HB STRATEGIES Tennessee

SB3/HB14 **CRIMINAL LAW: Revises definition of abortion.**

Sponsors: Sen. Akbari, Raumesh , Rep. Love Jr., Harold
Summary: Clarifies that the term "abortion," as defined for the offense of criminal abortion, does not include the use of contraceptives, including any device, medication, biological product, or procedure that is generally intended for use in the prevention of pregnancy, whether specifically intended to prevent pregnancy or for other health needs, or the disposal of embryos resulting from fertility treatments, including healthcare services, procedures, testing, medications, treatments, or products. Broadly captioned.
Fiscal Note: (Dated January 2, 2025) FISCAL IMPACT: NOT SIGNIFICANT
Senate Status: 01/15/25 - Referred to Senate Judiciary Committee.
House Status: 03/18/25 - Failed in House Population Health Subcommittee.

SB25 **HEALTH CARE: Availability of medical and health records of a minor.**

Sponsors: Sen. Pody, Mark ,
Summary: Clarifies that a child's parent, legal guardian, or legal custodian may access and review all mental health treatment, medical, rehabilitation, and prescription records of the child, including those records related to treatments available to unemancipated minors without parental consent. Allows an employee of a local education agency to provide bandages, gauze, or ice packs for the treatment of minor cuts, scrapes, bumps, and bruises. Broadly captioned.
Fiscal Note: (Dated January 8, 2025) NOT SIGNIFICANT
Senate Status: 01/15/25 - Referred to Senate Education Committee.

SB125/HB474 **EDUCATION: Study on possible expansion of all state-funded financial aid and scholarship programs.**

Sponsors: Sen. Haile, Ferrell , Rep. Vaughan, Kevin
Summary: Requires the Tennessee higher education commission, in consultation with the department of labor and workforce development, to study all state-funded financial aid and scholarship programs in this state to determine whether programs may be expanded to provide greater financial aid opportunities for individuals interested in pursuing a workforce credential. Requires the commission to report its findings and any legislative recommendations to the committee of the house of representatives having jurisdiction over higher education and to the education committee of the senate no later than January 15, 2026. Broadly captioned.
Fiscal Note: (Dated January 25, 2025) NOT SIGNIFICANT
Senate Status: 03/19/25 - Taken off notice in Senate Education Committee.
House Status: 03/19/25 - Taken off notice in House Higher Education Subcommittee.

SB164/HB18 **TENNCARE: Temporary TennCare benefits program.**

Sponsors: Sen. Yarbro, Jeff , Rep. Baum, Charlie
Summary: Directs the bureau of TennCare 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, 2025.
Fiscal Note: (Dated February 6, 2025) STATE GOVERNMENT REVENUE General Fund FY26-27 & Subsequent Years $128,382,900 EXPENDITURES General Fund FY26-27 $234,686,300 FY27-28 & Subsequent Years $233,686,300 Total Positions Required: 169 FEDERAL GOVERNMENT EXPENDITURES FY26-27 $2,057,164,800 FY27-28 & Subsequent Years $2,048,164,800 OTHER FISCAL IMPACT Passage of this legislation could result in a decrease in state expenditures for the Uninsured Adult Healthcare Safety Net. The extent of any change in expenditures is dependent on the number of individuals who will receive healthcare services from Medicaid, rather than the Uninsured Adult Healthcare Safety Net, and cannot be reasonably determined.
Senate Status: 01/27/25 - Referred to Senate Health & Welfare Committee.
House Status: 03/05/25 - Failed in House Insurance Committee.

SB178/HB22 **PUBLIC EMPLOYEES: Governing body to provide public with opportunity to comment at meeting.**

Sponsors: Sen. Lowe, Adam , Rep. Davis, Elaine
Summary: Requires a governing body subject to the open meetings laws to reserve a period of public comment to provide the public with the opportunity to comment on any matter germane to the jurisdiction of the governing body regardless of whether the matter is listed on the agenda for the meeting.
Amendment Summary: House amendment 1 (004529) limits the bill to a local governing body, which this amendment defines as the governing body of an incorporated city or town, county, metropolitan government, school district, regional authority, or other political subdivision of this state other than a state governmental agency or entity.
Fiscal Note: (Dated December 23, 2024) NOT SIGNIFICANT
Senate Status: 03/18/25 - Failed in Senate State & Local Government Committee after adopting 1 (004529).
House Status: 03/10/25 - House passed with amendment 1 (004529).

SB194/HB26 **JUDICIARY: Unborn Child Protection Act of 2025.**

Sponsors: Sen. Hensley, Joey , Rep. Bulso, Gino

Summary: Establishes the "Unborn Child Protection Act of 2025," which prohibits the sale, manufacture, or distribution of abortion-inducing drugs in the state. Specifies that a person or entity who mails or delivers an abortion-inducing drug into this state and the mailing or delivery results in the death of an unborn child is strictly liable in the amount of $5,000,000 in damages for the death of the unborn child. Specifies that an action brought pursuant to this subsection must be commenced within five years of the death of the unborn child.

Fiscal Note: (Dated January 6, 2025) NOT SIGNIFICANT

Senate Status: 01/27/25 - Referred to Senate Judiciary Committee.

House Status: 03/04/25 - Taken off notice in House Population Health Subcommittee.

SB205/HB70 **TENNCARE: TennCare health benefit plan - coverage and reimbursement for biomarker testing for preeclampsia.**

Sponsors: Sen. Massey, Becky , Rep. Helton-Haynes, Esther

Summary: Requires a TennCare health benefit plan renewed or issued on or after July 1, 2025, by a health insurance carrier to provide coverage and reimbursement for biomarker testing for preeclampsia in pregnant women. Defines "biomarker testing" to mean the analysis of a patient's tissue, blood, or other biospecimen for the presence of a biomarker using a method of analysis approved by the federal food and drug administration (FDA), including, but not limited to, single-analyte tests, multiplex panel tests, whole genome sequencing, protein expression, whole exome, and whole transcriptome.

Fiscal Note: (Dated April 7, 2025) STATE GOVERNMENT EXPENDITURES General Fund FY25-26 & Subsequent Years $2,427,200 FEDERAL GOVERNMENT EXPENDITURES FY25-26 & Subsequent Years $4,376,100

Senate Status: 02/10/25 - Referred to Senate Commerce & Labor Committee.

House Status: 01/28/25 - Referred to House TennCare Subcommittee.

SB223/HB172 **PROFESSIONS & LICENSURE: Registration of persons licensed to practice a healing art who were in the medical corps of the military.**

Sponsors: Sen. Jackson, Ed , 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. Broadly captioned.

Fiscal Note: (Dated January 20, 2025) NOT SIGNIFICANT

Senate Status: 02/10/25 - Referred to Senate Health & Welfare Committee.

House Status: 01/28/25 - Referred to House Health Subcommittee.

SB226/HB470 **STATE GOVERNMENT: Professionals' Freedom of Religion Act.**

Sponsors: Sen. Taylor, Brent , Rep. Rudd, Tim

Summary: Enacts the "Tennessee Professionals' Freedom of Religion Act." Specifies that it is unlawful for a governmental entity to deny, revoke, suspend, or take other adverse action against an individual's license for the following: (1) Refusing to affirm a statement or oath that is contrary to the individual's sincerely held religious beliefs or moral convictions; (2) Expressing sincerely held religious beliefs or moral convictions in any context, including a professional context, as long as the services provided otherwise meet the standard of care or practice for that profession; or (3) Providing faith-based services that otherwise meet the standard of care or practice for that profession. Makes it unlawful for a governmental entity to take any adverse action against a licensee or applicant for licensure based on such person's beliefs or the lawful expression of those beliefs, to the extent protected under the United States Constitution or the Constitution of Tennessee.

Amendment Summary: House Business & Utilities Subcommittee amendment 1 (004890) enacts the Professionals' Freedom of Religion Act (Act). Prohibits a governmental entity, official of such entity, or accrediting, certifying, or licensing body from denying, revoking, or suspending a person’s professional or business license, or taking adverse action against a person, based on the person's beliefs or the lawful expressions of such beliefs in a nonprofessional setting, including the licensee's religious beliefs concerning marriage, family, or sexuality. Declares that the Act does not apply to a license to practice law unless the Supreme Court establishes guidelines. Prohibits a person from denying or disfavoring an individual’s access to or membership or participation in a multiple-listing service (MLS) or real estate brokers' organization based on an individual’s religious or moral beliefs, or an individual's lawful expression of those beliefs in a nonprofessional setting that does not involve real estate-related activities or transactions, and where such expression does not otherwise violate the Tennessee Real Estate Broker License Act of 1973. Prohibits organizations that control or operate a real estate MLS from requiring a person to have a membership in the organization as a condition for a licensed broker or affiliate broker to have full use of such MLS. Prohibits a non-member from being charged an MLS participation fee higher than those paid by association members. Creates a cause of action for an individual harmed by a governmental entity or person resulting from actions prohibited in the Act. Declares that a governmental entity or person found to violate the Act is subject to payment to the complainant for damages for injury and other remedies as necessary to eliminate the unlawful actions. House Business & Utilities Subcommittee amendment 2 (005150) enacts the Professionals' Freedom of Religion Act (Act). Prohibits a governmental entity from denying, revoking, suspending, or taking adverse action against an individual’s professional license for acts relevant to the individual’s religious beliefs or moral convictions as long as the services provided otherwise meet the standard of care or practice for that profession. Declares that the Act does not apply to a license to practice law unless the Supreme Court establishes guidelines. Prohibits a person from denying or disfavoring an individual’s access to or membership or participation in a multiple-listing service (MLS) or real estate brokers' organization based on an individual’s religious or moral beliefs, or an individual's lawful expression of those beliefs in a nonprofessional setting that does not involve real estate-related activities or transactions, and where such expression does not otherwise violate the Tennessee Real Estate Broker License Act of 1973. Creates a cause of action for an individual harmed by a governmental entity or person resulting from actions prohibited in the Act. Declares that a governmental entity or person found to violate the Act is subject to payment to the complainant for damages for injury and other remedies as necessary to eliminate the unlawful actions.

Fiscal Note: (Dated February 1, 2025) NOT SIGNIFICANT

Senate Status: 03/25/25 - Taken off notice in Senate Commerce & Labor Committee.

House Status: 03/26/25 - Taken off notice in House Commerce Committee.

SB240/HB207 **CRIMINAL LAW: Expands the offense of organized retail crime.**

Sponsors: Sen. Taylor, Brent , Rep. Zachary, Jason

Summary: Expands the offense of organized crime to include knowingly removing or evading any component of an anti-shoplifting or inventory control device, activating or interfering with a fire alarm system, using an online marketplace or social media platform to coordinate a meeting to sell stolen merchandise, returning stolen or counterfeit merchandise to a retail merchant, purchasing or possessing merchandise for resale knowingly the items are stolen, and using any instrument to facilitate theft. Increases the penalty of this offense if the defendant engages in the destruction of property or uses a weapon.

Amendment Summary: House amendment 1 (003919) removes the provision that altered "aggregated over a 90-day period" to "aggregated over a 180-day period" in relation to the offense of organized retail crime where the person acts in concert with one or more individuals to commit theft of any merchandise with a value greater than $1,000 aggregated over a 90-day period with the intent to sell, barter, or trade the merchandise for monetary or other gain or fraudulently return the merchandise to a retail merchant.

Fiscal Note: (Dated February 18, 2025) STATE GOVERNMENT EXPENDITURES Incarceration $15,700

Senate Status: 03/19/25 - Signed by Senate speaker.

House Status: 03/19/25 - Signed by House speaker.

Executive Status: 04/09/25 - Enacted as Public Chapter 0089, effective July 1, 2025.

SB259/HB853 **HEALTH CARE: Review of a child's health and medical records by parent or legal guardian.**

Sponsors: Sen. Pody, Mark , Rep. Reneau, Michele

Summary: Clarifies that a child's parent, legal guardian, or legal custodian may access and review all health and medical records of the child, including those records related to treatments available to unemancipated minors without parental consent. Allows an employee of a local education agency to provide bandages, gauze, or ice packs for the treatment of minor cuts, scrapes, bumps, and bruises. Broadly captioned.

Fiscal Note: (Dated January 24, 2025) NOT SIGNIFICANT

Senate Status: 03/26/25 - Taken off notice in Senate Education Committee.

House Status: 02/10/25 - Referred to House Health Subcommittee.

