) NOT SIGNIFICANT
Senate Status: 02/27/23 - Senate passed.
House Status: 03/30/23 - House passed.
Executive Status: 04/05/23 - Sent to governor.

SB48/HB214 **GOVERNMENT ORGANIZATION: Sunset - medical cannabis commission.**

Sponsors: Sen. Roberts, Kerry , Rep. Ragan, John
Summary: Extends the medical cannabis commission to June 30, 2025.
Fiscal Note: (Dated January 22, 2023) NOT SIGNIFICANT
Senate Status: 02/27/23 - Senate passed.
House Status: 02/13/23 - House passed.
Executive Status: 03/20/23 - Enacted as Public Chapter 0033 effective March 14, 2023.

SB96/HB185 **HEALTH CARE: Application for nonresidential substitution-based treatment center for opiate addiction - notice.**

Sponsors: Sen. Johnson, Jack , Rep. Whitson, Sam
Summary: Increases, from 10 to 15, the number of days within which an applicant must send notice to the appropriate officials that an application for a nonresidential substitution-based treatment center for opiate addiction has been filed with the health facilities commission. Broadly captioned.
Fiscal Note: (Dated January 12, 2023) NOT SIGNIFICANT
Senate Status: 01/20/23 - Referred to Senate Health & Welfare Committee.
House Status: 01/21/23 - Caption bill held on House clerk's desk.

SB140/HB109 **HEALTH CARE: Healthcare provider furnishing patient's medical records.**

Sponsors: Sen. Hensley, Joey , Rep. Helton-Haynes, Esther
Summary: Increases the number of days a healthcare provider has to furnish a patient's medical records from 10 working days to 20 working days from the date of the record's request.
Fiscal Note: (Dated January 12, 2023) NOT SIGNIFICANT
Senate Status: 03/08/23 - Taken off notice in Senate Health & Welfare Committee.
House Status: 01/20/23 - Caption bill held on House clerk's desk.

SB149/HB131 **GOVERNMENT CONTRACTS: Audit notice for entities contracting with state or local government.**

Sponsors: Sen. Roberts, Kerry , Rep. Ragan, John
Summary: Extends from five to ten business days the period by which a contracting entity with the state or a local government must object to a notice to audit the contracting entity by the comptroller to ensure that public funds are used for their designated public purpose under the contract. Broadly captioned.
Fiscal Note: (Dated January 17, 2023) NOT SIGNIFICANT
Senate Status: 01/20/23 - Referred to Senate State & Local Government Committee.
House Status: 01/20/23 - Caption bill held on House clerk's desk.

SB168/HB85 **CRIMINAL LAW: Free All Cannabis for Tennesseans Act.**

Sponsors: Sen. Campbell, Heidi , Rep. Freeman, Bob
Summary: Enacts the "Free All Cannabis for Tennesseans Act" or "FACT Act," which establishes a regulatory structure for the cultivation, processing, and retail sale of marijuana and marijuana products in this state to be administered by the department of agriculture. Authorizes an adult to use, possess, and transport not more than 60 grams of marijuana, except that not more than 15 grams of that amount may be in the form of marijuana concentrate. Defines "marijuana concentrate" to mean the cannabinoid-rich oil or extract from marijuana extracted from plant material or the resin created from the plant by physical or chemical means and includes water-based marijuana concentrate, food-based marijuana concentrate, solvent-based marijuana concentrate, and heat- or pressure-derived marijuana concentrate. Authorizes an adult to transfer without remuneration to another adult not more than 60 grams of marijuana, except that not more than 15 grams of that amount may be in the form of marijuana concentrate. Specifies that the transfer must not be advertised or promoted to the public. Authorizes an adult to cultivate for personal use no more than 12 marijuana plants in an area on the premises of the adult's private residence. Allows a person to prohibit or restrict the possession, consumption, cultivation, distribution, manufacture, sale, or display of marijuana or marijuana products on property the person owns, occupies, or manages. Authorizes a county, by resolution of the county legislative body, or an incorporated municipality, by ordinance of its governing body, to levy a local sales tax in a rate not to exceed five percent on the sale of marijuana and marijuana products within such county or municipality. Also imposes a 15 percent tax on each sale of marijuana or a marijuana product by a marijuana dispensary. Requires the department of revenue to allocate the revenue derived from the marijuana tax and specifies allocation (37 pp.).
Fiscal Note: (Dated April 10, 2023) Increase State Revenue Net Impact - $65,256,000/FY24-25/General Fund $134,742,400/FY25-26/General Fund $134,782,400/FY26-27/General Fund $134,955,200/FY27-28 and Subsequent Years/General Fund HB 85 - SB 168 3 $63,454,600/FY24-25/Department of Agriculture $126,909,200/FY25-26 and Subsequent Years/ Department of Agriculture $25,381,800/FY24-25/Department of Safety $50,763,700/FY25-26 and Subsequent Years/ Department of Safety $25,381,800/FY24-25/ State Employee Legacy Pension Stabilization Reserve Trust $50,763,700/FY25-26 and Subsequent Years/ State Employee Legacy Pension Stabilization Reserve Trust $6,345,500/FY24-25/Department of Education $12,690,900/FY25-26 and Subsequent Years/ Department of Education $6,345,500/FY24-25/Department of Revenue $12,690,900/FY25-26 and Subsequent Years/ Department of Revenue $600/Each FY24-25 through FY26-27/Department of State $200/FY27-28 and Subsequent Years/Department of StateIncrease State Expenditures $232,300/FY24-25/Department of Revenue $223,900/FY25-26 and Subsequent Years/ Department of Revenue $1,713,900/FY24-25/Department of Agriculture $785,900/FY25-26 and Subsequent Years/ Department of AgricultureDecrease State Expenditures - $71,100/FY23-24/Incarceration $143,500/FY24-25/Incarceration $144,900/FY25-26 and Subsequent Years/IncarcerationIncrease Local Revenue Net Impact $65,486,600/FY24-25 $131,083,400/Each FY25-26 through FY26-27 $131,166,000/FY27-28 and Subsequent YearsDecrease Local Expenditures - $10,525,800/FY23-24 $21,051,600/FY24-25 and Subsequent Years HB 85 - SB 168 4 Other Fiscal Impact Decreases in incarceration expenditures will continue through FY32-33. Exact amounts of annual decreases over the next 10 years are included below. Additionally, this legislation could result in reduced expenditures for incarceration at the state and local level, and increased expenditures at the state and local for additional public benefits; however, due to multiple unknown variables, any such impacts cannot be reasonably determined at this time.
Senate Status: 01/21/23 - Referred to Senate Judiciary Committee.
House Status: 02/08/23 - Referred to House Criminal Justice Subcommittee.

SB193/HB702 **CRIMINAL LAW: Increased penalties for fentanyl derivative drugs.**

Sponsors: Sen. Lundberg, Jon , Rep. Doggett, Clay
Summary: Increases the penalty to a Class B felony with a fine of up to $100,000 for drug offenses involving 0.5 grams or more of fentanyl, carfentanil, remifentanil, alfentanil, thiafentanil, or any fentanyl derivative or analogue.
Amendment Summary: Senate Judiciary Committee amendment 1, House Criminal Justice Committee amendment 1 (003990) enhances the punishment for the sale, manufacture, delivery of, and possession with intent to sell, manufacture, or deliver fentanyl, carfentanil, remifentanil, alfentanil, and thiafentanil, from a Class C felony to a Class B felony, for any amount 0.5 grams or more but less than 15 grams, and for any amount less than 0.5 grams if a weapon was involved or if the offense resulted in death or bodily injury to another person. House Finance, Ways and Means Subcommittee amendment 1 (004701) enhances the punishment for the sale, manufacture, delivery of, and possession with intent to sell, manufacture, or deliver fentanyl, carfentanil, remifentanil, alfentanil, and thiafentanil, from a Class C felony to a Class B felony, for any amount 0.5 grams or more but less than 15 grams, and for any amount less than 0.5 grams if a weapon was involved or if the offense resulted in death or bodily injury to another person.
Fiscal Note: (Dated February 14, 2023) Increase State Expenditures Net Impact $1,109,900 Incarceration
Senate Status: 03/14/23 - Senate Judiciary Committee recommended with amendment 1 (003990). Sent to Senate Finance.
House Status: 03/08/23 - House Finance Subcommittee placed behind the budget after adopting amendment 1 (004701).

SB196/HB1455 **HEALTH CARE: Updates requirements for prescription writing for nurse practitioners.**

Sponsors: Sen. Lundberg, Jon , Rep. Faison, Jeremy
Summary: Removes a reference to a repealed section that required the division of health related boards to provide to the board of pharmacy the names of all nurse practitioners and physician assistants who are authorized to write and sign prescriptions or issue legend drugs in Tennessee and the names of their supervising physicians.
Fiscal Note: (Dated January 17, 2023) NOT SIGNIFICANT
Senate Status: 03/14/23 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 03/21/23 - Taken off notice in House Health Subcommittee.

SB200/HB304 **ALCOHOLIC BEVERAGES: Opiate antagonist nasal spray to be kept on premises of certain establishments.**

Sponsors: Sen. Lamar, London , Rep. Jones, Justin
Summary: Requires establishments that have gross sales of alcoholic beverages of more than $500,000 per calendar year, as a condition of receiving or renewing a liquor-by-the-drink license, to keep an opiate antagonist nasal spray in an easily accessible location on the premises and to provide satisfactory proof of such to the alcoholic beverage commission.
Fiscal Note: (Dated January 20, 2023) NOT SIGNIFICANT
Senate Status: 03/07/23 - Senate State & Local Government Committee deferred to 03/21/23.
House Status: 01/25/23 - Referred to House Department & Agencies Subcommittee.

SB277/HB325 **HEALTH CARE: Opioid prescription limitations.**

Sponsors: Sen. Johnson, Jack , Rep. Lamberth, William
Summary: Permanently extends the present law, which is set to terminate on July 1, 2023, that establishes limitations on the prescription of opioids and authorizes the promulgation of rules related to the calculation of those limitations. Part of Administration Package.
Amendment Summary: House amendment 1 (006206) adds to this bill and changes present law as follows: (1) Provides that after issuing an initial prescription to a patient for an opioid in a manner that complies with present law, the healthcare practitioner who issued the initial prescription is not required to obtain and document informed consent if the subsequent prescription is for the same opioid and for the same episode of treatment. Informed consent must be updated periodically during any course of treatment; (2) Excepts the treatment of patients who have undergone recent cancer treatment from restrictions and limitations on treating patients with opioids to same extent as such exemption applies under present law to the treatment of patients who are undergoing active cancer treatment, undergoing palliative care treatment, or are receiving hospice care. This amendment defines "recent cancer treatment" to mean six months following the end of an active cancer treatment; and (3) Replaces an obsolete reporting requirement with a requirement that the commissioner of health, in consultation with the healthcare professional regulatory boards, provide a letter no later than November 1 of each even-numbered year to the governor, the speaker of the senate, the speaker of the house of representatives, the health and welfare committee of the senate, and the health committee of the house of representatives that includes updated information on the impact and effects of the restrictions set forth in this bill.
Fiscal Note: (Dated February 2, 2023) NOT SIGNIFICANT
Senate Status: 04/05/23 - Senate concurred in House amendment 1 (006206).
House Status: 03/30/23 - House passed with amendment 1 (006206).
Executive Status: 04/05/23 - Sent to the speakers for signatures.

SB291/HB566 **HEALTH CARE: Overdose Fatality Review Act.**

Sponsors: Sen. Briggs, Richard , Rep. Carringer, Michele
Summary: Enacts the "Overdose Fatality Review Act," which creates a legislative framework for establishing county or regional multidisciplinary overdose fatality review teams in this state. Specifies composition of overdose fatality review teams and duties and responsibilities of overdose fatality review teams, including recommending prevention and intervention strategies to improve coordination of services among member agencies to reduce overdose deaths. Requires the coordinator of the local team to report to the local or regional county health officer. Specifies other responsibilities of coordinator of local team. Specifies that local team meetings in which confidential information is discussed are closed to the public. Specifies that all information and records acquired by a local team are confidential and are not subject to subpoena, discovery, or introduction into evidence in a civil or criminal proceeding or disciplinary action (14 pp.).
Amendment Summary: Senate Health & Welfare Committee amendment 1, House Health Committee amendment 1 (005757) creates the Overdose Fatality Review Act. Authorizes a county to establish a multidisciplinary and multiagency overdose fatality review local team, and two or more counties to jointly establish a single multicounty team. Provides overdose fatality review teams with duties and responsibilities to examine and understand the circumstances leading up to a fatal overdose, so that policy recommendations and resource allocations can prevent future overdoses. Requires each local team to submit an annual de-identified report including data related to fatal overdoses and recommendations for policy changes to prevent overdoses to the Department of Health (DOH) and the county health department for the local jurisdiction. Requires the DOH to combine all annual reports into a single statewide report to be submitted to the Governor and both health committees of the General Assembly. Requires information and records kept by certain healthcare providers and government agencies, other than law enforcement agencies, relating to fatal overdoses to be provided to the local team following a records request. Establishes certain confidentiality protocols for local team members, and states that the confidentiality of information provided to the local team must be maintained as required by state and federal law. Creates a Class B misdemeanor offense for a person who violates confidentiality provisions established in the Act.
Fiscal Note: (Dated March 11, 2023) Increase State Expenditures - $107,300/FY23-24 and Subsequent Years Increase Local Expenditures - $1,457,400/FY23-24 and Subsequent Years /Permissive
Senate Status: 03/22/23 - Senate Health & Welfare Committee recommended with amendment 1 (005757). Sent to Senate Finance.
House Status: 04/10/23 - House Government Operations Committee deferred to 04/17/23.

SB296/HB779 **HEALTH CARE: Licensure decisions on applications of persons licensed in another state.**

Sponsors: Sen. Gardenhire, Todd , Rep. Helton-Haynes, Esther
Summary: Requires the board of medical examiners, board of osteopathic examination, board of nursing, and board of physician assistants to, within 45 days of receiving an application for Tennessee licensure from a person who is licensed in another jurisdiction, render a decision on the application and either issue the license or inform the applicant of its decision to deny licensure and the reasons for the denial.

Amendment Summary: Senate amendment 1 (004362) rewrites this bill to provide that when the board of medical examiners, board of osteopathic examination, board of nursing, or board of physician assistants receives an application that satisfies all statutory and board rule requirements ("completed application") for licensure from an applicant who is licensed in another state or territory of the United States or in the District of Columbia, then the respective board must, within 45 days from the date of receipt of the completed application: (1) Render a decision on the application; and (2) Inform the applicant of the need to appear before the board. Senate amendment 2 (005570) requires the board of alcohol and drug abuse counselors to do the following within 60 days from the date the board receives a completed application for initial licensure or a completed application for licensure from an applicant who is licensed in another state or territory of the United States or in the District of Columbia: (1) Render a decision on the application; or (2) Inform the applicant of the need to appear before the board. House Health Committee amendment 1 (006544) requires the board to render a decision on any application received from outside the state within 45 days from the date the board receives the application.