SB264/HB385 **TAXES BUSINESS: Certification by TennCare of an eligible healthcare providers' unreimbursed costs.**

Sponsors: Sen. Hensley, Joey , Rep. Butler, Ed

Summary: Requires TennCare to certify an eligible healthcare provider's unreimbursed costs as charitable contributions made exclusively for public purposes to TennCare. Requires TennCare to submit a statement of the total amount of charitable contributions to the eligible healthcare provider by January 31 of the following year. Requires eligible healthcare providers to pay a $25.00 fee each year by January 15 in order to receive such certification. Defines “unreimbursed costs” as an amount equal to the difference between one hundred 125% of the average federal Medicaid reimbursement rate and the TennCare reimbursement rate paid to an eligible healthcare provider by the division or a managed care organization for healthcare services provided by an eligible healthcare provider to a TennCare recipient. Defines “eligible healthcare provider” as a healthcare provider who participates as a provider in the TennCare program, a successor Medicaid program, or a group practice that holds a contract with the division or a managed care organization participating in the TennCare program or a successor Medicaid program.

Fiscal Note: (Dated March 8, 2025) STATE GOVERNMENT REVENUE General Fund FY25-26 & Subsequent Years Up to $1,750,000 EXPENDITURES General Fund FY25-26 & Subsequent Years $10,842,000 Total Positions Required: 12 FEDERAL GOVERNMENT EXPENDITURES FY25-26 & Subsequent Years $10,842,000

Senate Status: 03/19/25 - Senate Health & Welfare Committee deferred to first calendar of 2026.

House Status: 03/25/25 - Taken off notice in House Insurance Committee.

SB291/HB465 **PROFESSIONS & LICENSURE: Denial of license application due to prior criminal conviction.**

Sponsors: Sen. Bailey, Paul , Rep. Helton-Haynes, Esther

Summary: Changes, from 30 days to 60 days, the amount of time an individual, applicant, licensee, certificate holder, or registrant has to file a petition after receiving written notice of a denial of an application due to past criminal history.

Fiscal Note: (Dated January 25, 2025) NOT SIGNIFICANT

Senate Status: 02/10/25 - Referred to Senate Judiciary Committee.

House Status: 02/05/25 - Caption bill held on House clerk's desk.

SB299/HB830 **HEALTH CARE: Membership of the medical cannabis commission.**

Sponsors: Sen. Haile, Ferrell , Rep. Terry, Bryan

Summary: Revises the qualifications for membership on the medical cannabis commission to include a patient caregiver and a subject matter expert with knowledge of how cannabis is cultivated, processed, shipped, distributed, or prescribed for medical use. Specifies that the recommendations made by the commission to the general assembly may include policy recommendations.

Amendment Summary: Senate amendment 1 (003503) rewrites the bill. Requires one of the three members of the medical cannabis commission appointed by the governor to be a patient who has been diagnosed with a qualifying medical disease or condition or to be the caregiver of such a patient. Requires one member to be a subject matter expert with the knowledge of how cannabis is cultivated, processed, shipped, distributed, or prescribed for medical use. Requires the commission to report its findings and recommendations, including policy recommendations, to the general assembly relating to the medical use of cannabis in this state.

Fiscal Note: (Dated January 30, 2025) NOT SIGNIFICANT

Senate Status: 04/07/25 - Signed by Senate speaker.

House Status: 04/07/25 - Signed by House speaker.

Executive Status: 04/15/25 - Signed by governor.

SB302/HB420 **COMMERCIAL LAW: Tennessee Consumer Protection and Subscription Renewal Act.**

Sponsors: Sen. Harshbarger, Bobby , Rep. Rudd, Tim

Summary: Enacts the "Tennessee Consumer Protection and Subscription Renewal Act," which prohibits a business from requiring submission of credit or debit card information, or other payment information for an automatic renewal offer or continuous service offer containing a free gift or trial. Defines "affirmative consent" for purposes of subscription renewals to mean a clear, affirmative act signifying a consumer's freely given, specific, informed, and unambiguous agreement to the automatic renewal offer terms or continuous service terms and includes a written statement, including a statement written by electronic means, or an unambiguous affirmative action. Requires a business to obtain affirmative consent from a consumer to the agreement containing the automatic renewal offer terms or continuous service offer terms. Makes other changes related to automatic renewal offers and continuous service offers.

Fiscal Note: (Dated February 28, 2025) NOT SIGNIFICANT

Senate Status: 03/18/25 - Taken off notice in Senate Commerce & Labor Committee.

House Status: 03/26/25 - Taken off notice in House Banking & Consumer Affairs Subcommittee.

SB331/HB204 **TENNCARE: TennCare report regarding outcomes in perinatal care.**

Sponsors: Sen. Crowe, Rusty , Rep. Terry, Bryan

Summary: Changes from March 1 to January 15 the date by which the bureau of TennCare, in consultation with the perinatal advisory committee and with the assistance of relevant state agencies, must report to legislative committees concerning aspects of quality and outcomes in perinatal care for the last two available fiscal years or calendar years, as may be available. Broadly captioned.

Fiscal Note: (Dated January 17, 2025) NOT SIGNIFICANT

Senate Status: 03/26/25 - Taken off notice in Senate Health & Welfare Committee.

House Status: 02/03/25 - Caption bill held on House clerk's desk.

SB334/HB372 **TENNCARE: Tennessee Medicaid Modernization and Access Act of 2025.**

Sponsors: Sen. Crowe, Rusty , Rep. Hulsey, Bud

Summary: Enacts the "Tennessee Medicaid Modernization and Access Act of 2025," which aligns TennCare's current Medicaid reimbursement rates for key services, meaning obstetrics/gynecology, primary care, outpatient mental health, and substance use disorder treatment with the Medicare fee schedule or average commercial rates, whichever is higher. Requires the department of health to consult with the bureau of TennCare to conduct an annual review to ensure TennCare reimbursement rates align with changes in the Medicare fee schedule and average commercial rates and with the CMS 2024 final rule. Defines CMS annual rule to mean the May 2024 guidelines set by CMS updating Medicaid reimbursement rates. Provides healthcare provider of key services that is entitled to receive TennCare reimbursement to submit a written request for an administrative hearing following an allegation of a delay in payment or receipt of erroneous reimbursement. Provides that the general assembly must appropriate funds under the general appropriations act.

Fiscal Note: (Dated February 15, 2025) STATE GOVERNMENT EXPENDITURES General Fund FY25-26 & Subsequent Years $604,126,000 FEDERAL GOVERNMENT EXPENDITURES FY25-26 & Subsequent Years $1,089,194,500 HB 372 - SB 334

Senate Status: 04/17/25 - Set for Senate Finance, Ways & Means Committee 04/21/25.

House Status: 04/14/25 - Taken off notice in House Finance, Ways & Means Subcommittee.

SB343/HB398 **HEALTH CARE: Licensing board response to inquiry regarding prescriber identified as high-risk prescriber.**

Sponsors: Sen. Crowe, Rusty , Rep. Martin, Brock

Summary: Increases, from 30 to 45, the number of days a licensing board has to respond to the department of health after the department has inquired about the status of an action or lack of action taken against a prescriber whose prescribing patterns of controlled substances have been identified as representing a statistical outlier, or if the prescriber is identified as a top prescriber or a high-risk prescriber. Broadly captioned.

Fiscal Note: (Dated January 29, 2025) NOT SIGNIFICANT

Senate Status: 02/12/25 - Referred to Senate Commerce & Labor Committee.

House Status: 02/05/25 - Held on House clerk's desk.

SB359/HB1203 **PROFESSIONS & LICENSURE: Issuance of license subject to a private advocacy order.**

Sponsors: Sen. Briggs, Richard , Rep. Kumar, Sabi

Summary: Allows the board of medical examiners, during an informal initial application interview held in an executive session, to issue a license under a private advocacy order requiring the applicant to maintain advocacy of a peer assistance program. Allows the board of medical examiners to take disciplinary action against an individual practicing under a private advocacy order that failed to maintain the advocacy of the peer assistance program. Establishes that private advocacy orders are confidential, privileged, and not public records unless a practitioner fails to maintain advocacy resulting in a formal disciplinary proceeding.

Amendment Summary: House amendment 1 (005152) allows the board of medical examiner, during an informal initial application interview held in an executive session, to issue a license under a private advocacy order requiring the applicant to maintain advocacy of a peer assistance program approved by the board. Establishes that failure to maintain the advocacy of the peer assistance program constitutes a violation of the practice act for which the board may take disciplinary action. Establishes that private advocacy orders are confidential, privileged, and not public records unless a practitioner fails to maintain advocacy and formal disciplinary proceedings are initiated as a result, then the private advocacy order becomes a public record.

Fiscal Note: (Dated February 1, 2025) NOT SIGNIFICANT

Senate Status: 04/17/25 - Senate concurred in House amendment 1 (005152).

House Status: 04/15/25 - House passed with amendment 1 (005152).

Executive Status: 04/17/25 - Sent to the speakers for signatures.

SB363/HB389 **HEALTH CARE: Assessment of discipline or a penalty against a healthcare provider for a violation of pain management rules**

Sponsors: Sen. Briggs, Richard , Rep. Terry, Bryan

Summary: Reduces, from 30 days to 14 days, the period of time within which a licensing board that assesses discipline or a penalty against a healthcare provider for a violation of pain management rules must notify the department of health of such discipline or penalty. Broadly captioned.

Fiscal Note: (Dated January 28, 2025) NOT SIGNIFICANT

Senate Status: 02/12/25 - Referred to Senate Health & Welfare Committee.

House Status: 02/05/25 - Held on House clerk's desk.

SB370/HB967 **TAXES GENERAL: Taxes and fees collected by merchants and sellers.**

Sponsors: Sen. Briggs, Richard , Rep. Hawk, David

Summary: Requires the amount of a state or local tax or fee that is separately listed on the payment invoice to be excluded from the amount on which an interchange fee is charged for that electronic payment transaction. Requires a payment card network to deduct the amount of a tax imposed from the calculation of interchange fees specific to each form or type of electronic payment transaction at the time of settlement. Requires a payment card network rebate an amount of interchange fee proportionate to the amount attributable to the tax or fee. Requires a deduction or rebate to occur at the time of settlement if the merchant or seller can capture and send the relevant tax or fee amounts during the sale as part of finalizing the transaction. Requires the payment card network to accept proof of tax or fee amounts collected on sales subject to an interchange fee if the merchant or seller cannot capture and send the relevant tax or fee amounts during the sale at the time. Defines "electronic payment transaction" as a transaction in which a person uses a debit card, credit card, or other payment code or device, issued or approved through a payment card network to debit a deposit account or use a line of credit, whether authorization is based on a signature, personal identification number, or other means. Defines "payment card network" as an entity that directly, or through licensed members, processors, or agents provides the proprietary services, infrastructure, and software that routes information and data to conduct debit card or credit card transaction authorization, clearance, and settlement; or a merchant or seller uses in order to accept as a form of payment a brand of debit card, credit card, or other device that may be used to carry out debit or credit transactions. Defines “interchange fee” as a fee established, charged, or received by a payment card network for the purpose of compensating the issuer for its involvement in an electronic payment transaction. Defines “settlement” as the transfer of funds from a customer's account to a seller or merchant upon electronic submission of finalized sales transactions to the payment card network.

Fiscal Note: (Dated April 2, 2025) NOT SIGNIFICANT

Senate Status: 02/12/25 - Referred to Senate Commerce & Labor Committee.

House Status: 02/11/25 - Referred to House Banking & Consumer Affairs Subcommittee.

SB396/HB132 **VETERANS & MILITARY AFFAIRS: Emergency management powers of the governor.**

Sponsors: Sen. Rose, Paul , Rep. Zachary, Jason

Summary: Limits the duration of a state of emergency declared by the governor to 30 days. Authorizes the general assembly to terminate, extend, or renew a state of emergency by joint resolution. Establishes an ad hoc legislative council to extend a state of emergency during the interim between legislative sessions and specifies membership of council.

Amendment Summary: House Finance Committee amendment 1 (005889) grants the General Assembly the authority to terminate a State of Emergency declared or extended by the Governor through a joint resolution of the House of Representatives and the Senate. Prohibits the Governor from issuing executive orders, proclamations, and rules that violate Article I of the Tennessee Constitution or the First through Tenth Amendments to the United States Constitution. Senate State & Local Government Committee amendment 1 (006484) allows the general assembly to terminate a state of emergency by joint resolution of both houses if the governor issues or extends an executive order or proclamation of a state of emergency.

Fiscal Note: (Dated February 9, 2025) OTHER FISCAL IMPACT If the General Assembly is not in-session and a decision is needed whether to renew an initial declaration of emergency beyond 30 days, an ad-hoc legislative council will need to be convened. In such case, there would be an increase in state expenditures of at least $4,400.

Senate Status: 04/17/25 - Set for Senate Finance, Ways & Means Committee 04/21/25.

House Status: 04/17/25 - Set for House Floor 04/21/25.

SB420/HB870 **INSURANCE HEALTH: Pharmacy benefits.**

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

Summary: Prohibits an insurer, pharmacy benefits manager, or third-party administrator from changing or conditioning the terms of health plan coverage based on availability of financial or other product assistance for a prescription drug. Establishes certain procedures for calculating an enrollee's contribution to an applicable cost sharing requirement. Broadly captioned.

Fiscal Note: (Dated January 31, 2025) NOT SIGNIFICANT

Senate Status: 03/25/25 - Senate Commerce & Labor Committee deferred to first calendar of 2026.

House Status: 03/25/25 - House Insurance Committee recommended. Sent to House Calendar & Rules.

SB421/HB1239 **HEALTH CARE: Prescribing of buprenorphine products for the treatment of opioid use disorder.**

Sponsors: Sen. Reeves, Shane , Rep. Helton-Haynes, Esther

Summary: Authorizes certain prescribing physician assistants and nurse practitioners to prescribe buprenorphine products for the treatment of opioid use disorder when the physician assistant or nurse practitioner is employed by or contracts with a state correctional facility or county or municipal jail, and certain other conditions are met, including having an active registration with the federal drug enforcement agency. Broadly captioned.

Amendment Summary: House amendment 1 (006128) authorizes a healthcare provider who has an active registration with the federal Drug Enforcement Agency to prescribe buprenorphine products for use in recovery or medication-assisted treatment if the provider is employed by or contracts with a state correctional facility or a county or municipal jail to provide healthcare services and the provider has adopted clinical protocols for the facilitation or continuance of medication-assisted treatment for persons who are incarcerated in, or to be released from, such state correctional facility or county or municipal jail. Establishes that the healthcare provider may not write any prescription for a buprenorphine product that exceeds a sixteen-milligram daily equivalent, and must only prescribe buprenorphine to patients who are treated through the correctional facility that employs the provider. Requires the healthcare provider to be supervised by or collaborate with a physician who is limited to the supervision of, or collaboration for, a maximum of five licensed nurse practitioners or physician assistants. Establishes that a healthcare provider who is employed by or contracts with a correctional facility or jail may not write prescriptions for buprenorphine to more than 50 patients at any given time.

Fiscal Note: (Dated February 19, 2025) NOT SIGNIFICANT

Senate Status: 04/14/25 - Signed by Senate speaker.

House Status: 04/10/25 - Signed by House speaker.

Executive Status: 04/16/25 - Sent to governor.

SB422/HB406 **HEALTH CARE: Promulgation of rules regarding oversight of facilities that manufacture, warehouse, and distribute medical devices.**

Sponsors: Sen. Reeves, Shane , Rep. Martin, Brock

Summary: Lowers from every three years to every two years, the time within which the advisory committee composed of medical device industry representatives and a representative of the department of economic and community development must review rules regarding the board of pharmacy's oversight of facilities that manufacture, warehouse, and distribute medical devices in order to review the advancements of new medical device technologies. Broadly captioned.

Amendment Summary: House Insurance Subcommittee amendment 1 (004430) requires a health insurer, beginning July 1, 2025, to provide coverage for prosthetic and custom orthotic devices in a manner that: (1) equals or exceeds the levels of coverage for such devices under the federal Medicare program; and (2) is no more restrictive than coverage of other medical devices provided under the health benefit plan. Requires coverage for prosthetic or custom orthotic devices to include: (1) a prosthetic or custom orthotic device determined by the covered person's healthcare provider to be the most appropriate model that adequately meets the medical needs of the covered person for purposes of completing activities of daily living or essential job-related activities; (2) a prosthetic or custom orthotic device determined by the covered person's healthcare provider to be the most appropriate model that meets the medical needs of the covered person for purposes of performing physical activities, including, but not limited to, running, cycling, swimming, and strength training, or to maximize the covered person's whole-body health and lower or upper limb function; (3) all materials and components necessary to use the prosthetic or custom orthotic device; (4) instruction to the enrollee on using the prosthetic or custom orthotic device; and (5) repair or replacement of the prosthetic or custom orthotic device. Requires a health insurer that issues a health benefit plan to consider coverage benefits for prosthetic and custom orthotic devices as habilitative or rehabilitative benefits for purposes of any state or federal requirement for coverage of essential health benefits. Prohibits a health insurer from imposing cost-sharing requirements on prosthetic or custom orthotic devices unless the cost-sharing requirements do not exceed the cost-sharing requirements applicable to the health benefit plan's coverage for inpatient physician and surgical services. Requires a health insurer to ensure access to medically necessary clinical care and to prosthetic and custom orthotic devices and technology from not less than two distinct prosthetic and custom orthotic device providers in the health benefit plan's provider network, or, if medically necessary covered prosthetic and custom orthotic devices are not available from an in-network provider, then provide a process by which the covered person is referred to an out-of-network provider and fully reimburse the out-of-network provider at a mutually agreed upon rate less any cost-sharing requirement as determined on an in-network basis. Requires a health insurer to provide reimbursement for the replacement of a covered prosthetic or custom orthotic device or for any part of such devices, without regard to continuous use or useful lifetime restrictions, if an ordering healthcare provider determines that the provision of a replacement device, or a replacement part of such device, is necessary. Establishes that a violation of the legislation is subject to sanctions by the Commissioner of the Department of Commerce and Insurance (DCI). Requires, by January 15, 2026 and each January 15 thereafter, health insurers that provide coverage of prosthetic or custom orthotic devices to report to DCI data regarding coverage of prosthetic and custom orthotic devices under the legislation for the previous calendar year. Requires DCI to submit a report of aggregated and de-identified data to the Chairs of certain legislative committees and the Legislative Librarian by January 31, 2026, and by each January 31 thereafter.

Fiscal Note: (Dated February 1, 2025) NOT SIGNIFICANT

Senate Status: 03/25/25 - Senate Commerce & Labor Committee deferred to first calendar of 2026.

House Status: 04/02/25 - House Insurance Committee deferred to first calendar of next year.

SB424/HB1208 **HEALTH CARE: Allows services authorized in a collaborative pharmacy practice agreement to include weight management services.**

Sponsors: Sen. Reeves, Shane , Rep. Kumar, Sabi

Summary: Permits the services authorized in a collaborative pharmacy practice agreement to include weight management services.

Fiscal Note: (Dated February 8, 2025) NOT SIGNIFICANT

Senate Status: 02/12/25 - Referred to Senate Health & Welfare Committee.

House Status: 02/10/25 - Introduced in the House

SB428/HB37 **HEALTH CARE: Adoption or emendation to a state preferred drug list by insurer.**

Sponsors: Sen. Reeves, Shane , Rep. Davis, Elaine

Summary: Authorizes an insurer, for purposes of group insurance plans offered to state employees, to adopt or amend a state preferred drug list (PDL). Requires the insurer to ensure that reimbursement is provided to a healthcare prescriber or hospital that provides a non-opioid treatment to a covered employee under the group insurance plan.

Amendment Summary: House amendment 1 (004531) revises the provision that applies the bill to a non-opioid drug immediately upon its approval by the FDA for the treatment or management of pain to, instead apply the bill to a non-opioid drug after it has been approved by the FDA for a period of nine months or longer for such treatment or management. Removes the provision requiring an insurer, for purposes of offering a group insurance plan, to ensure that reimbursement is provided to a healthcare prescriber who provides a non-opioid treatment to a covered employee under the group insurance plan. Removes the provision requiring an insurer to ensure that, to the extent permitted by law, a hospital that provides either inpatient or outpatient services to a recipient is reimbursed separately under the group insurance plan for any non-opioid treatment provided as a part of those services. Changes the effective date from July 1, 2025, to January 1, 2026.

Fiscal Note: (Dated February 28, 2025) STATE GOVERNMENT EXPENDITURES General Fund FY25-26 & Subsequent Years $1,220,800 FEDERAL GOVERNMENT EXPENDITURES FY25-26 & Subsequent Years $133,500 LOCAL GOVERNMENT EXPENDITURES Mandatory FY25-26 & Subsequent Years $826,600 Article II, Section 24 of the Tennessee Constitution provides that: no law of general application shall impose increased expenditure requirements on cities or counties unless the General Assembly shall provide that the state share in the cost.

Senate Status: 04/07/25 - Senate passed.

House Status: 04/10/25 - Signed by House speaker.

Executive Status: 04/07/25 - Sent to the speakers for signatures.

SB432/HB866 **HEALTH CARE: Copy of patient's medical records provided upon receipt of written request by patient.**

Sponsors: Sen. Reeves, Shane , Rep. Hicks, Tim

Summary: Requires a healthcare provider to provide to a patient or a patient's authorized representative a copy of the patient's medical records within 20 working days of receipt of a written request by the patient or representative instead of 10 working days. Broadly captioned.
Fiscal Note: (Dated January 29, 2025) NOT SIGNIFICANT
Senate Status: 02/12/25 - Referred to Senate Health & Welfare Committee.
House Status: 02/06/25 - Held on House clerk's desk.

SB436/HB1198 **TENNCARE: Use of biosimilar drugs as a cost-saving measure.**

Sponsors: Sen. Reeves, Shane , Rep. Kumar, Sabi
Summary: Adds mandating the use of biosimilar drugs as a cost-saving measure the bureau of TennCare may implement. Adds that a health carrier, health benefit plan, or utilization review organization may require a patient to try a biosimilar product prior to providing coverage for the equivalent branded prescription drug. Requires the TennCare pharmacy advisory committee to consider as a factor the use of biosimilar drugs in the committee's recommendation to the bureau of TennCare on any drugs to be added to the state preferred drug list.
Amendment Summary: House amendment 1 (004872) defines, for purposes of the bill, a "biosimilar" as a biological product that is licensed under federal law that regulates biological products and that is not listed as "discontinued" in the federal food and drug administration's database of licensed biological products, also known as the "Purple Book".
Fiscal Note: (Dated February 12, 2025) NOT SIGNIFICANT
Senate Status: 04/03/25 - Signed by Senate speaker.
House Status: 04/02/25 - Signed by House speaker.
Executive Status: 04/11/25 - Signed by governor.

SB449/HB533 **HEALTH CARE: Fertility Treatment and Contraceptive Protection Act.**

Sponsors: Sen. Massey, Becky , Rep. Rudder, Iris
Summary: Declares that an individual has a right to engage in activities associated with fertility treatment and contraception. Clarifies that the laws of this state do not prohibit an activity associated with fertility treatment or contraception. Specifies that the law of this state clearly and unambiguously acknowledges the right of an individual to perform, and the right of an individual to receive or use, fertility treatment and contraceptives in this state. Broadly captioned.
Amendment Summary: Senate amendment 1 (003691) defines, for purposes of the bill, a "healthcare provider" as an individual who is licensed, certified, registered, or otherwise authorized or permitted by the laws of this state to administer health care in the ordinary course of business in the practicing of a profession. Defines, for purposes of the bill, a "person" as an individual human being. Clarifies that the law of this state clearly and unambiguously acknowledges the right of a healthcare provider, instead of an individual, to perform, and the right of a person to receive or use, fertility treatment and contraceptives in this state. Clarifies that the bill does not create an entitlement to fertility treatment or contraception, or to coverage of or funding or reimbursement for fertility treatment or contraception. House amendment 4 (007312) specifies that contraceptives that this bill declares not to be prohibited under state law includes only those products that are legally marketed under the federal Food, Drug, and Cosmetic Act as of July 1, 2025. This amendment also changes this bill's effective date from upon becoming a law to July 1, 2025.
Fiscal Note: (Dated February 3, 2025) NOT SIGNIFICANT
Senate Status: 04/14/25 - Senate concurred in House amendment 4 (007312).
House Status: 04/10/25 - House passed with amendment 4 (007312).
Executive Status: 04/14/25 - Sent to the speakers for signatures.

SB460/HB516 **HEALTH CARE: Annual report on hypodermic syringe exchange program.**

Sponsors: Sen. Briggs, Richard , Rep. Terry, Bryan
Summary: Adds the legislative librarian as a party to which the department of health must submit an annual report based on data received by a county or district health department that operates a needle and hypodermic syringe exchange program, including the number of people served, number of needles, syringes, and supplies dispensed and returned to the program, number of naloxone kits distributed, and the number and type of treatment referrals provided. Broadly captioned.
Fiscal Note: (Dated January 30, 2025) NOT SIGNIFICANT
Senate Status: 02/12/25 - Referred to Senate Commerce & Labor Committee.
House Status: 02/05/25 - Caption bill held on House clerk's desk.