Fiscal Note: (Dated February 14, 2023) Increase State Expenditures $33,300/FY23-24 and Subsequent Years/ Division of Health-Related Boards Pursuant to Tenn. Code Ann. 4-29-121, all health-related boards are required to be self-supporting over a two-year period. The Division of Health-Related Boards had a surplus of $2,931,602 in FY20-21, a surplus of $2,687,730 in FY21- 22, and a cumulative reserve balance of $37,100,641 on June 30, 2022.

Senate Status: 03/16/23 - Senate passed with amendment 1 (004362) and amendment 2 (005570).

House Status: 04/05/23 - House Finance Subcommittee placed behind the budget.

SB308/HB332 **TENNCARE: Contracting with managed care organizations.**

Sponsors: Sen. Hensley, Joey , Rep. Cepicky, Scott

Summary: Requires the bureau to contract with at least one managed care organization that is partnered with a provider participation entity. Establishes eligibility requirements for such entities to contract with TennCare. Prohibits TennCare from choosing managed care organizations through a request for proposal or competitive bidding process beginning January 1, 2024. Makes other various changes including eligibilities for contracts with TennCare, financial risk factors, characteristics of the governing body of the provider participation entity involved with TennCare, and report submission for TennCare eligibility qualifications and standards. Broadly captioned.

Fiscal Note: (Dated March 13, 2023) Increase State Expenditures - $26,500/FY23-24 Other Fiscal Impact The proposed legislation may result in changes to contract structures and negotiated prices with the TennCare program which would result in an increase in state expenditures. Any such increase is dependent on multiple unknown variables and cannot be reasonably determined. HB 332 - SB 308

Senate Status: 03/20/23 - Failed in Senate Commerce & Labor Committee.

House Status: 03/21/23 - Taken off notice in House Insurance Committee.

SB309/HB292 **HEALTH CARE: Deletes report requirement on infections by infections taskforce.**

Sponsors: Sen. Yarbro, Jeff , Rep. Freeman, Bob

Summary: Deletes provisions related to the infections taskforce that focused on strategies and recommendations for the prevention and control of antibiotic resistant infections, including MRSA, and reported aggregate data on incidence and trends for invasive MRSA in Tennessee to the general assembly from 2008-2010. Broadly captioned.

Fiscal Note: (Dated January 22, 2023) NOT SIGNIFICANT

Senate Status: 01/26/23 - Referred to Senate Commerce & Labor Committee.

House Status: 01/21/23 - Caption bill held on House clerk's desk.

SB314/HB756 **INSURANCE AUTOMOBILES: Notification of automotive body part repair by auto insurer to insured.**

Sponsors: Sen. Niceley, Frank , Rep. Eldridge, Rick

Summary: Prohibits, as an unfair claims settlement practice, an auto insurer from directing a body shop to repair a motor vehicle without first providing the insured with written notice of the insured's right to approve the type of body parts to be used in the repair of the motor vehicle and an opportunity to select the type of body parts to be used. Specifies that the notice requirement only applies in the five years after the model year of the motor vehicle to be repaired.

Fiscal Note: (Dated March 23, 2023) NOT SIGNIFICANT

Senate Status: 01/26/23 - Referred to Senate Commerce & Labor Committee.

House Status: 02/07/23 - Referred to House Insurance Subcommittee.

SB327/HB953 **TENNCARE: Protocols made available on bureau's website.**

Sponsors: Sen. Haile, Ferrell , Rep. Davis, Elaine

Summary: Clarifies that protocols developed using evidence-based medicine and authorized by the bureau be made available to TennCare providers and managed care organizations on the bureau's website. Requires updates or revisions to such protocols be published not later than 48 hours from the time such updates or revisions are authorized by the bureau.

Fiscal Note: (Dated February 16, 2023) NOT SIGNIFICANT

Senate Status: 03/22/23 - Taken off notice in Senate Health & Welfare Committee.

House Status: 03/21/23 - Taken off notice in House Insurance Subcommittee.

SB328/HB144 **CRIMINAL LAW: Second offense DUI - participation in substance abuse program.**

Sponsors: Sen. Haile, Ferrell , Rep. Lamberth, William

Summary: Changes from 25 to 17 the number of days of incarceration a person convicted of a second offense of driving under the influence of an intoxicant must serve before the person can participate in a substance abuse treatment program. Requires a person charged with or convicted of a third or subsequent offense of driving under the influence of an intoxicant involving the use of alcohol to wear a transdermal alcohol monitoring device for a 90-day period of continuous sobriety.

Amendment Summary: Senate amendment 1 (003437) corrects the typo "tamper events" in Section 2 to "tampering events". Senate amendment 2 (004232) revises present law provisions governing penalties for violations of the offense of DUI, by adding that a person convicted for a third or subsequent DUI is required to pay all costs associated with an ignition interlock device, transdermal monitoring device, global positioning monitoring system, or any other monitoring device and is not eligible for electronic monitoring indigency fund assistance, regardless of whether the person is indigent.

Fiscal Note: (Dated January 30, 2023) Increase State Expenditures $165,000/FY23-24 and Subsequent Years/ Electronic Monitoring Indigency Fund Increase Local Expenditures $332,000/FY23-24 and Subsequent Years* Decrease Local Expenditures $572,300/FY23-24 and Subsequent Years/Permissive
Senate Status: 03/16/23 - Senate passed with amendment 1 (003437) and amendment 2 (004232).
House Status: 03/16/23 - House passed.
Executive Status: 04/11/23 - Enacted as Public Chapter 0116 effective July 1, 2023.

SB329/HB514 **HEALTH CARE: Annual report by medical cannabis commission.**

Sponsors: Sen. Haile, Ferrell , Rep. Terry, Bryan
Summary: Changes the date, from January 1 to January 15, by which the medical cannabis commission must submit its annual findings and recommendations to the general assembly. Broadly captioned.
Amendment Summary: Senate amendment 1, House Health Committee amendment 1 (004642) requires that at least one member appointed by the Governor to the Medical Cannabis Commission (Commission) be a patient-consumer who has been diagnosed with a qualifying medical disease or condition and who can establish the diagnosis for purposes of appointment to and service on the Commission with a valid letter of attestation.
Fiscal Note: (Dated January 24, 2023) NOT SIGNIFICANT
Senate Status: 03/06/23 - Senate passed with amendment 1 (004642).
House Status: 04/06/23 - Set for House Floor on 04/13/23.

SB334/HB704 **WELFARE: Medicaid fraud unit duties expanded.**

Sponsors: Sen. Jackson, Ed , Rep. Doggett, Clay
Summary: Authorizes the Tennessee bureau of investigation's medicaid fraud control unit to investigate and refer for prosecution laws pertaining to provider or vender fraud and abuse related to the administration of the medicaid program. Provides that the unit is also authorized to investigate medicare fraud, abuse, neglect and misappropriation of funds or property in healthcare facilities receiving payments under the state medicaid plan and complains of abuse, neglect and financial exploitation of medicaid recipients. Requires a summary of the unit's work be included in an annual report submitted to the governor, the senate judiciary committee and the criminal justice committee of the house of representatives. Creates three new divisions of the TBI: the criminal investigation division, the forensic services division and the narcotics investigation division.
Fiscal Note: (Dated January 25, 2023) NOT SIGNIFICANT
Senate Status: 02/13/23 - Senate passed.
House Status: 03/13/23 - House passed.
Executive Status: 04/11/23 - Enacted as Public Chapter 0088 effective March 31, 2023.

SB338/HB362 **TENNCARE: Annual review of medications and forms of treatment for lupus.**

Sponsors: Sen. Oliver, Charlane , Rep. Love Jr., Harold
Summary: Requires the bureau of TennCare to conduct an annual review of all medications and forms of treatment for lupus, and services for enrollees with a diagnosis of lupus, which are eligible for coverage under the medical assistance program. Requires the bureau of TennCare, when conducting the annual review, to solicit and consider input from the general public, with specific emphasis on attempting to receive input from persons or groups with knowledge and experience in the area of lupus treatment. Requires an annual report to be made to the general assembly.
Fiscal Note: (Dated January 28, 2023) NOT SIGNIFICANT
Senate Status: 03/20/23 - Senate Commerce & Labor Committee deferred to the first calendar of 2024.
House Status: 03/21/23 - Taken off notice in House Insurance Subcommittee.

SB458/HB496 **HEALTH CARE: Application process for occupational licenses.**

Sponsors: Sen. Watson, Bo , Rep. Martin, Brock
Summary: Directs health related boards to promulgate rules that expedite the application process for occupational licenses by requiring the boards to make a determination on applications within 60 days of the date they are submitted. Authorizes health related boards to request the department to replace or transfer administrative staff or the attorney assigned to the board by the division of health related boards.
Amendment Summary: Senate amendment 1, House Health Committee amendment 1 (005564) requires the Board of Podiatric Medical Examiners (BPME), Board of Chiropractor Examiners (BCE), Board of Optometry (BOO), Applied Behavior Analyst Committee (ABAC), Board of Veterinary Medical Examiners (BVME), Board of Occupational Therapy (BOT), Board of Physical Therapy (BOPT), Board of Communications Disorders and Sciences (BCDS), Board of Professional Counselors, Marital and Family Therapists and Clinical Pastoral Therapy (BOPC), and Board of Social Work (BSW) to, within 60 days of receiving a completed application for licensure for an initial license or from an applicant who is licensed in another jurisdiction, render a decision on the application or inform the applicant of the need to appear before the board.
Fiscal Note: (Dated March 12, 2023) Increase State Expenditures - $98,900/FY23-24 and Subsequent Years/ Division of Health-Related Boards Pursuant to Tenn. Code Ann. 4-29-121, all health-related boards are required to be self-supporting over a two-year period. The Division of Health-Related Boards had a surplus of $2,931,602 in FY20-21, a surplus of $2,687,730 in FY21- 22, and a cumulative reserve balance of $37,100,641 on June 30, 2022. The EMS Board had a surplus of $55,080 in FY20-21 and a surplus of $181,120 in FY21-22.
Senate Status: 03/23/23 - Senate passed with amendment 1 (005564).
House Status: 04/10/23 - House Government Operations Committee recommended. Sent to House Finance.

SB460/HB607 **INSURANCE HEALTH: Timeframe for utilization review agents to notify enrollees for more information.**

Sponsors: Sen. Watson, Bo , Rep. Hale, Michael
Summary: Lowers, from five to four business days, the amount of time a utilization review agents must notify the enrollee and the healthcare provider in writing or electronic portals of the need for additional information in order to make a determination on a request for authorization.

Amendment Summary: Senate amendment 1, House Insurance Committee amendment 1 (004467) prohibits a health insurance entity that offers health insurance coverage of complex rehabilitation technology (CRT) or manual wheelchairs from requiring a prior authorization for repairs of such technology or equipment. Prohibits a managed care organization (MCO) from requiring a participant in a TennCare program to obtain and submit a prior authorization for repairing CRT or manual wheelchairs. Authorizes prior authorization for CRT or manual wheelchair repairs, if: (1) the repairs are covered under a manufacturer's warranty; (2) the cost of the repairs exceeds the cost to replace the CRT or manual wheelchair; or (3) the CRT or manual wheelchair in need of repair is subject to replacement because the age of the CRT or manual wheelchair exceeds, or is within one year of the expiration of, the recommended lifespan of the CRT or manual wheelchair.

Fiscal Note: (Dated January 26, 2023) NOT SIGNIFICANT

Senate Status: 03/30/23 - Senate passed with amendment 1 (004467), which prohibits a health insurance entity that offers health insurance coverage of complex rehabilitation technology (CRT) or manual wheelchairs from requiring a prior authorization for repairs of such technology or equipment. Prohibits a managed care organization (MCO) from requiring a participant in a TennCare program to obtain and submit a prior authorization for repairing CRT or manual wheelchairs. Authorizes prior authorization for CRT or manual wheelchair repairs, if: (1) the repairs are covered under a manufacturer's warranty; (2) the cost of the repairs exceeds the cost to replace the CRT or manual wheelchair; or (3) the CRT or manual wheelchair in need of repair is subject to replacement because the age of the CRT or manual wheelchair exceeds, or is within one year of the expiration of, the recommended lifespan of the CRT or manual wheelchair.

House Status: 03/22/23 - House Finance Subcommittee placed behind the budget.

SB502/HB916 **TENNCARE: Report on use and cost of opioids and other controlled substances in prescription drug program.**

Sponsors: Sen. Watson, Bo , Rep. Rudder, Iris

Summary: Extends, from January 15 to February 1 of each calendar year, the due date of the annual report required to be submitted by the bureau of TennCare to certain legislative committees on the use and cost of opioids and other controlled substances in the prescription drug program for the TennCare program. Broadly captioned.

Amendment Summary: House Insurance Subcommittee amendment 1 (005100) defines "clinician-administered drug" as an outpatient prescription drug other than a vaccine that cannot reasonably be self-administered by the patient, has been ordered administration by a healthcare provider, and is administered by a healthcare provider in an outpatient center or clinical setting. Defines "commercial health insurance policy" as health insurance coverage through a policy issued by a health insurance entity. Defines various health insurance terms. Prohibits a health insurance entity from conditioning, denying, restricting, or refusing to authorize or approve, fail to cover, or reduce payment to a participating healthcare service provider for a clinician-administered drug because the drug is purchased and administered by a participating healthcare services provider or obtained through a pharmacy that is not contracted in the health insurance entity's network. Requires a health insurance entity to pay a participating healthcare services provider at the provided rate for the clinician-administered drug. Adds various prohibitions onto health insurance providers to prevent the refusal of payment or authorization of use of the drug. House Insurance Subcommittee amendment 2 (006048) excludes managed care organizations that is participating in the medical assistance program or the CoverKids program. Prohibits a specialty pharmacy participating in the health insurance entity's specialty network from refusing to provide a clinician-administered drug based on the covered person's inability to pay the portion of the cost of such drug for which the covered person is responsible under the terms of the health insurance coverage.

Fiscal Note: (Dated January 26, 2023) NOT SIGNIFICANT

Senate Status: 03/21/23 - Senate Commerce & Labor Committee deferred to the first calendar of 2024.

House Status: 03/28/23 - House Insurance Committee deferred to the first calendar of 2024.

SB523/HB495 **HEALTH CARE: Topical Medical Waste Reduction Act of 2023.**

Sponsors: Sen. Jackson, Ed , Rep. Martin, Brock

Summary: Enacts the "Topical Medical Waste Reduction Act of 2023," which provides the following concerning medications provided in certain medical facilities, including hospital operating rooms, hospital emergency room departments, or ambulatory surgical treatment centers ("facility"): (1) That if a topical antibiotic, anti-inflammatory, dilation, or glaucoma drop or ointment that a facility employee has on standby or that is retrieved from a dispensing system for a specified patient for use during a procedure or visit ("facility-provided medication") is used in an operating room or emergency department setting, then the prescriber must counsel the patient on its proper use and administration, and the requirement of pharmacist counseling is waived; (2) That if a facility-provided medication is ordered at least 24 hours in advance for surgical procedures and administered to a patient at the facility, then an unused portion of the facility-provided medication may be offered to the patient upon discharge when it is required for continuing treatment; and (3) That a facility-provided medication must be labeled in a manner consistent with labeling requirements under the Tennessee Pharmacy Practice Act of 1996. Broadly captioned.

Amendment Summary: House amendment 1 (004492) enacts the Topical Medical Waste Reduction Act of 2023. Authorizes unused portions of certain topical medications administered during a surgical procedure at a hospital operating room or hospital emergency room department to be offered to a patient for continuing treatment upon discharge.

Fiscal Note: (Dated February 10, 2023) NOT SIGNIFICANT

Senate Status: 03/23/23 - Senate concurred in House amendment 1 (004492).

House Status: 03/16/23 - House passed with amendment 1 (004492).

Executive Status: 04/04/23 - Sent to governor.

SB546/HB553 **TENNCARE: Mailing documentation of material change by Tenncare applicant.**

Sponsors: Sen. Briggs, Richard , Rep. Littleton, Mary

Summary: Reduces from 30 days to 15 days the time within which an applicant is responsible for mailing documentation of any material change affecting any information given to the bureau or in the applicant's application. Broadly captioned.

Fiscal Note: (Dated January 26, 2023) NOT SIGNIFICANT

Senate Status: 01/30/23 - Referred to Senate Health & Welfare Committee.

House Status: 02/01/23 - Caption bill held on House clerk's desk.

SB603/HB571 **EDUCATION: Diversity training requirement for the issuance of a degree prohibited.**

Sponsors: Sen. Hensley, Joey , Rep. Carringer, Michele

Summary: Prohibits medical institutions of higher education offering certain medical and health-related degree or certificate programs from requiring diversity, equity, and inclusion (DEI) training and education for purposes of the issuance of a degree. Also prohibits those institutions from requiring applicants to ascribe to DEI ideologies or from discriminating against applicants who do not ascribe to DEI ideologies during the application process. Prohibits a medical institution of higher education from conducting internal DEI audits or otherwise engage DEI consultants. States that medical institutions of higher education shall require a standardized admissions test focused on knowledge and critical thinking around science and medical training, as a requirement for admission. Requires such institutions to submit any changes to their academic standards to the speakers of the House and Senate and to THEC prior to altering the standards. Prohibits healthcare-related professional licensing boards from adopting or imposing, as a condition of obtaining or renewing licenses, any incentives or requirements that applicants for licensures undergo, demonstrate familiarity with, or support any DEI training, education, material, or program.

Fiscal Note: (Dated March 12, 2023) Increase State Expenditures - $92,000/FY23-24/Board of Medical Examiners $87,000/FY24-25 and Subsequent Years/ Board of Medical Examiners $94,300/FY23-24 and Subsequent Years/ General Fund $920,300/FY23-24/Tennessee Board of Regents $914,800/FY24-25 and Subsequent Years/ Tennessee Board of Regents Exceeds $3,466,300/FY23-24/Locally Governed Institutions Exceeds $2,626,300/FY24-25 and Subsequent Years/ Locally Governed Institutions Exceeds $1,091,500/FY23-24/University of Tennessee System Exceeds $566,500/FY24-25 and Subsequent Years/ University of Tennessee System Other Fiscal Impact - The proposed legislation may result in increases in state and local expenditures associated with compliance measures, potential civil litigation and could jeopardize federal funding and accreditation status; however, due to multiple unknown factors, a precise fiscal impact cannot be determined.

Senate Status: 03/22/23 - Taken off notice in Senate Education Committee.

House Status: 03/13/23 - Taken off notice in House Higher Education Subcommittee.

SB620/HB1414 **FAMILY LAW: Families' Rights and Responsibilities Act.**

Sponsors: Sen. Pody, Mark , Rep. Raper, Kevin

Summary: Enacts the "Families' Rights and Responsibilities Act", which declares that the ability of a parent to direct the upbringing, education, health care, and mental health of that parent's child is a fundamental right. Details how to bring a suit for potential violations of this act. Broadly captioned.

Fiscal Note: (Dated March 24, 2023) NOT SIGNIFICANT

Senate Status: 02/02/23 - Referred to Senate Judiciary Committee.

House Status: 02/07/23 - Referred to House Children & Family Affairs Subcommittee.

SB644/HB252 **EDUCATION: Exemption from immunization requirements for home school students.**

Sponsors: Sen. Hensley, Joey , Rep. Barrett, Jody

Summary: Removes the requirement that a parent-teacher of a home school student provide proof of the student's immunizations and receipt of health services or examinations required by law generally for children in this state to the local education agency. Exempts home school students from the immunization requirements applicable to students attending a school, nursery school, kindergarten, preschool, or childcare facility.

Amendment Summary: House amendment 1 (003991) removes the requirement that proof must be submitted to the local director of schools that a home school student has been vaccinated or received any other health services or examinations required by law for children in the state unless the home school student participates in a local education (LEA)-sponsored interscholastic activity or event or an LEA-sponsored extracurricular activity.

Fiscal Note: (Dated February 2, 2023) NOT SIGNIFICANT

Senate Status: 04/06/23 - Senate passed.

House Status: 03/02/23 - House passed with amendment 1 (003991).

Executive Status: 04/06/23 - Sent to the speakers for signatures.

SB666/HB885 **TENNCARE: Tenncare medication therapy management pilot program.**

Sponsors: Sen. Reeves, Shane , Rep. Hawk, David

Summary: Removes a provision requiring the bureau of Tenncare to establish a medication therapy management pilot program that terminated in 2020. Broadly captioned.

Amendment Summary: Senate Commerce & Labor Committee amendment 1, House amendment 1 (006456) rewrites this bill to enact the Prior Authorization Fairness Act. For purposes of this amendment, "prior authorization" means a written or oral determination made by a health carrier or utilization review organization that an enrollee's receipt of a healthcare service is a covered benefit under the applicable plan and that a requirement of medical necessity or other requirements imposed by such utilization review organization as prerequisites for payment for such services have been satisfied. This amendment applies to all insurers providing a healthcare plan that pays for the provision of healthcare services to covered persons, healthcare plans, and state healthcare plans. This amendment does not apply to healthcare plans that are subject to the exclusive jurisdiction of ERISA, TennCare, or CoverKids. If a utilization review organization makes an adverse determination for a prior authorization of a healthcare service, this amendment requires the carrier or organization to include certain information in the notification to the enrollee and the enrollee's healthcare provider requesting the prior authorization on the enrollee's behalf. This amendment requires that an adverse determination regarding a request for prior authorization for a healthcare service must be made by a licensed physician or a healthcare professional with the same or a similar specialty as the healthcare professional requesting the prior authorization. The requirements for who can make an adverse determination and the notice do not apply to an initial adverse determination for prescription drugs that are covered under an enrollee's benefit plan. The full text of this amendment establishes processes for prior authorization requests and appeals of adverse determinations. Generally, the processes specify deadlines for making coverage decisions under various circumstances. This amendment requires that appeal of prior authorization adverse determinations that are submitted electronically are reviewed or made by a licensed physician or healthcare professional with the same or a similar specialty as the healthcare professional who requested the initial prior authorization. The full text of this amendment specifies additional qualifications for physicians who review or decide appeals. This amendment requires that utilization review organizations perform: (1) A non-urgent prior authorization review within seven calendar days; and (2) An urgent care prior authorization review within 72 hours, plus, if applicable, one additional business day. This amendment prohibits a health carrier or utilization review organization, or a healthcare professional on its behalf, from receiving compensation as an incentive for issuing an adverse decision. A prior authorization adverse determination appeal that is not submitted electronically must be reviewed in accordance with standards set by the National Committee on Quality Assurance. Generally, a prior authorization request, other than an urgent care request, will be deemed approved within seven days, or after the date and time of submission if the carrier or utilization review organization does not act on the request. If a utilization review organization requests that a provider submit additional information, the organization will have five additional days to process the request following the submission of additional information. Subject to certain exceptions specified in the full text of this amendment, a prior authorization request process must not exceed 17 days. Generally, a prior authorization request submitted as an urgent care request by the healthcare provider will be deemed approved by the utilization review organization if the utilization review organization fails to approve or deny the request, or request all additional information needed to make a decision within 72 hours plus, if applicable, one additional business day, after the date and time of submission of the prior authorization request. A health carrier that provides coverage for emergency services in an emergency department of a hospital or freestanding emergency room facility is prohibited from requiring a prior authorization for such emergency services. This amendment requires a healthcare professional to submit a request for a prior authorization at least five calendar days prior to the provision of the service or therapy for non-urgent prior authorizations. Subject to exceptions for inpatient services and certain drugs, this amendment requires that prior authorization for a healthcare service to treat a chronic condition remains valid for at least six months. This amendment requires health carriers to maintain a complete list of healthcare services for which a prior authorization is required. The full text of this amendment also specifies seven requirements for clinical review criteria for healthcare services or prescription drugs requiring prior authorization. This amendment requires that healthcare providers be offered the option of submitting requests for prior authorization electronically. Generally, this amendment requires that prior authorization for an enrollee for a healthcare service is valid for at least six months from the date of approval. This amendment prohibits utilization review organizations and health carriers from requiring prior authorization for prescription drugs used to treat opioid use disorder. The full text of this amendment specifies a process that a utilization review organization must use to implement a new prior authorization requirement, or restriction or amendment to an existing prior authorization requirement. This amendment requires a health carrier or utilization review organization to pay a healthcare provider at the contracted payment rate for a healthcare service provided by the healthcare provider per an approved prior authorization unless: (1) The healthcare provider knowingly and materially misrepresented the healthcare service in the prior authorization request with the specific intent to deceive and obtain an unlawful payment from the health carrier; (2) The healthcare provider was no longer contracted with the patient's health benefit plan on the date the healthcare service was provided; (3) The healthcare provider failed to meet the timely filing requirements of the health carrier; or (4) The health carrier does not have liability for a claim. This amendment also provides the following with regard to payment: (1) A carrier is required to pay a provider for performing a healthcare service if the prior authorization for the service was obtained by another healthcare provider; (2) A carrier is required to provide reimbursement for healthcare services retroactively deemed medically necessary, regardless of when prior authorization was approved, for a maximum period of 18 months; and (3) Payment must be guaranteed when a prior authorization was approved. The full text of this amendment specifies a process for transferring a prior authorization granted to an enrollee from a previous utilization review organization or health carrier to a new health benefit plan. In addition to the foregoing, this amendment addresses provision of services that are closely related to a service for which prior authorization has been granted, responsibility of a health carrier for utilization review activities performed on its behalf by a utilization review organization, provision of statistical data, website notice requirements, and provider notification to a carrier that an enrollee received a service or was admitted to a facility. This amendment specifies that the Prior Authorization Fairness Act applies to utilization review agents under the Health Care Service Utilization Review Act, and original health insurers and successor health insurers. This amendment also specified that the Prior Authorization Fairness Act does not apply to provisions of present law concerning access to health carriers' payment policies and fee schedules. This amendment takes effect upon becoming a law for rulemaking purposes and January 1, 2025, for other purposes, except as unless otherwise specified.

Fiscal Note: (Dated January 28, 2023) NOT SIGNIFICANT

Senate Status: 04/06/23 - Set for Senate Finance, Ways & Means Committee 04/11/23.

House Status: 04/10/23 - House passed with amendment 1 (006456), which rewrites this bill to enact the Prior Authorization Fairness Act. For purposes of this amendment, "prior authorization" means a written or oral determination made by a health carrier or utilization review organization that an enrollee's receipt of a healthcare service is a covered benefit under the applicable plan and that a requirement of medical necessity or other requirements imposed by such utilization review organization as prerequisites for payment for such services have been satisfied. This amendment applies to all insurers providing a healthcare plan that pays for the provision of healthcare services to covered persons, healthcare plans, and state healthcare plans. This amendment does not apply to healthcare plans that are subject to the exclusive jurisdiction of ERISA, TennCare, or CoverKids. If a utilization review organization makes an adverse determination for a prior authorization of a healthcare service, this amendment requires the carrier or organization to include certain information in the notification to the enrollee and the enrollee's healthcare provider requesting the prior authorization on the enrollee's behalf. This amendment requires that an adverse determination regarding a request for prior authorization for a healthcare service must be made by a licensed physician or a healthcare professional with the same or a similar specialty as the healthcare professional requesting the prior authorization. The requirements for who can make an adverse determination and the notice do not apply to an initial adverse determination for prescription drugs that are covered under an enrollee's benefit plan. The full text of this amendment establishes processes for prior authorization requests and appeals of adverse determinations. 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A prior authorization adverse determination appeal that is not submitted electronically must be reviewed in accordance with standards set by the National Committee on Quality Assurance. Generally, a prior authorization request, other than an urgent care request, will be deemed approved within seven days, or after the date and time of submission if the carrier or utilization review organization does not act on the request. If a utilization review organization requests that a provider submit additional information, the organization will have five additional days to process the request following the submission of additional information. Subject to certain exceptions specified in the full text of this amendment, a prior authorization request process must not exceed 17 days. 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Subject to exceptions for inpatient services and certain drugs, this amendment requires that prior authorization for a healthcare service to treat a chronic condition remains valid for at least six months. This amendment requires health carriers to maintain a complete list of healthcare services for which a prior authorization is required. The full text of this amendment also specifies seven requirements for clinical review criteria for healthcare services or prescription drugs requiring prior authorization. This amendment requires that healthcare providers be offered the option of submitting requests for prior authorization electronically. Generally, this amendment requires that prior authorization for an enrollee for a healthcare service is valid for at least six months from the date of approval. This amendment prohibits utilization review organizations and health carriers from requiring prior authorization for prescription drugs used to treat opioid use disorder. The full text of this amendment specifies a process that a utilization review organization must use to implement a new prior authorization requirement, or restriction or amendment to an existing prior authorization requirement. This amendment requires a health carrier or utilization review organization to pay a healthcare provider at the contracted payment rate for a healthcare service provided by the healthcare provider per an approved prior authorization unless: (1) The healthcare provider knowingly and materially misrepresented the healthcare service in the prior authorization request with the specific intent to deceive and obtain an unlawful payment from the health carrier; (2) The healthcare provider was no longer contracted with the patient's health benefit plan on the date the healthcare service was provided; (3) The healthcare provider failed to meet the timely filing requirements of the health carrier; or (4) The health carrier does not have liability for a claim. This amendment also provides the following with regard to payment: (1) A carrier is required to pay a provider for performing a healthcare service if the prior authorization for the service was obtained by another healthcare provider; (2) A carrier is required to provide reimbursement for healthcare services retroactively deemed medically necessary, regardless of when prior authorization was approved, for a maximum period of 18 months; and (3) Payment must be guaranteed when a prior authorization was approved. The full text of this amendment specifies a process for transferring a prior authorization granted to an enrollee from a previous utilization review organization or health carrier to a new health benefit plan. In addition to the foregoing, this amendment addresses provision of services that are closely related to a service for which prior authorization has been granted, responsibility of a health carrier for utilization review activities performed on its behalf by a utilization review organization, provision of statistical data, website notice requirements, and provider notification to a carrier that an enrollee received a service or was admitted to a facility. This amendment specifies that the Prior Authorization Fairness Act applies to utilization review agents under the Health Care Service Utilization Review Act, and original health insurers and successor health insurers. This amendment also specified that the Prior Authorization Fairness Act does not apply to provisions of present law concerning access to health carriers' payment policies and fee schedules. This amendment takes effect upon becoming a law for rulemaking purposes and January 1, 2025, for other purposes, except as unless otherwise specified.