SB465/HB464 **HEALTH CARE: Immunity from prosecution when seeking medical assistance for drug overdose.**

Sponsors: Sen. Gardenhire, Todd , Rep. Helton-Haynes, Esther
Summary: Removes the limitation that a person who is experiencing a drug overdose only has immunity from being arrested, charged, or prosecuted on the first drug overdose. Broadly captioned.
Fiscal Note: (Dated February 23, 2025) NOT SIGNIFICANT
Senate Status: 03/31/25 - Taken off notice in Senate Judiciary Committee.
House Status: 02/12/25 - Referred to House Criminal Justice Subcommittee.

SB474/HB387 **PROFESSIONS & LICENSURE: Prohibits a healthcare provider from inquiring as to a patient's ownership of firearm ammunition.**

Sponsors: Sen. Bowling, Janice , Rep. Butler, Ed
Summary: Prohibits a healthcare provider from inquiring as to a patient's ownership, possession of, or access to firearm ammunition or firearm accessories. Prohibits a healthcare provider from denying future treatment of a patient based upon a patient's ownership or control of a firearm, firearm ammunition, or firearm accessories. Subjects the healthcare provider to disciplinary action and a fine of $1,000 if the healthcare provider makes such inquires.
Amendment Summary: Senate Health & Welfare Committee amendment 1, House Health Subcommittee amendment 1 (004188) refines definition of “healthcare provider.” Allows a healthcare provider to a lethality risk assessment if healthcare provider reasonably believes that a patient may pose a credible, actual risk to themselves or others. Removes the prohibition that a healthcare provider shall not discriminate against a patient based upon the patient's exercise of the constitutional right to own and possess a firearm, firearm ammunition, or firearm accessories.
Fiscal Note: (Dated March 4, 2025) NOT SIGNIFICANT

Senate Status: 03/26/25 - Senate Health & Welfare Committee deferred to second calendar of 2026.
House Status: 04/01/25 - House Health Committee deferred to first calendar of next year.

SB550 **HEALTH CARE: Required specialist of substance abuse prevention on the medical cannabis commission.**

Sponsors: Sen. Briggs, Richard ,
Summary: Clarifies that one of the persons appointed to the medical cannabis commission by the speaker of the senate must be a specialist in the area of substance abuse prevention.
Fiscal Note: (Dated February 1, 2025) NOT SIGNIFICANT
Senate Status: 02/12/25 - Referred to Senate Judiciary Committee.

SB551/HB991 **HEALTH CARE: Appointments to the board of medical examiners.**

Sponsors: Sen. Reeves, Shane , Rep. Hale, Michael
Summary: Allows, instead of requires, the governor to consult with medical groups in making appointments to the board of medical examiners.
Fiscal Note: (Dated January 31, 2025) NOT SIGNIFICANT
Senate Status: 03/26/25 - Taken off notice in Senate Health & Welfare Committee.
House Status: 02/10/25 - Held on House clerk's desk.

SB569/HB693 **PROFESSIONS & LICENSURE: Makes changes to the practice of pharmacy.**

Sponsors: Sen. Reeves, Shane , Rep. Baum, Charlie
Summary: Makes certain changes to the practice of pharmacy, including removing the present prohibition on requiring a patient to pay an administrative fee for pharmacist-provided hormonal contraceptives when the patient is insured or covered and receives a pharmacy benefit that covers the cost of the hormonal contraceptives.
Fiscal Note: (Dated February 15, 2025) NOT SIGNIFICANT
Senate Status: 03/17/25 - Signed by Senate speaker.
House Status: 03/17/25 - Signed by House speaker.
Executive Status: 04/07/25 - Enacted as Public Chapter 0068, effective July 1, 2025.

SB584/HB688 **HEALTH CARE: Buffer stock of necessary medicines and healthcare supplies.**

Sponsors: Sen. Akbari, Raumesh , Rep. Camper, Karen
Summary: Authorizes the commissioner to develop and maintain an essential buffer stock of necessary medicines and healthcare supplies to be distributed during a natural or man-made disaster, mass casualty event, or public health emergency. Broadly captioned.
Fiscal Note: (Dated March 31, 2025) STATE GOVERNMENT EXPENDITURES General Fund FY25-26 $66,864,900 FY26-27 & Subsequent Years $374,900 OTHER FISCAL IMPACT Any future additions to, or disbursements from, the strategic essential buffer stock are dependent on the decisions of the Department of Health and the timing of public health emergencies, disasters, and mass casualty events and cannot be reasonably estimated. SB 584 - HB 688
Senate Status: 02/12/25 - Referred to Senate Health & Welfare Committee.
House Status: 02/10/25 - Referred to House Health Subcommittee.

SB604/HB614 **INSURANCE HEALTH: Disclosure of maximum allowable cost lists - destruction of shared information.**

Sponsors: Sen. Bailey, Paul , Rep. Travis, Ron
Summary: Requires a pharmacy services administrative organization or similar entity that receives maximum allowable cost list or related information from a contracted pharmacy to destroy the shared information within five business days of receipt of a written request for destruction from the sharing pharmacy. Broadly captioned.
Fiscal Note: (Dated February 8, 2025) NOT SIGNIFICANT
Senate Status: 02/12/25 - Referred to Senate Commerce & Labor Committee.
House Status: 02/05/25 - Referred to House Insurance Subcommittee.

SB619/HB657 **PROFESSIONS & LICENSURE: Information for public dissemination by board regulating a healthcare provider.**

Sponsors: Sen. Harshbarger, Bobby , Rep. Hicks, Tim
Summary: Allows a healthcare provider to petition a relevant board after completing a peer assistance or treatment program contract to remove information from public dissemination regarding the adverse action and consent order after 10 years from the probation date indicated in the consent order. Requires the relevant board to review and make a determination on a removal request submitted and requires the board, upon approving the request, to remove the information from any place the information is made public. Authorizes the division of health related boards to promulgate rules to effectuate such petition process. Broadly captioned.
Amendment Summary: House amendment 1 (003518) requires the type of peer assistance to be one for substance use disorder or substance use treatment. Removes information from the public facing licensure verification website regarding the adverse action and the order by the relevant board after five years, instead of 10 years, from the completion date of the peer assistance program or contract. Clarifies that the order remains a public record. Defines an adverse action as a disciplinary action taken by a health-related licensing board.
Fiscal Note: (Dated February 12, 2025) NOT SIGNIFICANT
Senate Status: 03/19/25 - Signed by Senate speaker.
House Status: 03/19/25 - Signed by House speaker.
Executive Status: 04/10/25 - Enacted as Public Chapter 0100, effective July 1, 2025.

SB669/HB1226 **HEALTH CARE: Pandemic declaration.**

Sponsors: Sen. Taylor, Brent , Rep. Lafferty, Justin
Summary: Deletes all references to the world health organization. Requires a pandemic to be declared by the federal centers for disease and prevention control, rather than the world health organization, with a subsequent declaration of a state of emergency by the governor for the governor to have exclusive jurisdiction to issue executive orders and directives related to the pandemic until the pandemic ceases to exist.

Fiscal Note: (Dated February 15, 2025) NOT SIGNIFICANT
Senate Status: 03/17/25 - Signed by Senate speaker.
House Status: 03/17/25 - Signed by House speaker.
Executive Status: 04/07/25 - Enacted as Public Chapter 0069, effective March 25, 2025.

SB707/HB821 **CRIMINAL LAW: Access to age-restricted products - tobacco, smoking hemp, and vapor products.**

Sponsors: Sen. Massey, Becky , Rep. Slater, William
Summary: Changes the apparent age required from under 30 to under 50 for a seller or distributor of tobacco, smoking hemp, vapor product, or smokeless nicotine to demand proof of age before continuing the transaction.
Fiscal Note: (Dated February 27, 2025) NOT SIGNIFICANT
Senate Status: 03/25/25 - Signed by Senate speaker.
House Status: 03/26/25 - Signed by House speaker.
Executive Status: 04/11/25 - Enacted as Public Chapter 0118, effective July 1, 2025.

SB739/HB668 **COMMERCIAL LAW: Extension of cancellation and return policy period.**

Sponsors: Sen. Harshbarger, Bobby , Rep. Jones, Renea
Summary: Extends the cancellation period for individuals who purchase, subscribe to, or receive products, services, or memberships in any organization from 30 days to 45 days, provided that services have not been rendered, products are unused and in their original condition, or memberships have not been utilized. Broadly captioned.
Fiscal Note: (Dated February 3, 2025) NOT SIGNIFICANT
Senate Status: 03/18/25 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 03/12/25 - Taken off notice in House Banking & Consumer Affairs Subcommittee.

SB809/HB836 **AGRICULTURE: Tennessee Cannabis Act.**

Sponsors: Sen. Yarbro, Jeff , Rep. Miller, Larry
Summary: Enacts the "Tennessee Cannabis Act," which allows adults 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. Details specifics of what the adult is required to do in order to have personal use. Authorizes retail marijuana operations if certain aspects are met. Describes violations of actions not authorized by the passing of this act. Specifies that the department of agriculture promulgates all necessary rules for the administration and enforcement of this act. Requires an annual report to be submitted and details the process of obtaining a license to operate as a marijuana establishment. Allows marijuana and marijuana products to be taxable as tangible personal property and subject to sales and use taxes. Prohibits the use of gas chromatography mass spectrum tests to determine a person's bail, parole, probation, or suspended sentence. (36pp.). Broadly captioned.
Fiscal Note: (Dated February 17, 2025) STATE GOVERNMENT Secretary Department of Department REVENUE General Fund of State Agriculture of Revenue NET FY26-27 $34,103,500 $600 $1,956,000 $978,000 NET FY27-28 $68,329,900 $600 $3,912,100 $1,956,000 NET FY28-29 $68,329,900 $600 $3,912,100 $1,956,000 FY29-30 & Subsequent Years NET $68,445,300 $200 $3,912,100 $1,956,000 EXPENDITURES Incarceration Department of Revenue FY25-26 ($104,900) - FY26-27 ($212,200) $167,400 FY27-28 & Subsequent Years ($214,800) $156,700 Total Positions Required: 2 LOCAL GOVERNMENT REVENUE Permissive Mandatory FY26-27 $6,520,100 NET $3,507,600 FY27-28 each through FY28-29 $13,040,200 NET $7,097,900 FY29-30 & Subsequent Years $13,040,200 NET $7,152,900 EXPENDITURES Mandatory FY25-26 ($1,743,300) FY26-27 & Subsequent Years ($3,486,600) OTHER FISCAL IMPACT SB 809 - HB 836 3Any increase in state or local expenditures relative to funding directed to state-sanctioned research projects cannot be reasonably quantified. Decreases in incarceration expenditures will continue through FY34-35. Precise amounts of annual decreases 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 level for additional public benefits; however, due to multiple unknown variables, any such impacts cannot be reasonably quantified or determined at this time.
Senate Status: 02/12/25 - Referred to Senate Judiciary Committee.
House Status: 04/01/25 - Failed in House Criminal Justice Subcommittee.

SB817/HB760 **HEALTH CARE: Prescribing and dispensing of bronchodilator rescue inhalers.**

Sponsors: Sen. Lowe, Adam , Rep. Darby, Tandy
Summary: Allows a healthcare practitioner to prescribe a bronchodilator rescue inhaler to be maintained for use in the name of an authorized entity, under a standing protocol from the healthcare practitioner. Allows a pharmacist to dispense a bronchodilator rescue inhaler established by a prescription issued in the name of an authorized entity. Requires an authorized entity that is prescribed and dispensed a bronchodilator rescue inhaler to designate an employee to maintain the inhaler in a secure location that allows the inhaler to be administered in an emergency situation. Allows said designated employee to administer the bronchodilator rescue inhaler when a physician is not immediately available. Encourages each school in an LEA and public charter school to keep a bronchodilator rescue inhaler in a minimum of two locations in the school. Allows school nurses or other trained school personnel to utilize the supply of a bronchodilator rescue inhaler. Provides immunity from liability for a designated employee, authorized entity, prescribing healthcare practitioner, school nurse, or other trained school personnel if a person is injured or harmed due to the administration of a bronchodilator rescue inhaler. Defines “authorized entity” as an entity that may, at any time, have allergens present that are capable of causing a severe allergic reaction. Defines "bronchodilator rescue inhaler” medication used to relieve asthma symptoms or respiratory distress along with devices and device components needed to appropriately administer the medication, including, but not limited to, disposable spacers. Defines "healthcare practitioner” as a physician or other healthcare provider who has prescriptive authority. Broadly captioned.