SB667/HB920 **INSURANCE HEALTH: Extension of audit notice for pharmacist or pharmacy.**

Sponsors: Sen. Reeves, Shane , Rep. Rudder, Iris

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 January 28, 2023) NOT SIGNIFICANT

Senate Status: 03/14/23 - Taken off notice in Senate Commerce & Labor Committee.

House Status: 03/21/23 - Taken off notice in House Insurance Subcommittee.

SB673/HB626 **INSURANCE HEALTH: Health benefit coverage for prosthetic devices.**

Sponsors: Sen. Reeves, Shane , Rep. Jernigan, Darren

Summary: Requires health benefit plans to provide certain coverage for prosthetic devices including repairs and replacements. Broadly captioned.

Fiscal Note: (Dated April 5, 2023) Increase State Expenditures - $4,290,700/FY23-24 and Subsequent Years Increase Local Expenditures - $5,000/FY23-24 and Subsequent Years*
Senate Status: 02/02/23 - Referred to Senate Commerce & Labor Committee.
House Status: 02/01/23 - Referred to House Insurance Subcommittee.

SB674/HB1315 **HEALTH CARE: Weight management services provided in collaborative pharmacy practice agreements.**

Sponsors: Sen. Reeves, Shane , Rep. Kumar, Sabi
Summary: Permits the services authorized in a collaborative pharmacy practice agreement to include weight management services. Requires the bureau of TennCare to make available, or cause to be made available, anti-obesity medication to a recipient if the medication is medically necessary.
Amendment Summary: Senate Health & Welfare Committee amendment 1 (003597) requires the Division of TennCare (Division) to make anti-obesity medication available to a recipient, if anti-obesity medication is determined to be medically necessary, regardless of the recipient's age. Authorizes a collaborative practice agreement between pharmacists and prescribers to include the provision of weight management services, including management of anti-obesity medications and referrals to certain weight management services. House Insurance Committee amendment 1 (004748) requires the Division of TennCare (Division) to make anti-obesity medication available to a recipient, if anti-obesity medication is determined to be medically necessary, regardless of the recipient's age. Authorizes a collaborative practice agreement between pharmacists and prescribers to include the provision of weight management services, including management of anti-obesity medications and referrals to certain weight management services.
Fiscal Note: (Dated February 25, 2023) Increase State Expenditures - $621,104/FY23-24 and Subsequent Years Increase Federal Expenditures - $1,178,400/FY23-24 and Subsequent Years
Senate Status: 03/01/23 - Senate Health & Welfare Committee recommended with amendment 1 (003597). Sent to Senate Finance.
House Status: 04/05/23 - House Finance Subcommittee placed behind the budget.

SB675/HB667 **HEALTH CARE: Prescription drug donation repository program.**

Sponsors: Sen. Reeves, Shane , Rep. Hicks, Tim
Summary: Makes various changes to the prescription drug donation repository program operated by the department of health including who may benefit as patients, the types of drugs involved, how pharmacists must repackage and distribute the donated drugs, and liabilities concerning violations of this act. Details record keeping with regards to timeline and possession of the donated and distributed donated drugs. (10pp). Broadly captioned.
Amendment Summary: Senate amendment 1 (004805) makes the following changes to this bill: (1) Names this bill the "Kevin Clauson Drug Donation Act"; (2) Limits participation in the program to repositories, which are defined as pharmacies that have a license or permit in good standing with the board of pharmacy and meet the requirements established in this bill; (3) Removes from the definition of "prescription drug" as used in this bill drugs covered by the risk evaluation and mitigation strategy program of the United States food and drug administration; (4) Limits specialty medications that may be donated to anti-rejection drugs and cancer drugs; (5) Removes the term "eligible patient" and provides, instead, that an "eligible individual," defined as an indigent, an uninsured person, or an underinsured person who meets the criteria for eligibility under this bill, may receive prescription drugs from the program; (6) Requires repositories to store donated prescription drugs and supplies in a secure area in compliance with all United States food and drug administration and United States Pharmacopeia packaging and storage requirements; (7) Requires repositories to redact donor information from the packaging of donated prescription drugs and supplies prior to dispensing; (8) Requires repositories to return or destroy donated prescription drugs or supplies that are not suitable for dispensing; (9) Requires repositories to dispose of donated prescription drugs and supplies by returning to the donor, transferring to a reverse distributor, or incinerating in an incinerator that is approved by the federal environmental protection agency; (10) Provides that the record of transaction history for donated prescription drugs and supplies must be maintained, beginning with the donor, including all prior donations, but not including information that is not required by law to be placed on the prescription drug's label; (11) Removes the requirement that destruction be accomplished by the use of a reverse distributor or following current regulations promulgated by the DEA regarding destruction of controlled substances; (12) Removes provisions that provided that, when performing an action associated with this program or otherwise processing donated medicine for tax, manufacture, or other credit, a recipient is considered to be acting as a returns processor and must comply with all recordkeeping requirements or nonsaleable returns pursuant to federal law; (13) Provides that donated prescription drugs and supplies may be used to replenish inventory in compliance with federal law and regulations; (14) Limits the liability of a drug manufacturer, medical facility, or other person who is not a drug manufacturer; the department of health; or the board of pharmacy under this bill to only acts of gross negligence, willful misconduct, or bad faith; and (15) Authorizes a licensed long-term care facility to donate prescription drugs to the program. Senate amendment 2 (005053) redefines “donor” for the purposes of the prescription drug donation repository program to mean any of the following that donates prescription drugs to a repository program approved by this bill: (1) A person; (2) A pharmacy; (3) A medical facility; (4) A drug manufacturer or wholesaler licensed by the board; or (5) A prison or government entity federally authorized to possess prescription drugs with a license or permit in good standing in the state in which the entity is located.
Fiscal Note: (Dated February 16, 2023) NOT SIGNIFICANT
Senate Status: 03/13/23 - Senate passed with amendment 1 (004805) and amendment 2 (005053).
House Status: 04/06/23 - House passed.
Executive Status: 04/06/23 - Sent to the speakers for signatures.

SB690/HB963 **INSURANCE HEALTH: Report on pharmacy benefits manager's compliance with state pharmacy benefits management contract.**

Sponsors: Sen. Reeves, Shane , Rep. Helton-Haynes, Esther
Summary: Requires the commissioner of finance and administration, or the commissioner's designee, to provide the annual report on the pharmacy benefits manager's compliance with any state pharmacy benefits management contract to the chairs of the commerce and labor committee of the senate and the insurance committee of the house of representatives. Broadly captioned.
Fiscal Note: (Dated January 28, 2023) NOT SIGNIFICANT
Senate Status: 02/02/23 - Referred to Senate Health & Welfare Committee.
House Status: 02/02/23 - Caption bill held on House clerk's desk.

SB691/HB266 **HEALTH CARE: Updates to the undispensed inventory of opioids and benzodiazepines.**

Sponsors: Sen. Reeves, Shane , Rep. Terry, Bryan

Summary: Removes the "within 10 days after January 1, 2015" factor from the requirement that each medical practitioner, unless the practitioner meets an exception, must ensure that the undispensed inventory of opioids and benzodiazepines purchased under the prescriber's drug enforcement administration number for dispensing is returned to a licensed third party reverse distributor or turned into local law enforcement. Broadly captioned.
Fiscal Note: (Dated January 22, 2023) NOT SIGNIFICANT
Senate Status: 02/02/23 - Referred to Senate Judiciary Committee.
House Status: 01/21/23 - Caption bill held on House clerk's desk.

SB693/HB513 **HEALTH CARE: Annual findings and recommendations by the medical cannabis commission.**

Sponsors: Sen. Reeves, Shane , Rep. Terry, Bryan
Summary: Changes from January 1 to January 15 the date by which the medical cannabis commission must submit its annual findings and recommendations to the general assembly. Broadly captioned.
Fiscal Note: (Dated January 28, 2023) NOT SIGNIFICANT
Senate Status: 02/21/23 - Senate Judiciary Committee deferred to first calendar of 2024.
House Status: 02/01/23 - Caption bill held on House clerk's desk.

SB699/HB269 **HEALTH CARE: Info provided by department of health on reversing the effects of a chemical abortion.**

Sponsors: Sen. Crowe, Rusty , Rep. Terry, Bryan
Summary: Requires the department of health to publish on its website information on the possibility of reversing the effects of a chemical abortion in any language that is the primary language spoken by 1 percent or more of this state's population, rather than 2 percent or more. Broadly captioned.
Fiscal Note: (Dated January 22, 2023) NOT SIGNIFICANT
Senate Status: 02/02/23 - Referred to Senate Judiciary Committee.
House Status: 01/21/23 - Caption bill held on House clerk's desk.

SB733/HB665 **HEALTH CARE: Prescribing of buprenorphine product by healthcare provider.**

Sponsors: Sen. Crowe, Rusty , Rep. Hicks, Tim
Summary: Prohibits a healthcare provider from prescribing a buprenorphine product unless the patient has first signed a copy of an informational document on the risks of buprenorphine use to pregnant women, unborn children, and infants. Specifies that such form signed by the patient expires one year after the date it was signed by the patient. Requires the department of health to make available on its public website the informational document within 90 days of the effective date of the act.
Fiscal Note: (Dated March 9, 2023) NOT SIGNIFICANT
Senate Status: 03/15/23 - Senate Health & Welfare Committee deferred to the first calendar of 2024.
House Status: 02/01/23 - Referred to House Health Subcommittee.

SB745/HB883 **GOVERNMENT ORGANIZATION: Upkeep of monument on the capitol campus that is in memory of the victims of abortion.**

Sponsors: Sen. Briggs, Richard , Rep. Helton-Haynes, Esther
Summary: Requires the state capitol commission to be responsible through funds appropriated to the commission, after funds from the construction and placement have been exhausted, for the upkeep and maintenance of a monument on the capitol campus that is in memory of the victims of abortion. Broadly captioned.

Amendment Summary: House amendment 1 (005705) , as amended by amendment 1-1 (006358) rewrites this bill to make the following changes and additions to present law concerning abortion: (1) Present law generally makes it a Class C felony offense to perform an abortion in Tennessee. The criminal abortion law defines abortion in a manner that it is not an offense to use an instrument, medicine, drug, or any other substance or device with intent to terminate the pregnancy of a woman known to be pregnant with intent to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus. This amendment adds termination of a pregnancy with the intent to terminate an ectopic or molar pregnancy to the list of actions that do not constitute criminal abortion; (2) Under present law, it is an affirmative defense to prosecution for criminal abortion, which must be proven by a preponderance of the evidence, that: (A) The abortion was performed or attempted by a licensed physician; (B) The physician determined, in the physician's good faith medical judgment, based upon the facts known to the physician at the time, that the abortion was necessary to prevent the death of the pregnant woman or to prevent serious risk of substantial and irreversible impairment of a major bodily function of the pregnant woman. A claim or a diagnosis that the woman will engage in conduct that would result in her death or substantial and irreversible impairment of a major bodily function or for any reason relating to her mental health is insufficient to establish this element of the defense; and (C) Generally, the physician performs or attempts to perform the abortion in the manner which provides the best opportunity for the unborn child to survive. This amendment replaces the affirmative defense and instead provides that it is not an offense for a physician to perform an abortion under circumstances that are substantially similar to those required to establish the affirmative defense under present law; (3) This amendment clarifies that so long as the criminal abortion law is in effect, such law supersedes other provisions of present law concerning non-performance of abortions when a fetus is viable, fetal heartbeat, prohibition of race-based or Down syndrome-based abortion, and warnings concerning chemical abortions; (4) This amendment removes a prior criminal abortion law, which delineated prohibited acts based on whether a pregnancy lasted three months or longer; (5) Present law authorizes the commissioner of health to consider certain things when promulgating rules to effectuate the purposes of the law pertaining to the disposition of aborted fetal remains. One such consideration is the need to establish procedures for the pregnant woman or the pregnant woman's authorized representative to complete the forms within a reasonable time following a medical emergency, in situations where a medical emergency prevents the pregnant woman from completing the forms. This amendment removes a cross reference to the definition of "medical emergency", which is in one of the sections of present law that this amendment specifies will be superseded by the criminal abortion law; (6) Present law prohibits a health care plan required to be established in Tennessee through an exchange pursuant to federal health care reform legislation enacted by the 111th Congress from offering coverage for abortion services. This amendment limits the prohibition to coverage for prohibited abortion services, meaning services that constitute the offense of criminal abortion; and (7) This amendment requires the attorney general and reporter to notify the Tennessee Code Commission if the criminal abortion law is no longer in effect. House amendment 2 (005763) adds a requirement that the department of health collect the reports concerning the disposition of aborted fetal tissue that are required by present law and report quarterly the number of abortions performed in this state to the governor, the speaker of the senate, the speaker of the house of representatives, and the chairs of the health and welfare committee of the senate and the health committee of the house of representatives no later than January 1, April 1, July 1, and October 1 of each year.

Fiscal Note: (Dated February 9, 2023) NOT SIGNIFICANT

Senate Status: 04/05/23 - Senate passed.

House Status: 03/20/23 - House passed with amendment 1 (005705), as amended by amendment 1-1 (006358), and amendment 2 (005763).

Executive Status: 04/05/23 - Sent to the speakers for signatures.

SB753/HB1317 **HEALTH CARE: Revises composition of board of pharmacy.**

Sponsors: Sen. Haile, Ferrell , Rep. Kumar, Sabi

Summary: Vacates the board of pharmacy, adds two pharmacy technician members to the board, and makes various other changes to the board's composition detailing the characteristics of the board members. Authorizes the board to employ or retain general counsel. Broadly captioned.

Amendment Summary: Senate amendment 4, House Health Committee amendment 1 (006749) rewrites this bill to make various changes to the board of pharmacy ("board"), as described below. APPOINTMENT AND MEMBERSHIP This amendment changes the composition of the board from seven members to nine members, which will consist of nine members appointed by the governor that include one consumer member, one registered pharmacy technician, and seven pharmacists who possess the state mandated qualifications. In addition, this amendment clarifies that the six pharmacist members serving on the board on June 30, 2023, must serve as members on July 1, 2023, through the end of the members' existing six-year terms so long as the members are qualified to serve under state law if reappointed to the board after July 1, 2023. This amendment also permits interested pharmacist groups, including, but not limited to, the Tennessee Pharmacists Association, to annually recommend five duly qualified persons for each vacancy from whom the governor may be requested to make appointments. The governor is required, under this amendment, to consult with such groups to determine qualified persons to fill the positions; however, these provisions do not apply to appointment of the consumer member. A member appointed to the board is required to take oath or affirmation that the member will faithfully and impartially perform their duties within 10 days after the member's appointment to the board. A member's oath or affirmation taken must be filed with the secretary of state. In making appointments to the board, the governor must strive to ensure that at least one person serving on the board is 60 or older, one person serving on the board is a member of a racial minority, and the members on the board are representative of a variety of practice settings. QUALIFICATIONS This amendment specifies that each pharmacist member of the board appointed on or after July 1, 2023, must, at the time of their appointment: have been a resident of this state for no less than five years; must be a graduate of a recognized school or college of pharmacy; be licensed and in good standing to engage in the practice of pharmacy in this state; be actively engaged in the practice of pharmacy, as defined in present law, in this state; and have at least five consecutive years of experience in the practice of pharmacy providing patient care services after licensure. In addition, this amendment requires that each registered pharmacy technician member of the board must, at the time of their appointment, have been a resident of this state for no less than five years; be currently licensed and in good standing as a glistered pharmacy technician in this state; be actively practicing as a registered pharmacy technician in this state; be certified pharmacy technician as defined by board rules; and have at least five consecutive years of experience as a pharmacy technician after registration. Furthermore, this amendment adds that a consumer member of the board must at the time of their appointment, be a current resident of Tennessee for at least five years and not be a licensed healthcare professional nor should the consumer member have or own a financial interest in any healthcare facility or healthcare business during the consumer's term on the board. This amendment also permits board members to join professional organizations and associations organized to promote the improvement of the standards of the practice of pharmacy for the protection of the health and welfare of the public. TERMS OF OFFICE AND REMOVAL This amendment alters the board members' terms to last seven years or until their successors have been qualified. This amendment clarifies that a member of the board is not eligible for reappointment. However, a member may be reappointed for one full term if the member is appointed to fill a vacancy which occurred prior to the expiration of a former member's term. The terms of the members of the board are staggered so that the terms of no more than three members expire in one year. This amendment also provides that a member of the board who is found to have committed misconduct may be removed by the governor upon the recommendation of the remaining members. This amendment defines misconduct to mean the refusal or inability of a board member to perform their duties as a member of the board due

to inefficiency, irresponsibility, and unprofessional manner; the misuse of office by a member of the board to obtain personal, pecuniary, or material gain or advantage for their self or another through the office; or the violation of a law pertaining to the practice of pharmacy or the distribution of drugs and devices. ORGANIZATION This amendment makes the following revisions regarding the board's organization: (1) The pharmacist members of the board must annually appoint a president and a vice president; (2) The president of the board, and the vice president in the president's absence, must preside at all meetings of the board and is responsible for the performance of all duties and functions of the board; (3) The board president may, if deemed necessary, split the board into panels of three or more to conduct contested case hearings regarding disciplinary matters. A quorum of at least three panel members is required at such hearings; (4) The board must meet at least annually and at such other times as it deems necessary to perform its duties under this chapter. A majority of the members of the board constitutes a quorum for the conduct of board meetings and, except where a different number is required by this part or by any board rule, all actions of the board must be by a majority of a quorum; (5) The members of the board receive a per diem of $100 for each day the member is engaged in performance of the official duties of the board, and must be reimbursed for all reasonable and necessary expenses incurred in connection with the discharge of such official duties. All reimbursement for travel expenses are in accordance with the comprehensive travel regulations as promulgated by the department of finance and administration and approved by the attorney general and reporter; and (6) In conjunction, the division of health related boards must employ the necessary administrative and clerical staff and investigators who are pharmacists to carry out the board's duty to enforce pharmaceutical laws. The pharmacist investigators may conduct inspections of pharmacies and other sites where drugs, medicines, chemicals, pharmaceuticals, or poisons are manufactured, stored, sold, dispensed, distributed, or administered and must conduct investigations of a board licensee. The pharmacist investigators may also assist in inspections and investigations undertaken by other health related boards attached to the division, and investigators assigned to these other health related boards may assist pharmacist investigators as appropriate. EXECUTIVE DIRECTOR This amendment expands the executive director's duties and the administrative functions of the board to include recording and compiling the minutes of the board; supervising employees assigned by the division of health related boards to support the board; performing studies and research as the board or division directs; representing the board at functions as authorized by the board and the division; and serving as a consultant to the division in its enforcement duties on behalf of the board. The executive director is also permitted by this amendment to issue subpoenas for witnesses and records and to administer oaths to witnesses. This amendment also adds that the board may dismiss the executive director without consulting with the division. PROMULGATION OF RULES AND OTHER RESPONSIBILITES This amendment requires the board to promulgate rules: (1) To establish minimum standards and conditions for the operation of a pharmacy; (2) Regarding the practice of pharmacy in this state to protect the health and welfare of the citizens of this state; (3) Regarding professional conduct appropriate to the establishment and maintenance of a high standard of integrity and dignity in the profession of pharmacy; (4) To set minimum standards and conditions for receiving, preparing, maintaining, transferring, and dispensing of prescription orders; (5) To ensure that persons who are blind, visually impaired, or otherwise print disabled have appropriate access to prescription labels, bag tags, and medical guides; and (6) Regarding the board’s oversight of facilities that manufacture, warehouse, and distribute medical devices, including the formation of an advisory committee composed of medical device industry representatives and a representative of the department of economic and community development. The rules promulgated pursuant to this (6) must be reviewed by the advisory committee every three years to review the advancement of new medical device technologies. The board is also required, under this amendment, to enforce laws in this state relating to the practice of pharmacy; the manufacture, distribution, and sale of drugs; the medication use process; patient administration; and the education and monitoring of drugs, devices, chemicals, and poisons. This amendment also requires that the board regularly notify licensed pharmacists of changes that are implemented or enforced by the board that affect the licensees resulting from newly promulgated rules, amended statutes, and adopted policies and guidelines; establish and publish on its website the statutes, rules, policies, and guidelines that are implemented or enforced by the board and that affect licensees; and require licensees to maintain a copy of the board of pharmacy statutes, rules, policies, and guidelines at the location in which they practice pharmacy. In addition, the board is also tasked with keeping a record of the board’s meetings and other proceedings; issuing and maintaining a register of all persons who have been issued licenses and who have had their licenses renewed; and maintaining a register of pharmacists who have been designated as a pharmacist-in-charge. In addition, the board may maintain a register of pharmacy technicians as necessary to maintain public welfare. The board may also authorize, subject to the approval of the commissioner, administrative and investigative personnel and board members to attend local, state, regional, and national meetings. All reimbursement for travel expenses directly incurred as a result of attending such meetings must be in accordance with the comprehensive travel regulations as promulgated by the department of finance and administration and approved by the attorney general. The board is permitted to issue advisory private letter rulings to any affected licensee making a request for a ruling regarding matters within the board's jurisdiction. The private letter ruling affects only the licensee making the inquiry and has no precedential value for any other inquiry or future contested case to come before the board. The board may resolve a dispute regarding a private letter ruling pursuant to declaratory orders. POWER TO SUSPEND, REVOKE, OR REFUSE TO ISSUE LICENSES This amendment also authorizes the board to deny, restrict, or condition any application for licensure; revoke or suspend any license or certification previously issued; or discipline and assess civil penalties against an applicant, licensee, or holder of a certificate upon a finding that the applicant, licensee, or holder of a certificate has: (1) Been convicted of a criminal offense, including, but not limited to, violating a law of this state or of the United States relating to drugs or to the practice of pharmacy; (2) Been addicted to the use of alcohol, narcotics, or other drugs; (3) Engaged in conduct that is prohibited or unlawful state or federal law relating to drugs or to the practice of pharmacy; (4) Exhibited an incapacity of a nature that prevents a pharmacist from engaging in the practice of pharmacy with reasonable skill, confidence, and safety to the public; (5) Been guilty of dishonorable, immoral, unethical, or unprofessional conduct; (6) Had the license to practice pharmacy suspended or revoked by another state for disciplinary reasons; or (7) Failed to comply with a lawful order or duly promulgated rule of the board. LICENSE REQUIREMENTS This amendment provides that the board may establish the experience and educational qualifications necessary for admission to the board's licensure or certification examinations. In addition, the board may use any national certification, licensure examination, or contract with a qualified examination agency to prepare and administer its licensure examination. The board is required to promulgate rules to establish the minimum score necessary to pass a licensure or certification examination required by the board. The board is also permitted to promulgate rules regarding the procedures of renewal, administrative fees, and other related issues enumerated in the bill. To apply for a pharmacist license, a person must be at least 21; be a graduate of a school or college of pharmacy recognized by the board; and apply for licensure on forms approved by the board in writing or by online application and pursuant to rules promulgated by the board. The board is permitted to license and register pharmacists, pharmacies, wholesalers, distributors, pharmacy technicians, pharmacy interns, manufacturers, third party logistics providers, and other persons as may be required under federal or state law. In addition, the board may also grant licenses to reciprocal applicants from other states upon deciding that the qualifications of pharmacists licensed in other states are equivalent to or greater than requirements for licensure in this state. The board may refuse to issue licenses to reciprocal applicants from other states on grounds as determined by the board's rule. These provisions do not include manufacturers' representatives unless otherwise required by federal or state law. INSPECTION OF SITES The board or its designated agents are also authorized to regulate the practice of pharmacy and to inspect any site or professional pharmacy practice, other than storage sites utilized by manufacturer's representatives, where drugs, medicines, chemicals, pharmaceuticals, or poisons are manufactured, stored,

sold, dispensed, distributed, or administered. This amendment also specifies that the authority over drug dispensing in the office of a physician licensed to practice is vested in the board of medical examiners. TERMINATION This amendment sets the board to terminate on June 30, 2025, pursuant to the Tennessee Governmental Entity Review Law.

Fiscal Note: (Dated February 10, 2023) Increase State Expenditures - $3,100/FY23-24 and Subsequent Years/ Board of Pharmacy Other Fiscal Impact To the extent the Board of Pharmacy chooses to employ or retain general counsel, there will be additional expenditures incurred by the Board. 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 Pharmacy had a surplus of $198,441 in FY20-21, a surplus of $404,000 in FY21-22, and a cumulative reserve balance of $3,693,158 on June 30, 2022.

Senate Status: 04/05/23 - Senate passed with amendment 4 (006749).

House Status: 04/10/23 - House Government Operations Committee recommended. Sent to House Finance.

SB797/HB856 **TENNCARE: Removes obsolete reference to task force assigned to review ICF/MR services.**

Sponsors: Sen. Oliver, Charlane , Rep. Jernigan, Darren

Summary: Deletes an obsolete reference to a nine-person task force that was assigned to review oversight, utilization, and the future need for ICF/MR services and make recommendations to the general assembly and governor by June 30, 2007. Broadly captioned.

Fiscal Note: (Dated January 31, 2023) NOT SIGNIFICANT

Senate Status: 02/06/23 - Referred to Senate Commerce & Labor Committee.

House Status: 02/02/23 - Caption bill held on House clerk's desk.

SB799/HB859 **HEALTH CARE: Study of available real-time overdose information databases.**

Sponsors: Sen. Yarbro, Jeff , Rep. Jernigan, Darren

Summary: Requires the commissioner of the department of health, in collaboration with the commissioner of mental health and substance abuse services, to conduct a study of presently available, real-time overdose information databases and mapping tools in use in other jurisdictions to determine whether the statewide use of such system in this state is likely to decrease the occurrence of overdose-related deaths, identify obstacles and challenges to implementing such system statewide, and estimate the costs of and a timeline for implementation, and to deliver a report of findings and recommendations to the general assembly by December 31, 2023. Broadly captioned.

Amendment Summary: Senate amendment 1 (004763) rewrites this bill to revise present law concerning certain records of ambulance service and invalid vehicle operators, licensed or permitted by the department of health. Present law requires such operators to maintain run records and all other records deemed necessary by the Tennessee emergency medical services board. This amendment authorizes the department to disclose de-identified data that is collected from such records, including for the purpose of providing opioid overdose response and resources throughout this state.

Fiscal Note: (Dated March 1, 2023) NOT SIGNIFICANT

Senate Status: 03/23/23 - Senate passed with amendment 1 (004763).

House Status: 04/06/23 - House passed.

Executive Status: 04/06/23 - Sent to the speakers for signatures.

SB857/HB1440 **CRIMINAL LAW: Exemptions to the offense of criminal abortion.**

Sponsors: Sen. Haile, Ferrell , Rep. Rudder, Iris

Summary: Exempts from the offense of criminal abortion an abortion that is performed on a patient whose pregnancy is the result of rape or incest if the abortion is performed prior to a certain gestational age. Requires the physician performing the abortion to confirm that the patient reported the offense to the appropriate law enforcement agency and submitted to a forensic medical examination prior to the procedure. Adds a mandatory minimum sentence of three years incarceration for filing a false report of rape or incest for the purpose of obtaining an abortion. Broadly captioned.

Fiscal Note: (Dated February 22, 2023) NOT SIGNIFICANT

Senate Status: 02/28/23 - Taken off notice in Senate Judiciary Committee.

House Status: 02/07/23 - Referred to House Population Health Subcommittee.

SB859/HB982 **HEALTH CARE: Medical cannabis commission annual report.**

Sponsors: Sen. Reeves, Shane , Rep. Terry, Bryan

Summary: Changes the date, from January 1 to January 15, by which the medical cannabis commission must submit its annual report to the chief clerks of the senate and the house of representatives and the legislative librarian. Broadly captioned.

Amendment Summary: Senate amendment 1 (004577) rewrites this bill to add to present law provisions governing the admissibility of evidence, that a person's statement regarding the person's use or possession of marijuana to a licensed pharmacist, physician, nurse, or nurse practitioner is not admissible as evidence in any criminal trial, hearing, or proceeding in which the person is a defendant, if the statement was made in the course or scope of the person's medical care for the purpose of obtaining medical advice on possible adverse effects of marijuana use in combination with other medications or medical treatment. However, the person may expressly waive this prohibition and request that the statement be admitted as evidence. House amendment 1 (005862) incorporates the provisions of Senate Amendment 1 and adds physician assistants to the list of licensed health care professionals with whom a patient may have a privileged communication under this bill.

Fiscal Note: (Dated January 31, 2023) NOT SIGNIFICANT

Senate Status: 04/11/23 - Set for Senate Message 04/12/23.

House Status: 04/06/23 - House passed with amendment 1 (005862), which incorporates the provisions of Senate Amendment #1 and adds physician assistants to the list of licensed health care professionals with whom a patient may have a privileged communication under this bill.

SB869/HB282 **HEALTH CARE: Practice of pharmacy.**

Sponsors: Sen. Reeves, Shane , Rep. Baum, Charlie

Summary: Authorizes as part of the practice of pharmacy the prescribing of dietary fluoride supplements, certain immunization agents, opioid antagonists, and certain other drugs and products. Makes various other changes to pharmacy practice including professional judgement and health and safety. Broadly captioned.