Amendment Summary: Senate amendment 1 (004108) authorizes a licensed healthcare practitioner to prescribe, and a pharmacist to dispense, a bronchodilator rescue inhaler to be maintained for use in the name of an authorized entity, under a standing protocol from the healthcare practitioner. Requires an authorized entity that is prescribed and dispensed a bronchodilator rescue inhaler to designate an employee of the authorized entity to maintain the bronchodilator rescue inhaler in an unlocked, secure location so that the bronchodilator rescue inhaler may be administered to a person believed to be experiencing asthma symptoms or respiratory distress in an emergency situation. Grants immunity from liability to a designated employee, authorized institution, or prescribing healthcare practitioner for the injury or harm caused to a person due to the administration of a bronchodilator rescue inhaler, unless the inhaler was prescribed or administered with an intentional disregard for the person's safety. Establishes that a dispensing pharmacist is not liable for such injury unless the dispensing pharmacist dispensed the prescription with intentional disregard for safety. Encourages each school in a local education agency (LEA) and public charter school to keep a bronchodilator rescue inhaler in a minimum of two locations in the school, so that a bronchodilator rescue inhaler may be administered to a student believed to be having asthma symptoms or in respiratory distress in an emergency situation, under a standing protocol from a prescribing healthcare practitioner. Requires the State Board of Education (SBE), in consultation with the Department of Health (DOH), to promulgate rules to develop clinical protocols for administering a bronchodilator rescue inhaler. For the purposes of promulgating rules, the legislation takes effect upon becoming a law. For all other purposes, this act takes effect July 1, 2026. Senate amendment 2 (004505) establishes that an LEA or public school, including a public charter school, that contracts for or employs a school nurse or other trained school personnel who administers a bronchodilator rescue inhaler is not liable for any civil damages for ordinary negligence in acts or omissions resulting from the administration of a bronchodilator rescue inhaler to a student believed in good faith to be having life-threatening asthma symptoms or respiratory distress. House amendment 1 (003911) revises the definition of "healthcare practitioner" to be physicians or other healthcare providers who are licensed in this state and have prescriptive authority. Adds a definition for "standing protocol" to mean an established written policy and procedure developed and approved by the prescribing healthcare practitioner related to the use of a bronchodilator rescue inhaler that the authorized entity must follow when in the process of administering a bronchodilator rescue inhaler. Adds that the dispensing pharmacist is not liable for the injury unless the dispensing pharmacist dispensed the prescription with intentional disregard for safety. Authorizes the board of pharmacy to promulgate rules, which must be promulgated in accordance with the "Uniform Administrative Procedures Act." Changes the effective date such that, for purposes of promulgating rules, the bill becomes effective upon becoming a law, and for all other purposes, the bill takes effect July 1, 2026.

Fiscal Note: (Dated February 15, 2025) LOCAL GOVERNMENT EXPENDITURES Permissive FY25-26 & Subsequent Years $322,000

Senate Status: 04/09/25 - Senate passed with amendment 1 (004108) and amendment 2 (004505).

House Status: 04/14/25 - House concurred in Senate amendment 1 (004108) and amendment 2 (004505).

Executive Status: 04/14/25 - Sent to the speakers for signatures.

SB839/HB984 **HEALTH CARE: Report on aggregate claims data on inpatients and outpatients with coded drug poisonings.**

Sponsors: Sen. Pody, Mark , Rep. Warner, Todd

Summary: Extends from March 1 to April 1, the date by which the department of health must submit to the governor, the speaker of the senate, the speaker of the house of representatives, and legislative committees with subject matter jurisdiction over health a report with de-identified aggregate claims data on every inpatient and outpatient discharge that includes coded drug poisonings as reported for the calendar year two years prior to the current year by licensed hospitals to the commissioner of health. Broadly captioned.

Fiscal Note: (Dated February 5, 2025) NOT SIGNIFICANT

Senate Status: 02/12/25 - Referred to Senate Health & Welfare Committee.

House Status: 02/10/25 - Held on House clerk's desk.

SB858/HB939 **LABOR LAW: Report on number of injunctions brought against persons who committed harassment against a state employee.**

Sponsors: Sen. Taylor, Brent , Rep. Powers, Dennis

Summary: Requires the attorney general to annually report by January 15 of each year to the governor, speaker of the senate, and speaker of the house of representatives the number of injunctions brought against persons who committed harassment against a state employee in the preceding calendar year. Broadly captioned.

Amendment Summary: Senate State & Local Government Committee amendment 1, House Public Service Subcommittee amendment 1 (004602) rewrites the bill to prohibit a political subdivision from regulating, restricting, or otherwise governing any employer welfare benefit plan subject to preemption under Section 514 of the federal Employee Retirement Income Security Act of 1974.

Fiscal Note: (Dated February 8, 2025) NOT SIGNIFICANT

Senate Status: 03/25/25 - Senate Commerce & Labor Committee recommended. Sent to Senate Calendar Committee.

House Status: 04/02/25 - Taken off notice in House State & Local Government Committee.

SB881/HB1244 **INSURANCE HEALTH: Establishes standards for pharmacy benefits managers to use when processing and paying claims.**

Sponsors: Sen. Reeves, Shane , Rep. Martin, Brock

Summary: Establishes standards for pharmacy benefits managers when processing and paying claims. Removes limits on aggregate penalties for violations of law made by pharmacy benefits managers. Requires pharmacy benefits managers to pay the clean parts of a claim within 30 days of receiving a claim on paper from a provider, and notify the provider in writing why the remaining portion of the claim will not be paid and notify the provider in writing of all reasons why the claim does not constitute a clean claim and will not be paid and what substantiating documentation and information is required to adjudicate the claim. Requires the pharmacy benefits manager to meet certain percentage requirements regarding paying clean claims or face fines. Broadly captioned.

Amendment Summary: Senate amendment 1, House Insurance Committee amendment 1 (005191) establishes that pharmacy benefits managers (PBMs) are subject to the same prompt payment standards for timing of payments to pharmacists as the standards governing payments by health insurance entities to providers, and that PBMs are subject to the same penalties for non-compliance with the prompt payment standards as health insurance entities. Establishes that there is no aggregate limit on the amount of penalties assessed to a PBM by the Department of Commerce and Insurance (DCI).

Fiscal Note: (Dated March 13, 2025) STATE GOVERNMENTEXPENDITURES General FundFY25-26 & Subsequent Years $91,300 FEDERAL GOVERNMENTEXPENDITURESFY25-26 & Subsequent Years $274,300 OTHER FISCAL IMPACT To the extent that appeal prices for pharmacy reimbursements under the State Group Insurance Program are applied to future inventory that exceeds the actual acquisition price, there will be an increase in expenditures; however, it is not possible to calculate the amount of increased expenditures without additional information regarding such pharmacy reimbursements.

Senate Status: 03/31/25 - Senate passed with amendment 1 (005191).

House Status: 04/17/25 - Set for House Floor 04/21/25.

SB907/HB767 **TAXES BUSINESS: Exemption - receipts from the sale of certain prescription drugs or medicines.**

Sponsors: Sen. Haile, Ferrell , Rep. Hicks, Gary

Summary: Exempts from business tax, receipts from the sale of a prescription drug or medicine with a cost for a 30-day equivalent supply that exceeds the Medicare cost threshold for 2025 plan years and services necessary for proper preparation, storage, handling, administration, patient education, or post-sale monitoring of such exempted drugs or medicines.

Amendment Summary: House Finance Subcommittee amendment 1 (004079) makes bill applicable to tax years ending on or after December 31, 2025.

Fiscal Note: (Dated February 26, 2025) STATE GOVERNMENT REVENUE General Fund FY25-26 & Subsequent Years ($2,872,400) LOCAL GOVERNMENT REVENUE Mandatory FY25-26 & Subsequent Years ($3,371,900)

Senate Status: 04/17/25 - Set for Senate Finance, Ways & Means Committee 04/21/25.

House Status: 04/16/25 - Set for House Finance, Ways & Means Subcommittee 04/17/25.

SB955/HB1044 **HEALTH CARE: Medical Ethics Defense Act.**

Sponsors: Sen. Haile, Ferrell , Rep. Terry, Bryan

Summary: Enacts the "Medical Ethics Defense Act," which specifies that a healthcare provider must not be required to participate in or pay for a healthcare procedure, treatment, or service that violates the conscience of the healthcare provider. Species that the right is limited to a particular healthcare procedure, treatment, or service, and does not waive or modify any duty a healthcare provider may have to provide or pay for healthcare procedures, treatments, or services that do not violate the healthcare provider's conscience. Prohibits a civil cause of action, a criminal prosecution, or discriminatory action based on the exercised right. Details whistleblower and free speech protection of the individual or healthcare provider. Broadly captioned.

Amendment Summary: House amendment 1 (005499) enacts the Medical Ethics Defense Act (Act). Establishes that a healthcare provider, including a healthcare professional, healthcare institution, or healthcare payer, has the right to not participate in or pay for a healthcare procedure, treatment, or service that violates the conscience of the healthcare provider. Does not apply to procedures, treatments, or services governed by federal law, including the Emergency Medical Treatment and Active Labor Act. Does not apply to a healthcare professional or institution when perform healthcare procedures, treatments, or services for an individual who is in imminent danger of harming themselves or others. Establishes that a healthcare payer may not decline payment for a healthcare procedure, treatment, or service it is contractually obligated to pay for under the terms of a contract with an insured party. Establishes that the exercise of the right of conscience in declining to participate in or pay for a healthcare service may not be used as the basis for a civil, criminal, or discriminatory action against a healthcare provider that exercises such right. Grants whistleblower protections to a healthcare provider who reports on violations of the Act. Prohibits a government entity from taking action against a healthcare provider for engaging in speech, expression, or association that is protected from government interference by the First Amendment to the United States Constitution, unless the government entity demonstrates by clear and convincing evidence that the healthcare provider's speech, expression, or association was the direct cause of physical harm to a person with whom the healthcare provider had a practitioner patient relationship within the three years immediately preceding the incident of physical harm. Creates a cause of action for violations of the Act for which an aggrieved party is entitled to an award of injunctive and declaratory relief, and to recover damages sustained, along with the costs of the action and reasonable attorney fees, upon the finding of a violation. Senate amendment 1 (003991) clarifies that the provisions do not apply to a healthcare professional or healthcare institution when performing healthcare procedures, treatments, or services for an individual who is in imminent danger of harming themselves or others.

Fiscal Note: (Dated February 21, 2025) NOT SIGNIFICANT SB 955 - HB 1044

Senate Status: 04/14/25 - Senate concurred in House amendment 1 (005499).

House Status: 04/07/25 - House passed with amendment 1 (005499).

Executive Status: 04/14/25 - Sent to the speakers for signatures.

SB1010/HB1220 **HEALTH CARE: Tennessee Contraceptive Freedom Act.**

Sponsors: Sen. Oliver, Charlane , Rep. Johnson, Gloria

Summary: Creates the Tennessee Contraceptive Freedom Act. Establishes that every individual has a fundamental right to make decisions about the individual's reproductive health care, including the fundamental right to use or refuse contraceptives or contraceptive supplies. Requires a healthcare provider to provide contraceptives, contraception, and information related to contraception and family planning to consenting patients and refer consenting patients to a healthcare provider that can provide contraceptives, contraception, and information related to contraception and family planning. Prohibits these rights from being limited or otherwise infringed through a limitation or requirement unless a party can provide evidence based on the safety of the contraception. Requires health insurance carriers and public health agencies to ensure affordable access to a wide range of contraceptive methods for all consenting individuals. Prohibits access to contraceptives from being limited by an individual's sex, race, age, gender, income, ability to pay, number of children, marital status, citizenship, or motive. Prohibits this state from administering, implementing, or enforcing any law, rule, or other provision having the force and effect of law that infringes on one's right to contraceptives. Defines “contraception" as an action taken to prevent pregnancy, including the use of contraceptives, emergency contraceptives, fertility awareness-based methods, and sterilization procedures. Defines “contraceptive" as a device, medication, biological product, or procedure that is intended for use in the prevention of pregnancy, whether specifically intended to prevent pregnancy or for other health needs, legally marketed under the Federal Food, Drug, and Cosmetic Act. Defines "family planning" as all forms of contraception.