Fiscal Note: (Dated January 24, 2023) NOT SIGNIFICANT

Senate Status: 02/06/23 - Referred to Senate Health & Welfare Committee.

House Status: 01/24/23 - Referred to House Health Subcommittee.

SB911/HB837 **COVID-19: Extends certain COVID protections for healthcare providers.**

Sponsors: Sen. Niceley, Frank , Rep. Lynn, Susan
Summary: Extends certain COVID protections for healthcare providers including limiting mandates, monoclonal antibodies to a patient as a treatment, and liability protections. Broadly captioned.
Fiscal Note: (Dated March 9, 2023) NOT SIGNIFICANT
Senate Status: 03/15/23 - Taken off notice in Senate Health & Welfare Committee.
House Status: 02/02/23 - Caption bill held on House clerk's desk.

SB912/HB840 **HEALTH CARE: Health-related boards relating to prescriptions for Schedule II controlled substances.**

Sponsors: Sen. Niceley, Frank , Rep. Lynn, Susan
Summary: Removes provisions that required health-related boards affected by law relating to prescriptions for Schedule II controlled substances to report to the general assembly by January 1, 2019, on issues related to the implementation of that law. Broadly captioned.
Fiscal Note: (Dated January 31, 2023) NOT SIGNIFICANT
Senate Status: 03/15/23 - Taken off notice in Senate Health & Welfare Committee.
House Status: 02/02/23 - Caption bill held on House clerk's desk.

SB925/HB1429 **HEALTH CARE: Out-of-state provider of home medical equipment services - requirement to maintain office in state.**

Sponsors: Sen. Lundberg, Jon , Rep. Hicks, Gary
Summary: Exempts an out-of-state provider of home medical equipment services from the requirement to maintain an office or place of business within this state if the provider provides home medical equipment that is not available from a provider that has an office or place of business within this state.
Amendment Summary: Senate amendment 1 (003501) makes the following changes to this bill: (1) Names this bill “Quinnlee’s Law”; (2) Removes the requirement that a provider of home medical equipment services that has a principal place of business outside this state maintain an office or place of business within this state; and (3) Requires the board for licensing health care facilities to establish by rule that a provider of home medical equipment services that has a principal place of business outside of this state must identify a contact person who is required to provide the state survey agency and its surveyors access to all survey items, which may include, but are not limited to, personnel files, patient medical records, policies and procedures, data, background checks, abuse registry checks, facility reported incidents, litigation and bankruptcy history, current licensure status, copies of investigations, discipline records in any other state where the provider is licensed, and video records or files, if available.
Fiscal Note: (Dated February 8, 2023) NOT SIGNIFICANT
Senate Status: 03/06/23 - Senate passed with amendment 1 (003501).
House Status: 03/13/23 - House passed.
Executive Status: 04/11/23 - Enacted as Public Chapter 0099 effective March 31, 2023.

SB938/HB1401 **INSURANCE HEALTH: Affordability is Access Act.**

Sponsors: Sen. Oliver, Charlane , Rep. Johnson, Gloria
Summary: Enacts the "Affordability is Access Act," which requires individual and group health plans to provide coverage for over-the-counter contraceptives that have been approved for use by the federal food and drug administration. Broadly captioned.
Fiscal Note: (Dated April 10, 2023) Increase State Expenditures - $1,040,600/FY23-24 $2,081,100/FY24-25 and Subsequent Years Increase Federal Expenditures - $700/FY23-24 $1,300/FY24-25 and Subsequent Years Increase Local Expenditures - $1,200/FY23-24* $2,400/FY24-25 and Subsequent Years* Potential Impact on Health Insurance Premiums (required by Tenn. Code Ann. 3-2-111): Such legislation will result in an increase in the cost of health insurance premiums to cover the additional costs of the required procedures. It is estimated that the increase to each individuals total premium will be less than one percent.
Senate Status: 02/08/23 - Withdrawn in Senate.
House Status: 02/07/23 - Referred to House Insurance Subcommittee.

SB977/HB870 **MEDIA & PUBLISHING: Public identity of entity that manufactures drugs used to carry out execution by lethal injection.**

Sponsors: Sen. Pody, Mark , Rep. Lafferty, Justin
Summary: Changes from confidential to a public record the identity of an entity that compounds, distributes, or manufactures the drugs obtained and used by the department of correction to carry out an execution by lethal injection. Declares the names of persons involved in carrying out a sentence of death are confidential and exempt from public disclosure.
Fiscal Note: (Dated February 8, 2023) NOT SIGNIFICANT
Senate Status: 03/14/23 - Senate State & Local Government Committee deferred to 01/02/24.
House Status: 03/08/23 - Taken off notice in House State Government Committee.

SB983/HB778 **CRIMINAL LAW: Limits the offense of criminal abortion to only apply to elective abortions.**

Sponsors: Sen. Yager, Ken , Rep. Helton-Haynes, Esther
Summary: Limits the offense of criminal abortion to only apply to elective abortions. Defines elective abortion as any abortion that is not medically necessary to prevent the death of the pregnant woman or to prevent serious risk of substantial and irreversible impairment of a major bodily function of the pregnant woman. Broadly captioned.
Fiscal Note: (Dated February 22, 2023) NOT SIGNIFICANT
Senate Status: 03/22/23 - Taken off notice in Senate Judiciary Committee.
House Status: 03/21/23 - Taken off notice in House Population Health Subcommittee.

SB985/HB357 **HEALTH CARE: Notice of material change on application of person applying for TennCare.**

Sponsors: Sen. Yager, Ken , Rep. Keisling, Kelly
Summary: Lessens the time from 30 days to 15 days in which the bureau of TennCare must be notified of any material change in a person's application.
Fiscal Note: (Dated January 22, 2023) NOT SIGNIFICANT
Senate Status: 02/06/23 - Referred to Senate Health & Welfare Committee.
House Status: 01/30/23 - Caption bill held on House clerk's desk.

SB1013/HB1506 **HEALTH CARE: Reporting of abortion to office of vital records.**

Sponsors: Sen. Campbell, Heidi , Rep. Johnson, Gloria
Summary: Changes from 10 days to three business days after an abortion the time within which the abortion must be reported to the office of vital records by the person in charge of the institution where the abortion was performed or by the attending physician. Broadly captioned.
Fiscal Note: (Dated February 14, 2023) NOT SIGNIFICANT
Senate Status: 02/06/23 - Referred to Senate Judiciary Committee.
House Status: 03/14/23 - Taken off notice in House Population Health Subcommittee.

SB1016/HB890 **WELFARE: Patient Protection and Affordable Care Act.**

Sponsors: Sen. Campbell, Heidi , Rep. Glynn, Ronnie
Summary: Removes the statutory provision that currently prohibits the governor from making a decision or obligating the state with regard to the expansion of optional enrollment in the medicaid program pursuant to the federal Patient Protection and Affordable Care Act unless the governor is authorized to do so by joint resolution of the general assembly.
Fiscal Note: (Dated March 9, 2023) NOT SIGNIFICANT
Senate Status: 02/06/23 - Referred to Senate Commerce & Labor Committee.
House Status: 02/02/23 - Caption bill held on House clerk's desk.

SB1072/HB309 **CRIMINAL LAW: Decriminalizes the possession of certain amounts of marijuana.**

Sponsors: Sen. Yarbro, Jeff , Rep. Chism, Jesse
Summary: Prohibits arrest and criminal prosecution for the possession of certain amounts of marijuana considered personal use quantities. Makes such possession by an offender aged 18 or older a civil violation punishable by a $25 fine or community service. Requires offenders under age 18 to perform community service or complete a drug awareness program, or both. Defines personal use quantities as one ounce or less of marijuana, five grams or less of resins extracted from marijuana and infused products containing 1,000 milligrams or less of delta-9-tetrahydrocannabinol (THC). Stipulates that the odor of marijuana does not constitute probable cause to support a stop of search of a person or motor vehicle. Makes provisions for testing for impairment. Removes language related to marijuana from description of drug paraphernalia.
Senate Status: 02/21/23 - Failed in Senate Judiciary Committee.
House Status: 02/28/23 - Taken off notice in House Criminal Justice Subcommittee.

SB1104/HB1441 **HEALTH CARE: Tennessee Medical Cannabis Act.**

Sponsors: Sen. Bowling, Janice , Rep. Rudder, Iris
Summary: Enacts the "Tennessee Medical Cannabis Act," which establishes a medical cannabis program to be administered by the medical cannabis commission. Requires a person, in order to acquire, possess, or use a medical cannabis-infused product, to have a valid medical cannabis card. Specifies that a medical cannabis card may only be issued to a qualified patient or caregiver. Specifies other requirements for person to receive a medical cannabis card, including having a diagnosis of a qualifying condition made by a healthcare provider. Authorizes the medical cannabis commission to establish a patient registry so that healthcare providers can provide certification electronically. Requires the department of agriculture and state and local law enforcement agencies to have access to the patient registry in order to prevent counterfeiting of cards, to minimize illegal usage, and to attain maximum compliance with this part. Specifies that medical cannabis cards expire two years after issuance and can be renewed by payment of a fee to the commission. Specifies other requires for use of medical cannabis and for the medical cannabis commission (41 pp).

Amendment Summary:

Senate Judiciary Committee amendment 1 (004340) enacts the Tennessee Medical Cannabis Act (Act), which legalizes and decriminalizes, licenses and regulates the possession, consumption, cultivation, processing, purchase, transportation and sale of medical cannabis, including the extraction of any part of the plant, and every compound, derivative, mixture, product or preparation of the plant for any qualifying patient who has been assessed by a medical care practitioner as having a qualifying medical condition and has successfully applied for a medical cannabis card. Requires qualifying patients to pay a registry identification card issuance fee of $65 at issuance and every two years thereafter at renewal. Authorizes qualifying patients to acquire, possess, or use a medical-infused product, but not the use of raw plant material, or any product administered by smoking, combustion, or vaping, or a food product that has medical cannabis baked, mixed, or otherwise infused into the product, such as cookies or candies. Authorizes the cultivation, processing, and sale of medical cannabis in any county or municipality; however, the appropriate legislative body of any such jurisdiction may ban the cultivation, processing, manufacture, or sale of medical cannabis within its jurisdiction by a two-thirds majority vote of the body no later than August 31, 2023. Creates the Tennessee Medical Cannabis Program Commission (Commission), composed of 12 Requires during the first 12 months after commencement of meetings to meet at least two meetings held monthly. After such 12-month period, meetings must at least be held monthly. Requires the Commission to oversee the medical program established by this Act. Authorize the Commission to appoint an executive director and an assistant director. Directs the Commission be administratively attached to the Department of Agriculture (DOA) and for the department to appoint a chief inspection and enforcement officer. Requires members of the Commission to receive $700 per meeting attended and to be reimbursed for their actual and necessary expenses, including travel expenses. Requires the Commission to: • Publish application forms and procedures for obtaining all patient and caregiver medical cannabis cards; • Establish an integrated, electronic registry system to track the medical cannabis card application process through issuance or denial; • Procure and utilize a secure, online system for patient registration and seed-to-sale tracking; and • Provide annual written reports, with the first due no later than July 31, 2024, which must be made publicly available and be posted on the Commission's website. Creates a Class C misdemeanor offense for any Commission member or employee to have a direct or indirect fiduciary interest in a cannabis establishment, or whom has accepted a gift, favor, merchandise, donation, contribution, or any article or thing of value, from a person licensed by the Commission. Establishes two types of provisional licenses, the urban omni license (UOL) and the rural vertically integrated license (RUVI). By no later than April 1, 2024, the Commission is limited to issuing three UOLs in counties having a population greater than 360,000 according to the 2020 federal census or subsequent census. Limits the number of UOLs which the Commission may issue statewide to 12. Authorizes each UOL licensee to own up to three dispensaries in its primary county. Establishes an application fee of $85,000 for a UOL, $15,000 of which is non- refundable; however, should the application be accepted and the entity issued licensure, the entire $85,000 is non-refundable. In the event that a UOL is denied due to either the applying entity failing to provide all necessary information or for failure of the entity to pass the required on-site inspection, the Commission may determine that up to $38,300 is non-refundable, to offset the administrative costs of the Commission. Prohibits UOLs from operating outside its primary county except that transportation of materials or product outside such county is authorized and sales to a RUVI licensee may occur upon receipt of a waiver by the Commission. Limits the Commission, by no later than March 1, 2024, to issuing four RUVIs in each grand division of the state. Limits the number of RUVIs which the Commission may issue statewide to 12. Authorizes each UOL licensee to own up to three dispensaries in its primary county or an adjacent county. Establishes an application fee of $45,000 for a RUVI; however, should the application be accepted and the entity issued licensure, the entire $45,000 is non-refundable. If the application is denied, $40,000 of the application fee is refundable; however, in the event that a RUVI is denied due to either the applying entity failing to provide all necessary information or for failure of the entity to pass the required on-site inspection, the Commission may determine that up to $18,300 is non-refundable, to offset the administrative costs of the Commission. RUVIs are authorized to business activities in its primary county and to aggregate cultivation, processing, and manufacturing of medical cannabis in adjacent counties. Authorizes a RUVI licensee to work cooperatively with up to six additional entities or persons at six physical locations in order to cultivate, process, or manufacture medical cannabis, as long as necessary information is provided to the Commission and such entities reside in a primary or adjacent county. Requires the Commission to issue provisional licenses by April 1, 2024; however, the issuance of such provisional licenses is conditional upon a successful on-site inspection. Final decisions to approve or deny either a UOL or RUVI must be made and published no later than June 30, 2024. Authorizes the Commission to, upon its rulemaking authority and based on market demand, issue additional licenses for dispensaries, cultivation facilities, and stand-alone processing or manufacturing facilities and for similar vertically-integrated operations.Requires the DOA to perform statutory and regulatory inspection and enforcement requirements and that costs incurred by the department to perform these duties to be borne by the Commission. Requires all owners, officers, board members, and managers of an entity applying for a UOL or RUVI to, during the application and operation process, pass a Federal Bureau of Investigation (FBI) level 2 background screening process. Creates a special account in the State Treasury, to be known as the Medical Cannabis Fund (Fund). Requires all moneys collected from fees and a considerable portion of collections from taxes levied pursuant to this Act to be transmitted to the Department of Revenue (DOR) and be deposited in the Fund. Authorizes money in the Fund to be invested by the State Treasurer. Prohibits interest accrued on investments and deposits in Fund from reverting to the General Fund. All sales of cannabis or cannabis products to qualifying patients are subject to a nine percent state sales tax and a local sales tax not to exceed two and one-tenth percent (2.1%). Proceeds of the state sales tax shall be allocated as follows: • 45 percent to the Fund; • 25 percent to the DOA for programs and grants administered by the department that facilitate agricultural development in the state, including, but not limited to, the Agricultural Enterprise Fund and the Tennessee Agricultural Enhancement Program; • 20 percent to the Department of Economic and Community Development (ECD) for community and rural development program grants administered by the ECD; • 5 percent to the Peace Officer Standards and Training Commission (POST); and • 5 percent to the Department of Veteran's Services (DVS) for programs administered by the department that provide treatment for veterans diagnosed with post-traumatic stress disorder. Establishes an excise tax, exclusive to licensed UOLs, equal to 10 percent of net earnings earned in the preceding fiscal year. Establishes that, upon determination by the General Assembly that the Commission has established sufficient revenues for the administration of this program, the General Assembly may direct the Department of Revenue (DOR) to transfer any excess balance in the Fund to the General Fund to repay any appropriation made by the General Assembly.

Fiscal Note: (Dated February 21, 2023) Increase State Revenue $2,300/FY23-24/General Fund $681,000/FY24-25/General Fund $2,042,600/FY25-26/General Fund $2,723,300/FY26-27 and Subsequent Years/General Fund $1,560,000/FY23-24/Medical Cannabis Fund $8,460,900/FY24-25/Medical Cannabis Fund $14,493,500/FY25-26/Medical Cannabis Fund $21,756,500/FY26-27 and Subsequent Years/ Medical Cannabis Fund $2,077,000/FY23-24/Department of Agriculture $6,231,000/FY24-25/Department of Agriculture $8,307,900/FY25-26 and Subsequent Years/ Department of Agriculture SB 1104 - HB 1441 3 $1,661,600/FY23-24/Department of Economic and Community Development $4,984,700/FY24-25/Department of Economic and Community Development $6,646,000/FY25-26 and Subsequent Years/ Department of Economic and Community Development $415,400/FY23-24/Peace Officer Standards and Training Commission $1,246,200/FY24-25/ Peace Officer Standards and Training Commission $1,661,600/FY25-26 and Subsequent Years/ Peace Officer Standards and Training Commission $415,400/FY23-24/Department of Veterans Services $1,246,200/FY24-25/ Department of Veterans Services $1,661,600/FY25-26 and Subsequent Years/ Department of Veterans Services $100/FY23-24/Secretary of State $8,900/FY22-23/TBI $700/FY23-24 and Subsequent Years/TBIIncrease State Expenditures - $1,495,700/FY24-25/General Fund $1,473,500/FY25-26 and Subsequent Years/General Fund $1,169,200/FY23-24/Medical Cannabis Fund $1,561,284/FY24-25/Medical Cannabis Fund $1,541,284/FY25-26 and Subsequent Years/ Medical Cannabis Fund $5,700/FY23-24/TBI $500/FY24-25 and Subsequent Years/TBIDecrease State Expenditures $9,000/FY23-24 and Subsequent Years/General FundIncrease Local Revenue - $1,938,500/FY24-25/Permissive $5,815,500/FY25-26/Permissive $7,754,000/FY26-27 and Subsequent Years/Permissive SB 1104 - HB 1441 4 Other Fiscal Impact It is assumed that this legislation may result in a decrease in state and local expenditures by decreasing jail and prison time for certain defendants; however, due to the fact that this legislation limits cannabis use by qualifying patients to certain cannabis-infused products, any such impact cannot be determined with reasonable certainty.

Senate Status: 02/28/23 - Failed in Senate Judiciary Committee after adopting amendment 1 (004340).

House Status: 02/07/23 - Referred to House Health Subcommittee.

SB1111/HB1380 **HEALTH CARE: Mature Minor Doctrine Clarification Act.**

Sponsors: Sen. Bowling, Janice , Rep. Ragan, John

Summary: Prohibits a healthcare provider from providing a vaccination to a minor unless the healthcare provider first receives written informed consent from a parent or legal guardian of the minor. Requires the healthcare provider to document receipt of, and include in the minor's medical record proof of, such prior informed consent. Prohibits an employee or agent of this state from providing or facilitating the vaccination of a minor child who is in the custody of this state unless a parent or guardian has provided prior written or the parental rights of each of the minor's parents or legal guardians have been terminated by a court. Requires the department of health to establish a registry database for the reporting of vaccinations of minors by healthcare providers in this state.

Amendment Summary: Senate amendment 1 (006505) enacts the "Mature Minor Doctrine Clarification Act" which prohibits healthcare providers from providing vaccination to a minor without receiving informed consent from the minor's parent or legal guardian. Excludes minors who have been emancipated, is or were previously members of the armed forces of the United States, or are a member of a reserve or national guard unit, or are the parent of a minor child and have full custody of that minor child. Prohibits an employee or agent of this state from providing, requesting, or facilitating the vaccination of a minor child who is in the custody of the state, except: (1) upon written request to, and court order from the appropriate court; (2) if given prior written consent by a parent or legal guardian of the minor; or (3) if the parental rights of each of the minor's parents or legal guardians have been terminated by a court. Establishes that a violation of the Act is an unlawful practice and is grounds for the offending healthcare provider's licensing authority to suspend, revoke, or refuse to renew the healthcare provider's license or take other disciplinary action allowed by law. Requires a licensing authority to investigate a potential violation and take appropriate disciplinary action. Requires that 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. Authorizes the Department of Health (DOH) to promulgate rules to effectuate the Act. House Health Committee amendment 1 (006518) creates the Mature Minor Doctrine Clarification Act. Prohibits healthcare providers from providing vaccination to a minor without receiving informed consent from the minor's parent or legal guardian. Prohibits an employee or agent of this state from providing, requesting, or facilitating the vaccination of a minor child who is in the custody of the state, except: (1) upon written request to, and court order from the appropriate court; (2) if given prior written consent by a parent or legal guardian of the minor; or (3) if the parental rights of each of the minor's parents or legal guardians have been terminated by a court. Establishes that a violation of the Act is an unlawful practice and is grounds for the offending healthcare provider's licensing authority to suspend, revoke, or refuse to renew the healthcare provider's license or take other disciplinary action allowed by law. Requires a licensing authority to investigate a potential violation and take appropriate disciplinary action. Authorizes the Department of Health (DOH) to promulgate rules to effectuate the Act.

Fiscal Note: (Dated February 19, 2023) Increase State Revenue $60,000/FY23-24/Strategic Technology Solutions Increase State Expenditures - $60,000/FY23-24/Department of Health

Senate Status: 04/10/23 - Senate passed with amendment 1 (006505), which enacts the "Mature Minor Doctrine Clarification Act" which prohibits healthcare providers from providing vaccination to a minor without receiving informed consent from the minor's parent or legal guardian. Excludes minors who have been emancipated, is or were previously members of the armed forces of the United States, or are a member of a reserve or national guard unit, or are the parent of a minor child and have full custody of that minor child. Prohibits an employee or agent of this state from providing, requesting, or facilitating the vaccination of a minor child who is in the custody of the state, except: (1) upon written request to, and court order from the appropriate court; (2) if given prior written consent by a parent or legal guardian of the minor; or (3) if the parental rights of each of the minor's parents or legal guardians have been terminated by a court. Establishes that a violation of the Act is an unlawful practice and is grounds for the offending healthcare provider's licensing authority to suspend, revoke, or refuse to renew the healthcare provider's license or take other disciplinary action allowed by law. Requires a licensing authority to investigate a potential violation and take appropriate disciplinary action. Requires that 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. Authorizes the Department of Health (DOH) to promulgate rules to effectuate the Act.

House Status: 04/10/23 - House Government Operations Committee recommended. Sent to House Calendar & Rules.

SB1115/HB717 **CRIMINAL LAW: Fentanyl as chemical warfare agent.**

Sponsors: Sen. Bowling, Janice , Rep. Sparks, Mike

Summary: Adds fentanyl, carfentanil, remifentanil, alfentanil, thiafentanil, or any fentanyl derivative or analogue to the definition of "chemical warfare agents" under the Terrorism Prevention and Response Act of 2002.

Fiscal Note: (Dated February 26, 2023) Increase State Expenditures $1,266,900 Incarceration

Senate Status: 02/06/23 - Referred to Senate Judiciary Committee.

House Status: 04/04/23 - Returned to House clerk's desk.

SB1148/HB1257 **COVID-19: COVID-19 provisions to be made permanent.**

Sponsors: Sen. Niceley, Frank , Rep. Lynn, Susan
Summary: Makes various provisions regarding COVID-19 permanent by removing language specifying termination dates for such provisions.
Fiscal Note: (Dated February 5, 2023) NOT SIGNIFICANT
Senate Status: 03/15/23 - Taken off notice in Senate Health & Welfare Committee.
House Status: 02/02/23 - Caption bill held on House clerk's desk.

SB1168/HB913 **HEALTH CARE: Practitioner to discuss addiction and overdose risks associated with certain prescription drugs.**

Sponsors: Sen. Taylor, Brent , Rep. Rudder, Iris
Summary: Requires a practitioner to discuss with patients the addiction and overdose risks associated with certain prescription drugs, alternative treatments that may be available, and the reasons why the prescription is necessary prior to issuing an initial prescription and prior to issuing a third prescription for certain controlled substances in a course of treatment for acute or chronic pain. Broadly captioned.
Fiscal Note: (Dated February 5, 2023) NOT SIGNIFICANT
Senate Status: 02/06/23 - Referred to Senate Judiciary Committee.
House Status: 03/07/23 - Taken off notice in House Health Subcommittee.

SB1170/HB1457 **HEALTH CARE: Due date for renewal of fees by professional or registered nurse.**

Sponsors: Sen. Swann, Art , Rep. Moon, Jerome
Summary: Increases the length of notice the executive director of the board must give a person holding a current licensure registration to practice as a professional or registered nurse that the renewal fee is due, from 60 days to 65 days prior to the due date of the renewal fee. Broadly captioned.
Amendment Summary: Senate Commerce & Labor Committee amendment 1 (006457) expands the scope of practice of physician assistants and makes changes to collaboration requirements for physician assistants. Authorizes a physician assistant with greater than 6,000 hours of postgraduate clinical experience to apply to the Board of Physician Assistants (Board) for an endorsement on the physician assistant's license and to practice independently without a collaborating physician. Establishes that a physician assistant with fewer than 6,000 hours of postgraduate clinical experience must collaborate with a physician and may only hold a minority ownership interest in a healthcare setting. Authorizes a physician assistant to render emergency medical services in cases where immediate diagnosis and treatment are necessary to avoid disability or death. Establishes that a physician assistant who has received an endorsement certifying greater than 6,000 hours of postgraduate clinical experience may prescribe, dispense, order, administer, and procure appropriate medical devices, legend drugs, and controlled substances that are within the physician assistant's scope of practice, experience, and training, if the physician assistant has registered and complied with all applicable requirements of state law and rules and the federal drug enforcement administration. Requires the Board to monitor the prescriptive practices of physician assistants through site visits. Takes effect January 1, 2024.
Fiscal Note: (Dated February 3, 2023) NOT SIGNIFICANT
Senate Status: 03/28/23 - Senate Health & Welfare Committee deferred to first calendar of 2024.
House Status: 03/28/23 - House Health Subcommittee deferred to first calendar of 2024.

SB1275/HB874 **INSURANCE HEALTH: Licensed medical laboratory right to participate as provider.**

Sponsors: Sen. Briggs, Richard , Rep. Lafferty, Justin
Summary: Prohibits a health insurance issuer or managed health insurance issuer from denying a licensed medical laboratory the right to participate as a participating provider in any policy, contract, or plan on the same terms and conditions as are offered to another medical laboratory under the policy, contract, or plan. Imposes certain other requirements on insurers regarding medical laboratories including heavy users of medical laboratories and prohibiting certain insurers factors including coinsurance, co-payment, deductible, and quantity. Broadly captioned.
Amendment Summary: Senate amendment 1, House Insurance Committee amendment 1 (005208) revises this bill to delete the authorization for an issuer to restrict an abusive or heavy utilizer of medical laboratory services to a single medical laboratory for nonemergency services.
Fiscal Note: (Dated March 9, 2023) Other Fiscal Impact The proposed legislation may result in changes to contract structures and negotiated prices with the TennCare program and plans offered by the Division of Benefits Administration, which would result in an increase in state expenditures. Any such increase is dependent on multiple unknown variables and cannot be reasonably determined.
Senate Status: 03/30/23 - Senate passed with amendment 1 (005208).
House Status: 04/05/23 - House Finance Subcommittee placed behind the budget.

SB1278/HB1296 **HEALTH CARE: Reversible long-acting contraception at no charge.**

Sponsors: Sen. Massey, Becky , Rep. Helton-Haynes, Esther
Summary: Requires the department of health to provide voluntary reversible long-acting contraception to women at no charge.
Fiscal Note: (Dated March 11, 2023) Increase State Expenditures - $8,332,400/FY23-24 $8,022,400/FY24-25 and Subsequent Years Other Fiscal Impact - If federal Title X Family Planning Program funding is decreased or becomes unavailable, there will be an additional increase in state expenditures to cover the cost of providing access to voluntary reversible long- acting contraception for women; however, the extent and timing of any such increase cannot be reasonably determined.
Senate Status: 03/15/23 - Taken off notice in Senate Health & Welfare Committee.
House Status: 02/07/23 - Referred to House Population Health Subcommittee.

SB1314/HB1419 **HEALTH CARE: Medications intended for persons with diabetes.**

Sponsors: Sen. Bailey, Paul , Rep. Butler, Ed
Summary: Prohibits a healthcare prescriber from issuing a prescription for a dual-purpose prescription medication for diabetes to a person in this state that does not have a diagnosis of diabetes.
Fiscal Note: (Dated March 20, 2023) NOT SIGNIFICANT
Senate Status: 02/06/23 - Referred to Senate Commerce & Labor Committee.
House Status: 02/07/23 - Referred to House Health Subcommittee.

SB1339/HB1215 **HEALTH CARE: Reimbursement prohibited for certain procedures relating to gender identity.**

Sponsors: Sen. Johnson, Jack , Rep. Sexton, Cameron

Summary: Prohibits any managed care organization that contracts with the bureau of TennCare to provide medical assistance from providing reimbursement or coverage for a medical procedure if the performance or administration of the procedure is for the purpose of enabling a person to identify with, or live as, a purported identity inconsistent with the person's sex, or treating purported discomfort or distress from a discordance between a person's sex and asserted identity. Broadly captioned.