Fiscal Note: (Dated March 6, 2025) STATE GOVERNMENTEXPENDITURES General FundFY25-26 & Subsequent Years $50,300 FEDERAL GOVERNMENTEXPENDITURESFY25-26 & Subsequent Years $5,500 LOCAL GOVERNMENTEXPENDITURES MandatoryFY25-26 & Subsequent Years $34,100Article II, Section 24 of the Tennessee Constitution provides that: no law of general application shall impose increased expenditurerequirements on cities or counties unless the General Assembly shall provide that the state share in the cost. OTHER FISCAL IMPACTTo the extent that the Department of Health and local health departments cannot accommodatethe proposed legislation, state and local expenditures will increase. Such increases are dependent ona number of unknown factors, including how many new uninsured individuals will seek freecontraception, and their contraceptive method of choice, and cannot be reasonably determined.

Senate Status: 03/11/25 - Failed in Senate Commerce & Labor Committee after failing to secure a second.

House Status: 03/18/25 - Failed in House Population Health Subcommittee.

SB1030/HB1156 **FAMILY LAW: Immunizations for children.**

Sponsors: Sen. Bowling, Janice , Rep. Lynn, Susan

Summary: Deletes the responsibility of a parent or legal guardian to ensure that such person's child receives vaccines as recommended by guidelines of the Centers for Disease Control and Prevention or the American Academy of Pediatrics. Broadly captioned.

Fiscal Note: (Dated February 20, 2025) NOT SIGNIFICANT

Senate Status: 02/12/25 - Referred to Senate Judiciary Committee.

House Status: 03/04/25 - House Population Health Subcommittee deferred to summer study after adopting amendment 1 (004012).

SB1031/HB1157 **HEALTH CARE: Restore Trust in Public Health Messaging Act.**

Sponsors: Sen. Bowling, Janice , Rep. Lynn, Susan

Summary: Enacts the "Restore Trust in Public Health Messaging Act," which prohibits the promotion, distribution, or endorsement information regarding an FDA regulated product in a manner that conflicts with or does not accurately reflect the FDA approved or FDA-authorized label for such product. Allows for public complaints. Specifies corrective action upon notice of violation. Requires the removal of nonconforming materials by January 15, 2026. Broadly captioned.

Amendment Summary: House amendment 1 (005299) defines "emergency use authorized product," as used in the bill, as a medical product that the federal food and drug administration has authorized for use during a public health emergency under the "Federal Food, Drug, and Cosmetic Act." Defines "labeling," as used in the bill, as the FDA-approved product information and includes prescribing information, carton and container labeling, medication guides, patient package inserts, and instructions for use. Defines "mask," as used in the bill, as a face covering, such as a surgical mask, medical-grade N95, or cloth facial covering worn for medical purposes. Defines "vaccine," as used in the bill, as a substance intended for use in humans to stimulate the body's immune response against an infectious disease or pathogen, including products intended to provide passive immunity, such as monoclonal antibodies. Revises the prohibition on the department of health, commissioner of health, an employee or agent of the department, an employee or agent of a local health department, and the state executive branch from directly or indirectly promoting, distributing, or endorsing information regarding an FDA-regulated product in a manner that conflicts with or does not accurately reflect the FDA-approved or FDA-authorized label for such product to, instead, prohibit such persons and entities from directly or indirectly promoting, distributing, or endorsing information regarding an FDA-regulated vaccine, mask, or emergency use authorized product that (i) conflicts with or does not accurately reflect the FDA-approved or FDA-authorized labeling for such vaccine, mask, or emergency use authorized product; or (ii) implies that safety or effectiveness has been established for coadministration of the vaccine, mask, or emergency use authorized product when adequately powered and well-controlled clinical trials needed to substantiate such representations have not been completed. Changes references from "products" to "vaccines, masks, or emergency use authorized products" throughout the bill. Requires the annual report to be submitted to the attorney general instead of the comptroller of the treasury. Requires the attorney general, instead of the comptroller of the treasury, to (i) establish a process by which information concerning violations and suspected violations may be submitted (ii) investigate complaints and assess penalties, and (iii) otherwise enforce the bill. Authorizes, instead of requires, the attorney general to (i) establish a process by which individuals may submit information concerning violations or suspected violations and (ii) investigate complaints and assess penalties. Authorizes, instead of requires, an entity violating the bill to be subject to a civil penalty and be ineligible to receive grants, funds, or other inducements for a period of one-10 years, to be determined by the attorney general, based on the severity of the violation. Authorizes, instead of requires, the director or chief executive, within 10 days of receiving a notice from the attorney general that their entity or an employee or agent of their entity has violated the bill, to (i) immediately cease the dissemination of any information deemed to be in violation of the bill and (ii) issue a correction notice.

Fiscal Note: (Dated February 21, 2025) STATE GOVERNMENTEXPENDITURES General FundFY25-26 $500,700FY26-27 & Subsequent Years $485,700 Total Positions Required: 3 OTHER FISCAL IMPACTThe Department of Health and county health departments will experience an increase inexpenditures as a result of dispensing costlier medications to patients. The amounts of suchincreases are dependent on a number of unknown factors, including the results of the department'scompliance review, and cannot be reasonably estimated.

Senate Status: 03/19/25 - Signed by Senate speaker.

House Status: 03/19/25 - Signed by House speaker.

Executive Status: 04/11/25 - Enacted as Public Chapter 0108, effective March 28, 2025.

SB1039/HB1102 **HEALTH CARE: Drug or alcohol test or screen for a patient who is pregnant.**

Sponsors: Sen. Bowling, Janice , Rep. Salinas, Gabby

Summary: Prohibits a healthcare facility from authorizing a licensed healthcare professional from performing a drug or alcohol test or screen on a patient who is pregnant, less than one year postpartum, or a newborn without written and oral consent. Allows for a drug or alcohol test or screen to be performed without the consent of the patient if, in the healthcare professional's judgment, an emergency exists and the patient or newborn is in immediate need of medical attention, and an attempt to secure consent would result in a delay of treatment that could increase the risk to the patient's or newborn's life or health. Broadly captioned.

Fiscal Note: (Dated March 4, 2025) NOT SIGNIFICANT

Senate Status: 03/26/25 - Senate Health & Welfare Committee deferred to first calendar of 2026.

House Status: 03/19/25 - Taken off notice in House Health Subcommittee.

SB1064/HB1160 **HEALTH CARE: List of psychotropic medications and side effects of each medication.**

Sponsors: Sen. Bailey, Paul , Rep. Lynn, Susan

Summary: Requires the department of health on or before January 1, 2026, to submit a report with a list of each drug that is psychotropic medication pursuant to current law and the side effects of each medication to the chair of the health and welfare committee of the senate and the chair of the committee of the house of representatives having jurisdiction over health-related matters. Broadly captioned.
Fiscal Note: (Dated February 8, 2025) NOT SIGNFICANT
Senate Status: 02/12/25 - Referred to Senate Health & Welfare Committee.
House Status: 02/10/25 - Introduced in the House

SB1081/HB714 **TAXES SALES: Tax remittance schedule to offset transaction fees.**

Sponsors: Sen. Johnson, Jack , Rep. Baum, Charlie
Summary: Requires the commissioner of revenue, in cooperation with the treasure, to establish a sales tax remittance schedule for the purpose of allowing dealers making sales to offset the transaction fees associated with the collection of sales tax.
Senate Status: 03/18/25 - Senate Finance Revenue Subcommittee returned to full committee with a negative recommendation.
House Status: 02/10/25 - Referred to House Finance, Ways & Means Subcommittee.

SB1153/HB1205 **HEALTH CARE: Prohibits physicians from treating themselves or their immediate family.**

Sponsors: Sen. Crowe, Rusty , Rep. Kumar, Sabi
Summary: Prohibits physicians from prescribing, administering, or dispensing medication for, or otherwise treating, themselves or their immediate family except for minor, self-limited, short-term, or urgent, emergency situations. Prohibits physicians from treating themselves with or prescribing to family members a scheduled drug. Broadly captioned.
Amendment Summary: Senate Health & Welfare Committee amendment 1 (006227) authorizes a physician, including an osteopathic physician, or podiatrist to prescribe, dispense, or administer medication for, or otherwise treat, the physician's or podiatrist's own self in short-term, minor, or acute emergency situations. Authorizes a physician to prescribe, dispense, or administer medication for, or otherwise treat, immediate family within the physician's regular scope of practice if there is no other physician offering healthcare services at a location within 30 miles of the physician's primary practice site. Authorizes a physician or podiatrist to prescribe, dispense, or administer a scheduled drug to their own self or for immediate family only in acute, emergency situations. Authorizes a supervisee to prescribe, dispense, or administer medication for, or otherwise treat, a supervising or collaborating physician or podiatrist in acute or emergency situations, if there is an established provider-patient relationship between the supervising or collaborating physician or podiatrist and the supervisee. Authorizes a supervisee to prescribe, dispense, or administer medication for, or otherwise treat, a supervising or collaborating physician's or podiatrist's immediate family in acute or emergency situations. Requires a physician, podiatrist, or supervisee to keep records of any treatment provided to their own self, their immediate family, their supervisor or collaborator, or their supervisor's or collaborator's family. House amendment 1 (006582) Allows a physician or podiatrist to treat a physician’s or podiatrist’s immediate family only if there is a supervisee, and there is an established provider-patient relationship, including charts, and it is an acute or emergency situation. Prevents a supervisee from prescribing, despising, administering scheduled medication, or otherwise caring for a supervising or collaborating physician or podiatrist or the supervising or collaborating physician's or podiatrist's immediate family unless it is an acute or emergency situation.
Fiscal Note: (Dated February 22, 2025) NOT SIGNIFICANT
Senate Status: 04/17/25 - Set for Senate Floor 04/21/25.
House Status: 04/15/25 - House passed with amendment 1 (006582).

SB1209/HB1188 **EDUCATION: Discrimination in educational institutions.**

Sponsors: Sen. Rose, Paul , Rep. Grills, Rusty
Summary: Prohibits discrimination on the basis of race, ethnicity, national origin, sex, disability, religion, or marital status against a student or an employee in a public institution of education. Requires public institutions of education to treat harassment or discrimination against students or employees, or resulting from institutional policies or programs on their campuses, motivated by or including antisemitic intent in an identical manner to discrimination motivated by race. Requires Title VI coordinators to be designated to monitor antisemitic discrimination and harassment at K-12 schools and institutions of higher education. Broadly captioned.
Amendment Summary: House amendment 1 (006450) prohibits a public institution of education from discriminating on the basis of race, ethnicity, national origin, sex, or religion against a student or an employee in a public institution of education. Requires a public institution of education to prohibit antisemitic harassment or discrimination against students or employees, including discrimination resulting from a policy or program on their campuses or school grounds, in the same manner as the public institution of education applies to any other form of discrimination prohibited under Title VI of the Civil Rights Act of 1964. Requires all public institutions of education to integrate the definition of antisemitism into their codes of conduct or anti-discrimination policies and to prohibit conduct of harassment and discrimination against Jews in compliance with federal antidiscrimination laws and regulations. Requires the Department of Education (DOE) and each public institution of higher education to designate a Title VI coordinator dedicated to monitoring antisemitic discrimination and harassment at kindergarten through twelve (K-12) public schools and college campuses, respectively. Requires DOE to designate the Title VI coordinator by July 1, 2025. Requires a Title VI coordinator to investigate all complaints and to issue an annual report on antisemitism to the Attorney General and Reporter and to the General Assembly by June 30 of each year.
Fiscal Note: (Dated February 27, 2025) NOT SIGNIFICANT
Senate Status: 04/14/25 - Signed by Senate speaker.
House Status: 04/10/25 - Signed by House speaker.
Executive Status: 04/16/25 - Sent to governor.

SB1235/HB1237 **PROFESSIONS & LICENSURE: Membership on state regulatory and health related boards.**

Sponsors: Sen. Rose, Paul , Rep. Zachary, Jason
Summary: Prohibits the exclusion of persons from membership on state regulatory and health-related boards on the basis of race, color, ethnicity, and national origin. Prohibits such boards from establishing or operating under race-based policies pertaining to their composition. Creates a private cause of action against a board and its officers, employees, and agents for such practices. Removes requirement that appointing authorities strive to ensure certain boards and commissions are represented by members of racial minorities. Broadly captioned.