Amendment Summary: House Insurance Committee amendment 1 (003881) prohibits a managed care organization (MCO) that contracts with the Division of TennCare (Division) to provide medical assistance from providing reimbursement or coverage for a medical procedure if the performance or administration of the procedure is for the purpose of enabling a person to identify with, or live as, a purported identity inconsistent with the person's sex, or treating purported discomfort or distress from a discordance between a person's sex and asserted identity. Prohibits the Division from contracting with any MCO to provide medical assistance if the MCO provides reimbursement or coverage for such medical procedures through: (1) a private health insurance program regulated by the state; (2) a state or local insurance program in this state or another state; or (3) any other program for insurance or medical assistance regulated or administered by another state. Requires the Division to revise or amend all necessary contracts within 30 days of the effective date of the legislation to ensure compliance. Requires an MCO that is in violation to come into compliance no later than 90 days after the effective date of the proposed legislation, and provide documentation of the compliance to the Division within 120 days. Authorizes the Department of Commerce and Insurance (DCI) to periodically review each MCO to ensure compliance. Requires the Division, upon being notified by the DCI, to immediately provide notice of any finding of noncompliance to an MCO. Grants an MCO the ability to contest a finding and request a contested case hearing. States that an MCO that violates the proposed legislation is no longer eligible to contract with the Division to provide medical assistance. House Finance Subcommittee amendment 1 (005645) prohibits a managed care organization (MCO) that contracts with the Division of TennCare (Division) to provide medical assistance from providing reimbursement or coverage for a medical procedure if the performance or administration of the procedure is for the purpose of enabling a person to identify with, or live as, a purported identity inconsistent with the person's sex, or treating purported discomfort or distress from a discordance between a person's sex and asserted identity. Prohibits the Division from contracting with any MCO to provide medical assistance if the MCO provides reimbursement or coverage for such medical procedures through: (1) a private health insurance program regulated by the state; (2) a state or local insurance program in this state or another state; or (3) any other program for insurance or medical assistance regulated or administered by another state. Creates an exception for medical procedures performed or administered to treat a person's congenital defect, precocious puberty, disease, or physical injury. Authorizes the Division to seek a waiver from the federal Department of Health and Human Services, if necessary. Requires the Division to revise or amend all necessary contracts within 30 days of finalizing an amended waiver to ensure compliance with the proposed legislation. Requires the Department of Commerce and Insurance (DCI) to conduct an initial review of an MCO that is contracting with the Division no later than 90 days after the effective date of the proposed legislation. Authorizes the DCI to periodically review each MCO to ensure compliance, and notify the MCO and Division of a violation. Requires an MCO to remedy a violation within 30 days of receiving notice. Requires the Division to begin the process of replacing an MCO if the MCO does not remedy a violation within the 30-day time period.

Fiscal Note: (Dated February 12, 2023) Other Fiscal Impact The proposed legislation may result in changes to contract structures and negotiated prices with the TennCare program which would result in an increase in state expenditures. Any such increase is dependent on multiple unknown variables and cannot be reasonably determined.

Senate Status: 02/06/23 - Referred to Senate Commerce & Labor Committee.

House Status: 03/15/23 - House Finance, Ways & Means Subcommittee deferred to Special Calendar to be Published with Final Calendar in Finance, Ways, and Means Subcommittee after adopting amendment 1 (005645).

SB1353/HB1486 **COMMERCIAL LAW: Retaining of a copy of a person's identification by a business entity.**

Sponsors: Sen. Crowe, Rusty , Rep. Campbell, Scotty

Summary: Prohibits a business entity from retaining a copy, in electronic or other formats, of a person's identification unless the retention of that copy is specifically required by federal or state law, or the business entity obtains the express consent of the holder of that identification. Prohibits a business entity from refusing to transact business with a person solely on the basis that the person refuses to provide express consent to the business entity or its agent, employee, or contractor retaining the copy. Makes a violation a Class B misdemeanor that constitutes an unfair or deceptive act under the Consumer Protection Act of 1977. Broadly captioned.

Fiscal Note: (Dated March 8, 2023) NOT SIGNIFICANT

Senate Status: 03/14/23 - Taken off notice in Senate Commerce & Labor Committee.

House Status: 02/07/23 - Referred to House Banking & Consumer Affairs Subcommittee.

SB1392/HB1213 **INSURANCE HEALTH: Covered person paying out-of-pocket for healthcare services.**

Sponsors: Sen. McNally, Randy , Rep. Sexton, Cameron

Summary: Requires a healthcare entity to send documentation to a carrier if a covered person negotiates for a lower cost for healthcare services than the average allowed amount paid by the carrier to network providers for a comparable healthcare service, and the covered person pays out-of-pocket for healthcare services that are included under the covered person's health plan. Requires a carrier that receives documentation of a covered person paying out-of-pocket for healthcare services that are included under the covered person's health plan to count the amount paid by the covered person toward the covered person's deductible, coinsurance, copayment, or another cost-sharing amount. Broadly captioned.

Amendment Summary: House amendment 1 (004097) authorizes an enrollee in a healthcare plan to choose to pay for healthcare services out-of-pocket from an out-of-network provider. Requires the enrollee to send certain documentation to the carrier if the enrollee negotiates for a lower cost for the healthcare services than the average allowed amount paid by the carrier to a network provider for a comparable healthcare service, and the enrollee pays for healthcare services out-of-pocket. Requires a carrier that receives such documentation to count the full amount that the enrollee paid out-of-pocket toward the enrollee's deductible, coinsurance, copayment, or other cost- sharing amount, if: (1) the healthcare service is included under the enrollee's insurance plan; and (2) the enrollee negotiated for a lower cost for the healthcare service than the average allowed amount paid by the carrier to network providers for that comparable healthcare service. States that the amount counted toward an enrollee's out-of-pocket deductible, coinsurance, copayment, or other cost-sharing amount must not exceed the total amount that the covered person is required to pay out-of-pocket during a contractually agreed upon period of time for healthcare services that are included under the covered person's insurance plan, and does not carry over once a new contract or agreement period for the insurance plan begins. Reduces, from one year to 30 days, the timeframe in which a carrier's interactive member portal or toll-free phone number must allow an enrollee seeking information about the cost of a particular healthcare service to estimate out-of-pocket costs applicable to that enrollee and compare the average allowed amount paid to a network provider for the procedure or service under the enrollee's health plan.

Fiscal Note: (Dated February 11, 2023) NOT SIGNIFICANT

Senate Status: 03/30/23 - Senate passed.

House Status: 03/06/23 - House passed with amendment 1 (004097).

Executive Status: 03/30/23 - Sent to the speakers for signatures.

SB1394/HB1227 **MENTAL HEALTH: Public posting of the written minutes of each Tennessee opioid abatement council meetings.**

Sponsors: Sen. Reeves, Shane , Rep. Littleton, Mary

Summary: Requires the department of mental health and substance abuse services to make available on its public website an electronic copy of the written minutes of each meeting of the Tennessee opioid abatement council. Broadly captioned.

Fiscal Note: (Dated February 5, 2023) NOT SIGNIFICANT

Senate Status: 02/06/23 - Referred to Senate Judiciary Committee.

House Status: 02/02/23 - House sponsor changed from Tom Leatherwood to Mary Littleton.

SB1398/HB1242 **CRIMINAL LAW: One Pill Will Kill Act.**

Sponsors: Sen. Reeves, Shane , Rep. Powers, Dennis

Summary: Increases the penalty for the manufacture, delivery, sale, or possession with intent to manufacture, deliver, or sell fentanyl, carfentanil, remifentanil, alfentanil, thiafentanil, or any fentanyl derivative or analogue from a Class C felony to a Class B felony if the amount involved is 0.5 grams or more of any substance containing fentanyl, carfentanil, remifentanil, alfentanil, thiafentanil, or any fentanyl derivative or analogue or if the amount involved is less than 0.5 grams of a controlled substance containing fentanyl, carfentanil, remifentanil, alfentanil, thiafentanil, or any fentanyl derivative or analogue and the defendant carried or employed a deadly weapon during the commission of the offense or the offense resulted in death or bodily injury to another person. Broadly captioned.

Amendment Summary: Senate Judiciary Committee amendment 1, House Criminal Justice Committee amendment 1 (006069) adds xylazine and its derivatives to the controlled substances in the Schedule II list. House Finance Subcommittee amendment 1 (006852) adds xylazine and any precursor or derivative to the controlled substances in the Schedule III list.

Fiscal Note: (Dated February 10, 2023) Increase State Expenditures Net Impact $1,109,900 Incarceration

Senate Status: 03/28/23 - Senate Judiciary Committee recommended with amendment 1 (006069). Sent to Senate Finance.

House Status: 04/05/23 - House Finance Subcommittee placed behind the budget after adopting amendment 1 (006852).

SB1405/HB1529 **HEALTH CARE: Requirement to survey COVID-19 exemptions in neighbor states.**

Sponsors: Sen. Niceley, Frank , Rep. Lynn, Susan

Summary: Requires the department of health to conduct a survey of COVID-19 exemptions based on religion or rights of conscience in neighbor states and report findings to the health committees by January 1, 2024. Broadly captioned.

Fiscal Note: (Dated February 14, 2023) NOT SIGNIFICANT

Senate Status: 03/15/23 - Taken off notice in Senate Health & Welfare Committee.

House Status: 03/14/23 - Taken off notice in House Population Health Subcommittee.

SB1411/HB173 **CAMPAIGNS & LOBBYING: Questions related to legalization of marijuana to be on November 2024 ballot.**

Sponsors: Sen. Akbari, Raumesh , Rep. Chism, Jesse

Summary: Requires county election commissions to include three non-binding questions related to the legalization of marijuana on the November 2024 ballot. Requires the secretary of state to compile the results of the public policy opinion poll and forward the results to each member of the general assembly.

Fiscal Note: (Dated February 15, 2023) Increase Local Expenditures Up to $9,400/FY24-25*

Senate Status: 02/06/23 - Referred to Senate State & Local Government Committee.

House Status: 02/22/23 - Failed in House Elections & Campaign Finance Subcommittee.

SB1414/HB1087 **TENNCARE: Directs the bureau to establish a temporary TennCare benefits program.**

Sponsors: Sen. Yarbro, Jeff , Rep. Baum, Charlie

Summary: Directs the bureau to establish a temporary TennCare benefits program to provide medical assistance on a temporary basis to certain individuals who do not qualify for enrollment in TennCare, CoverKids, or a successor program. Requires the bureau to submit a waiver to the federal Centers for Medicare and Medicaid Services by December 31, 2023.

Fiscal Note: (Dated March 11, 2023) Increase State Expenditures - $224,304,300/FY24-25 $223,304,300/FY25-26 and Subsequent Years Increase Federal Expenditures - $1,963,236,100/FY24-25 $1,954,236,100/FY25-26 and Subsequent Years

Senate Status: 03/22/23 - Taken off notice in Senate Health & Welfare Committee.

House Status: 03/21/23 - Failed in House Insurance Subcommittee.

SB1428/HB925 **HEALTH CARE: Licensing requirements for healing arts practice.**

Sponsors: Sen. Roberts, Kerry , Rep. Martin, Brock
Summary: Requires a person who is licensed to practice a healing art, who was an officer in the commissioned medical corps of the army, the navy, the air force or the public health service of the United States, and who was subsequently discharged, instead of honorably discharged, to register with the appropriate board licensing that profession.
Fiscal Note: (Dated March 9, 2023) NOT SIGNIFICANT
Senate Status: 03/15/23 - Taken off notice in Senate Health & Welfare Committee.
House Status: 02/02/23 - Caption bill held on House clerk's desk.

SB1461/HB172 **HEALTH CARE: Tennessee Medical Cannabis Act.**

Sponsors: Sen. Lamar, London , Rep. Chism, Jesse
Summary: Enacts the Tennessee Medical Cannabis Act to enable citizens of the state of Tennessee to legally access and utilize cannabis for certain medical purposes under certain conditions. Clarifies that government medical assistance programs and private insurers are not required to reimburse a person for costs associated with medical use of cannabis. Allows a person, property owner or employer to prohibit its use by guests, clients, customers or other visitors on that property. States that employers are not obligated to exempt an employee from discipline for ingesting cannabis in the workplace or for working under its influence. Allows a landlord to prohibit the cultivation of cannabis on the rental property. Equates the authorized use of medical cannabis with any other prescribed medication for the purposes of prohibiting discrimination in certain situations such as organ transplants, custody and visitation rights and certain employment practices. Outlines qualification requirements of patients and practitioners and defines relevant terms and conditions for the authorized use of medical cannabis. Includes a list of debilitating medical conditions which qualify a patient for medical cannabis. (46 pp.)
Fiscal Note: (Dated February 20, 2023) Increase State Revenue $1,715,700/FY23-24/General Fund $16,293,500/FY24-25/General Fund $23,308,700/FY25-26/General Fund $30,474,700/FY26-27 and Subsequent Years/General Fund $300/FY23-24/Secretary of State $200/FY24-25 and Subsequent Years/Secretary of State $18,600/FY23-24/TBI $9,300/FY24-25 and Subsequent Years/TBI Increase State Expenditures $1,495,100/FY23-24/General Fund $1,4673,500/FY24-25 and Subsequent Years/General Fund $12,000/FY23-24/TBI $6,000/FY24-25 and Subsequent Years/TBI Decrease State Expenditures - $71,100/FY23-24/Incarceration $143,500/FY24-25/Incarceration $144,900/FY25-26 and Subsequent Years/Incarceration Increase Local Revenue - $5,108,400/FY24-25 $7,662,500/FY25-26 $10,662,500/FY26-27 and Subsequent Years Decrease Local Expenditures - $10,525,800/FY23-24 $21,051,600/FY24-25 and Subsequent Years Other Fiscal Impact To the extent that Medical Cannabis Establishments will claim tax deductions equal to all ordinary and necessary expenses incurred, and HB 172 - SB 1461 2 reduce state revenue is unknown and cannot be determined with reasonable certainty.The Department of Health will need additional resources including, but not limited to,employing additional staff. The extent and timing of the needed resources will be dependenton the promulgation of rules and the growth of the program and cannot be reasonablyquantified at this time. Any additional expenditures incurred will be covered through therevenue collected in the General Fund.
Senate Status: 02/21/23 - Taken off notice in Senate Judiciary Committee.
House Status: 02/21/23 - Taken off notice in House Health Subcommittee.

SB1508/HB1356 **HEALTH CARE: Annual report deadline for the medical cannabis commission.**

Sponsors: Sen. Lamar, London , Rep. Farmer, Andrew
Summary: Changes the deadline for the medical cannabis commission to file its annual report from January 1 to January 15, beginning in 2024. Broadly captioned.
Fiscal Note: (Dated February 1, 2023) NOT SIGNIFICANT
Senate Status: 02/21/23 - Taken off notice in Senate Judiciary Committee.
House Status: 02/02/23 - Caption bill held on House clerk's desk.

SJR148 **HEALTH CARE: Reaffirms the legislature's intent to provide access to contraceptives.**

Sponsors: Sen. Akbari, Raumesh ,
Summary: Reaffirms the legislature's intent to provide access to contraceptives.
Senate Status: 04/03/23 - Senate adopted.

HJR42 **JUDICIARY: Constitutional amendment - proposing of laws by initiative.**

Sponsors: Rep. Hardaway, G.A.
Summary: Proposes an amendment to allow people to propose laws by initiative.
House Status: 03/29/23 - Failed in House Elections & Campaign Finance Subcommittee.

HJR82 **HEALTH CARE: Constitutional amendment - establishes a medical cannabis program.**

Sponsors: Rep. Powell, Jason
Summary: Proposes an amendment to the Constitution of Tennessee to establish a medical cannabis program.
House Status: 02/01/23 - Referred to House Health Subcommittee.