Amendment Summary: House amendment 1 (004024) removes the requirement for the governor to strive to ensure that at least one person serving on the following boards is a member of a racial minority: (i) the state board of accountancy, (ii) the board of cosmetology and barber examiners, (iii) the board of funeral directors and embalmers, (iv) the state board for licensing contractors, (v) the Tennessee real estate commission, (vi) the state board of examiners for land surveyors, (vii) the Tennessee auctioneer commission, (viii) the Tennessee collection service board, and (ix) the elevator and amusement device safety board. Removes the requirement that the state board of examiners for architects and engineers include, where possible, at least one member of a racial minority. Removes the requirement that the commissioner of commerce and insurance, or the commissioner's designee, strive to achieve a diverse membership that represents the citizenry of Tennessee on the detection services advisory committee. Removes the requirement for the governor to strive to ensure that at least two persons serving on the real estate appraiser commission are members of a racial minority. Restores the current requirement in present law that, in making appointments to the board of medical examiners, the governor must, to the extent feasible, strive to ensure the full 12-member board is composed of at least one person who is female. Senate amendment 1 (005154) prohibits the regulatory board of a state entity, including a health-related regulatory board, from operating under race-based policies pertaining to the composition of such entities, including policies on affirmative action, racial preferences, or racial quotas. Prohibits a board from using a person's race, color, ethnicity, or national origin to determine the person's participation as a member of the board. Establishes a private cause of action against a board for such violations. Removes the requirement that appointing authorities must strive to ensure certain boards and commissions are represented by members of racial minorities.

Fiscal Note: (Dated February 21, 2025) NOT SIGNIFICANT

Senate Status: 04/14/25 - Signed by Senate speaker.

House Status: 04/10/25 - Signed by House speaker.

Executive Status: 04/16/25 - Sent to governor.

SB1240/HB1351 **MENTAL HEALTH: Annual report on medication-assisted treatment for opiate addiction.**

Sponsors: Sen. Jackson, Ed , Rep. Littleton, Mary

Summary: Requires the department to submit its annual report of data collected related to the use of medication-assisted treatment for opiate addiction by department-funded providers for the prior fiscal year by March 1 of each year instead of February 14 each year. Broadly captioned.

Amendment Summary: Senate amendment 1 (006776) requires a nationally recognized recovery residence standards organization (Organization) certifying certain recovery residences in the state to adopt certain minimum standards as part of the certification. Requires the Commissioner of Mental Health and Substance Abuse Services to select and approve organizations meeting the established minimum standards. Establishes that a recovery residence that is certified by an Organization prior to January 1, 2026, is not required to comply immediately with the minimum standards established by the legislation, but instead remains subject to the certification standards in effect prior to January 1, 2026, until the earlier of the date of its certification renewal, if such renewal occurs on or after July 1, 2026, or January 1, 2027. Establishes that a certification of a recovery residence is valid for no more than three years. Requires a recovery residence to undergo a physical site inspection by the certifying Organization at least annually for the recovery residence's certification to remain in good standing. Does not apply to a residence or facility licensed by the Department of Mental Health and Substance Abuse Services (DMHSAS). Establishes that, for the purpose of minimum standards requirements, a recovery residence does not provide any medical or clinical services, treatment, or medication administration on-site except for verification of abstinence. For the purposes of promulgating rules, takes effect upon becoming a law. For all other purposes, takes effect January 1, 2026. House amendment 2 (007125) requires a nationally recognized recovery residence standards organization (Organization) performing certification of recovery residences in the state to adopt certain minimum standards as part of the certification. Requires the Commissioner of the Department of Mental Health and Substance Abuse Services (DMHSAS) to select and approve organizations meeting the established minimum standards. Establishes that a recovery residence that is certified by an Organization prior to January 1, 2026, is not required to comply immediately with the minimum standards established by the legislation, but instead remains subject to the certification standards in effect prior to January 1, 2026, until the earlier of the date of its certification renewal, if such renewal occurs on or after July 1, 2026, or January 1, 2027. Establishes that a certification of a recovery residence is valid for no more than three years. Requires a recovery residence must undergo a physical site inspection by the certifying Organization at least annually for the recovery residence's certification to remain in good standing. Does not apply to a residence or facility licensed by the DMHSAS. Removes alcohol and drug prevention or treatment facilities (ADTFs) from the definition of "recovery residence." Establishes that a recovery residence does not provide any medical or clinical services, treatment, or medication administration on-site except for verification of abstinence. For the purposes of promulgating rules, takes effect upon becoming a law. For all other purposes, takes effect January 1, 2026.

Fiscal Note: (Dated February 6, 2025) NOT SIGNIFICANT

Senate Status: 04/17/25 - Set for Senate Message 04/21/25.

House Status: 04/16/25 - House passed with amendment 2 (007125).

SB1270/HB1304 **INSURANCE HEALTH: Claims experience report to a plan sponsor or administrator of an ERISA.**

Sponsors: Sen. Johnson, Jack , Rep. Lamberth, William

Summary: Requires an insurance company and health maintenance organization, upon request, to provide a claims experience report to a plan sponsor or administrator of an ERISA (Employee Retirement Income and Security Act of 1974) group health plan. Specifies contents of such a report; revises provisions relating to reinsurance and risk insurance. Revises provisions relating to the readability, content, and style of life and health insurance policies. Broadly captioned. Part of Administration Package.

Amendment Summary: Senate amendment 1 (004645) revises the definition of "group health plan" such that such plan has to have 50 or more participants as defined in the federal "Employee Retirement Income and Security Act of 1974" (ERISA), instead of 25 or more participants. Revises the provision requiring the report to include certain information for the 36-month period preceding the date of the request or for the entire period of coverage, whichever is shorter to, instead, require such information for (i) the 36-month period preceding the date of the request, (ii) for the entire period of coverage, or (iii) for the period of time specified in the request, whichever period is shortest. Revises the provision relative to such information including the total premiums paid by month to, instead, require the total premium or premium equivalent earned by month. Adds to such information the total dollar amount of claims pending as the date of the request for the report. Revises the provision authorizing a plan, plan sponsor, or plan administrator to use information in a written claims experience report provided under the bill only as necessary to perform treatment, payment, or health care operations as those activities are described by federal regulations to, instead, provide such authorization to use such information only as permitted or required by the federal "Health Insurance Portability and Accountability Act of 1996" (HIPAA) and its implementing regulations. Adds that the claims experience report provisions in the bill apply to the extent not preempted by ERISA. Revises, as of January 1, 2026, the definition of "personal risk insurance" in the bill to include (i) insurance on every kind of farm property or farm risk, including farm premises, buildings, machinery, equipment, motor vehicles, livestock, and other personal property used in farming operations, unless insured on a commercial risk insurance policy; (ii) insurance on private passenger nonfleet motor-driven vehicles, not used for hire, which are used for farm needs with fewer than four wheels; and (iii) insurance on pleasure watercraft that are used for farm needs. Revises present law relative to rates and rating organizations with regard to commercial risk insurance by clarifying that "commercial risk insurance" includes insurance on every kind of farm property or farm risk that is not personal risk insurance, including farm premises, buildings, machinery, equipment, motor vehicles, livestock, and other personal property used in farming operations.

Fiscal Note: (Dated March 1, 2025) NOT SIGNIFICANT

Senate Status: 04/01/25 - Signed by Senate speaker.

House Status: 04/02/25 - Signed by House speaker.

Executive Status: 04/11/25 - Signed by governor.

SB1283/HB111 **HEALTH CARE: Required pregnancy serological tests.**

Sponsors: Sen. Johnson, Jack , Rep. Lamberth, William

Summary: Adds as a disease for which a laboratory must test during a standard serological test of a pregnant woman hepatitis C antibody (anti-HCV) with automatic reflex to HCV RNA if anti-HCV is reactive and makes certain other changes to the process of conducting required pregnancy serological tests. Part of Administration Package.

Fiscal Note: (Dated February 12, 2025) NOT SIGNIFICANT

Senate Status: 03/10/25 - Signed by Senate speaker.

House Status: 03/11/25 - Signed by House speaker.

Executive Status: 03/21/25 - Enacted as Public Chapter 0046, effective July 1, 2025.

SB1284/HB1311 **PUBLIC EMPLOYEES: Removal of requirement for board members to sign a license before issuance.**

Sponsors: Sen. Johnson, Jack , Rep. Lamberth, William

Summary: Removes the requirement that a license be issued by the health related board be signed by members of the board prior to issuance. Authorizes the presiding officer of the board to divide the board into panels of three or more to conduct contested case hearing or disciplinary matters. Clarifies that patient billing records are a part of the medical and practice records that providers must make available to the department upon the department's request for inspection. States that identifying information of certain parties in a contested case hearing involving disciplinary charges filed against a provider must only be produced by the provider to a subpoena from a law enforcement agency. Broadly captioned. Part of Administration Package.

Fiscal Note: (Dated February 20, 2025) NOT SIGNIFICANT

Senate Status: 03/25/25 - Signed by Senate speaker.

House Status: 03/26/25 - Signed by House speaker.

Executive Status: 04/11/25 - Enacted as Public Chapter 0127, effective April 3, 2025.

SB1315/HB1329 **TAXES GENERAL: Reduction of administrative fee percentage.**

Sponsors: Sen. Johnson, Jack , Rep. Lamberth, William

Summary: Reduces the administrative fee percentage the department takes from proceeds of the business tax, short-term rental unit occupancy tax, local tax surcharge, coal severance tax, and local option sales tax from 1.125% to .75% to assist in defraying the expenses of administration and collection, before remitting proceeds to the appropriate county, city, or town. Part of Administration Package.

Fiscal Note: (Dated March 1, 2025) STATE GOVERNMENT REVENUE General Fund FY25-26 & Subsequent Years ($18,984,400) LOCAL GOVERNMENT REVENUE Mandatory FY25-26 & Subsequent Years $18,984,400 OTHER FISCAL IMPACT Any state foregone revenue to the Department of Revenue and any corresponding increase in local revenue to the Metropolitan Government of Nashville-Davidson County cannot be determined with reasonable certainty. The Governors proposed FY25-26 budget, on page A-38, recognizes a recurring decrease in revenue of $17,500,000 for the Department of Revenues tax administration fee.

Senate Status: 04/14/25 - Senate passed.

House Status: 03/24/25 - House passed.

Executive Status: 04/14/25 - Sent to the speakers for signatures.

SB1316/HB1330 **STATE GOVERNMENT: Less is More Act of 2025.**

Sponsors: Sen. Johnson, Jack , Rep. Lamberth, William

Summary: Reorganizes various boards and agencies in Tennessee. Removes the board of court reporting from the list of entities that are set to terminate on June 30, 2025. Specifies participation by electronic or other means. Moves the regulatory power of the board of court reporting to the commissioner of commerce and insurance. Details responsibilities of the delegated powers. Allows an individual whose principal place of business is not in this state but who has a valid license in good standing as a certified public accountant from another state to be granted practice privileges in this state, if at the time the individual was licensed, the individual showed evidence of having successfully completed the Uniform Certified Public Accountant Examination. (20 pp.). Broadly captioned. Part of Administration Package.

Amendment Summary: House amendment 1 (004421) enacts the Less is More Act of 2025. Terminates the Board of Court Reporting and moves all rules and regulations of licensing provided to the board under the Tennessee Court Report Act of 2009 to the Department of Commerce and Insurance (DCI). Deletes the provision in statute that grandfathered in the license of a court reporter who was licensed before January 1, 2010. Changes the name of the Tennessee Board of Court Reporting Fund to the Tennessee Court Reporting Fund. Exempts facilities that are operated for the provision of the Employment and Community First CHOICES program and services for comprehensive behavioral support for adults with intellectual or developmental disabilities, or severe behavioral or psychiatric conditions, or any successor program or service, or a home and community-based services waiver approved by the Centers for Medicare and Medicaid Services, from licensing under the Department of Mental Health and Substance Abuse Services, and moves such licensing requirements under the Department of Disability and Aging. Effective January 1, 2026, authorizes an additional option as one of the requirements for a certificate as a public accountant to include 120 hours of college education with the total educational program including an accounting concentration or equivalent as determined by the State Board of Accountancy. Requires applicants to obtain one to two years of experience depending on the type of completed education before being granted a certificate. Reduces regulations related to certificate issuance and renewals for accountants certified in other states. Removes annual inspection requirements of barber shops, barber schools, or colleges under the Board of Cosmetology and Barber Examiners and requires the Board to establish rules regarding the frequency of inspections. Extends, from six months to two years, the period that an applicant has to apply for a real estate broker's license after passing the examination before being required to retake the examination in order to be eligible for a license. Authorizes a broker who has temporarily retired to submit proof of completion of a commission-approved course consisting of 30 hours of continuing education to reactivate their license. Prohibits a licensed brokers penalty fee of $100 per month from exceeding 12 months. Authorizes a licensee in good standing with the Commission, whose license has been expired for more than two years, but has not been temporarily retired, to reactivate the license upon payment of the penalty fee accessed for all 12 months and completion of a commission-approved course consisting of 30 hours of continuing education. Deletes the Soil Scientist Licensure Act of 2009, removing all licensing regulation. Renames the Geologist and Soil Scientist Regulatory Fund to the Geologist Regulatory Fund. Authorize any board-run, commission-run, or commissioner-run program in the Division of Regulatory Boards of the DCI that issues a license, to enter into reciprocal agreements with appropriate officials in other jurisdictions to grant licenses to persons or entities licensed in the other jurisdictions who possess sufficient qualifications as established by the regulatory authority of this state to operate across state lines under mutually acceptable terms. Revises provisions governing participation in meetings by electronic means of communication. Deletes the provisions that authorizes a meeting of a governing body over electronic means only as necessary for purposes of a quorum, and authorizes a governing body to meet over electronic means at any point, so long as certain conditions are met and the governing body meets with a quorum physically present no less than once per calendar year. Makes various changes to the composition, appointment rules, and term lengths relative to members of a commission or board. Specifically makes variations of these changes to the following boards or commissions: the Commission on Intergovernmental Relations, Board of the Tennessee Education Lottery, Tennessee Peace Officer Standards and Training Commission (POST), Tennessee Motor Vehicle Commission, Board of Accountancy, Board of Cosmetology and Barber Examiners, Board of Funeral Directors and Embalmers, Tennessee Real Estate Commission, Board of Dentistry, Board of Medical Examiners, Board of Optometry, Board of Dispensing Opticians, Board of Respiratory Care, Tennessee Athletic Commission, and the Tennessee Fish and Wildlife Commission. House amendment 2 (006499) revises Section 12 of the bill regarding responsibilities and duties of the department of commerce and insurance in regard to court reporters and their licensure. Specifies that the commissioner has the duty and responsibility to establish a procedure for the investigation of complaints against licensed court reporters or any person or entity practicing court reporting without a license. Specifies that the commissioner also has the duty and responsibility to promulgate rules pursuant to TCA 20-9-607. All rules must be promulgated in accordance with the Uniform Administrative Procedures Act. House amendment 3 (006815) deletes a provision under the Tennessee Education Lottery Implementation Law relative to the price and manner of the sale of lottery tickets and shares that declares certain prohibited payment methods are not to be construed as prohibiting or restricting the direct sale of lottery tickets or shares by the corporation through any form of payment and in any amount. Senate amendment 3 (007827) removes the language "nothing in this part shall be construed as prohibiting or restricting the direct sale of lottery tickets or shares by the corporation through any form of payment and in any amount".

Fiscal Note: (Dated March 2, 2025) STATE GOVERNMENT REVENUE Geologist and Soil Scientist Regulatory Fund FY25-26 & Subsequent Years ($6,500) EXPENDITURES Board of Court Reporting Fund FY25-26 & Subsequent Years ($4,000) OTHER FISCAL IMPACT Passage of this legislation may result in both increases and decreases in state revenue to various boards, and a decrease in state expenditures for travel reimbursement across various governing bodies. However, due to multiple unknown variables, the extent and timing of any such impacts cannot be determined with reasonably certainty. SB 1316 - HB 1330 2

Senate Status: 04/17/25 - Senate passed with amendment 3 (007827), which removes the language "nothing in this part shall be construed as prohibiting or restricting the direct sale of lottery tickets or shares by the corporation through any form of payment and in any amount".

House Status: 04/17/25 - Set for House Message 04/21/25.

SB1372/HB651 **INSURANCE HEALTH: All-products clause in a network participation agreement with healthcare provider.**

Sponsors: Sen. Watson, Bo , Rep. Williams, Ryan

Summary: Prohibits a health insurance entity or TennCare MCO from including an all-products clause in a network participation agreement with a healthcare provider, and makes certain other changes related to MCO network adequacy. Broadly captioned.

Fiscal Note: (Dated March 6, 2025) STATE GOVERNMENTEXPENDITURES General FundFY25-26 & Subsequent Years $689,100 FEDERAL GOVERNMENTEXPENDITURESFY25-26 & Subsequent Years $2,067,200

Senate Status: 03/25/25 - Taken off notice in Senate Commerce & Labor Committee.

House Status: 03/19/25 - Taken off notice in House Insurance Subcommittee.

SB1382/HB858 **HEALTH CARE: Step therapy - study on ease of access.**

Sponsors: Sen. Watson, Bo , Rep. Alexander, Rebecca

Summary: Requires the commissioner of commerce and insurance to conduct a study on the ease of access for patients and prescribing practitioners to insurers' online processes to request step therapy exceptions to determine whether insurers in this state are complying with the current law requirement for ease of access in a manner that does not impose any unnecessary barriers to making an exception request. Requires the commissioner to deliver findings and recommendations from the study to the chief clerks of the senate and house of representatives and the legislative librarian no later than December 15, 2025.

Amendment Summary: House amendment 1 (006264) rewrites the bill. Generally prohibits a health benefit plan that provides coverage for stage 4 advanced metastatic cancer, blood cancer, and associated conditions from requiring use of a step therapy protocol before the health benefit plan provides coverage of an approved prescription drug to an enrollee who has received a diagnosis of stage 4 advanced metastatic cancer or blood cancer. Requires, for an approved prescription drug prescribed for an associated condition, the treating healthcare provider to inform the health benefit plan that the condition is an associated condition of stage 4 advanced metastatic cancer or blood cancer when requesting authorization. Requires each treating healthcare provider who prescribes an approved prescription drug to a patient pursuant to such process to submit an annual report to the department of health by such date and in such manner as the commissioner of health may prescribe by rule, that includes the number of stage 4 advanced metastatic cancer and blood cancer cases treated, the approved prescription drug involved in treatment, and the overall six-month survival rate for the cases treated. Applies the provisions described above to policies or agreements entered into, renewed, or amended on or after January 1, 2026. Exempts group insurance plans offered to employees of this state and political subdivisions of this state from complying with the provisions described above. Clarifies that the provisions described above do not prevent a health carrier, health benefit plan, or utilization review organization from requiring a patient to try an AB-rated generic equivalent product, interchangeable biological product, or biosimilar product prior to providing coverage for the equivalent branded prescription drug. Defines, for purposes of the provisions described above, an "approved prescription drug" as a prescription drug that is (i) approved by the United States food and drug administration; (ii) consistent with best practices for the treatment of stage 4 advanced metastatic cancer or blood cancer; (iii) supported by peer-reviewed, evidence-based literature consistent with the National Comprehensive Cancer Network Drugs and Biologics Compendium for the treatment of stage 4 advanced metastatic cancer or blood cancer; and (iv) on the health benefit plan's prescription drug formulary. Requires the commissioner of commerce and insurance and the commissioner of health to promulgate rules to effectuate this amendment. Senate amendment 1 (006258) prohibits a health benefit plan that provides coverage for stage 4 advanced, metastatic cancer, metastatic blood cancer, and associated conditions from requiring the use of a step therapy protocol before the health benefit plan provides coverage of a federally-approved prescription drug to an enrollee who has received a diagnosis of stage 4 advanced, metastatic cancer or metastatic blood cancer. Establishes that an approved prescription drug must come from the health benefit plan's prescription drug formulary. Does not prevent a health carrier, health benefit plan, or utilization review organization from requiring a patient to try an AB-rated generic equivalent product, interchangeable biological product, or biosimilar product prior to providing coverage for the equivalent branded prescription drug. Requires the treating healthcare provider to inform the health benefit plan that the condition is an associated condition of stage 4 advanced metastatic cancer or metastatic blood cancer when requesting authorization. Requires each treating healthcare provider who prescribes an approved prescription drug to a patient pursuant to the legislation to submit an annual report to the Department of Health (DOH) by such date and in such manner as the Commissioner of Health may prescribe by rule, that includes the number of stage 4 advanced, metastatic cancer and metastatic blood cancer cases treated, the approved prescription drug involved in treatment, and the overall six-month survival rate for the cases treated. Takes effect January 1, 2026, and applies to policies or agreements entered into, renewed, or amended on or after that date.

Fiscal Note: (Dated March 4, 2025) NOT SIGNIFICANT

Senate Status: 04/16/25 - Senate passed with amendment 1 (006258).

House Status: 04/16/25 - Set for House Message 04/17/25.

SB1389/HB638 **TENNCARE: TennCare or CoverKids coverage based on vaccination status.**

Sponsors: Sen. Watson, Bo , Rep. Carringer, Michele

Summary: Prohibits a healthcare provider who participates in the TennCare or CoverKids programs from refusing to provide healthcare services to an enrollee based solely upon the enrollee’s refusal to obtain a vaccine or immunization. Prohibits the bureau from reimbursing a healthcare provider in violation of such prohibition. Requires the director to adopt rules. Broadly captioned.

Amendment Summary: House Health Committee amendment 1 (006996) prohibits a healthcare provider who participates in the TennCare program or the CoverKids program from refusing to provide healthcare services to an enrollee based on the enrollee's refusal or failure to obtain a vaccine or immunization if the enrollee, or if the enrollee is a minor, the enrollee's parent or legal guardian, has a religious or moral objection to the vaccine or immunization. Prohibits the Division of TennCare (Division) from providing reimbursement to an individual provider who violates the legislation until the Division finds that the provider is back in compliance. Does not apply to a provider who is a specialist in oncology, organ transplant services, or treating patients who are immunocompromised, including patients who are immunocompromised because of a disease or as a result of treatment for a disease. Requires the Director of TennCare to adopt rules necessary to implement the legislation, including rules establishing: (1) a process by which a person may report an alleged violation; (2) the right of a provider to seek administrative and judicial review of an alleged violation; (3) an opportunity for the individual who reported the alleged violation to attend and provide testimony at a hearing as part of the administrative and judicial review process; and (4) a process by which the individual who reported the alleged violation may appeal a final decision rendered as part of the administrative and judicial review process. Senate amendment 1 (006046) clarifies that this does not apply to a provide who is an oncology or organ transplant specialist. Senate amendment 2 (003566) prohibits a healthcare provider who participates in the TennCare program or the CoverKids program from refusing to provide healthcare services to an enrollee based on the enrollee's refusal or failure to obtain a vaccine or immunization if the enrollee, or if the enrollee is a minor, the enrollee's parent or legal guardian, has a religious or moral objection to the vaccine or immunization. Prohibits the Division of TennCare (Division) from providing reimbursement to an individual provider who violates the legislation until the Division finds that the provider is back in compliance. Does not apply to a provider who is an oncology or organ transplant specialist. Requires the Director of TennCare to adopt rules necessary to implement the legislation, including rules establishing: (1) a process by which a person may report an alleged violation; (2) the right of a provider to seek administrative and judicial review of an alleged violation; (3) an opportunity for the individual who reported the alleged violation to attend and provide testimony at a hearing as part of the administrative and judicial review process; and (4) a process by which the individual who reported the alleged violation may appeal a final decision rendered as part of the administrative and judicial review process.

Fiscal Note: (Dated February 26, 2025) NOT SIGNIFICANT

Senate Status: 04/16/25 - Senate passed with amendment 1 (006046) and amendment 2 (003566).

House Status: 04/17/25 - Set for House Floor 04/21/25.

SB1403/HB1179 **INSURANCE HEALTH: Extends period of audit notice for a pharmacy - three weeks.**

Sponsors: Sen. Hensley, Joey , Rep. Fritts, Monty

Summary: Extends from two to three weeks the period of notice that must be provided to a pharmacist or pharmacy prior to an initial on-site audit for each audit cycle by a covered entity, pharmacy benefits manager, the state or its political subdivisions, or an agent of such entity by sending written notice to the pharmacist or pharmacy. Broadly captioned.

Fiscal Note: (Dated February 8, 2025) NOT SIGNIFICANT

Senate Status: 03/18/25 - Taken off notice in Senate Commerce & Labor Committee.
House Status: 02/12/25 - Caption bill held on House clerk's desk pending amendment.

SB1414/HB1242 **INSURANCE HEALTH: Expands provisions prohibiting discrimination against 340B entities.**

Sponsors: Sen. Briggs, Richard , Rep. Helton-Haynes, Esther
Summary: Prohibits a drug manufacturer, agent, or affiliate from denying, restricting, prohibiting, discriminating against, or otherwise limiting the acquisition or delivery of a 340B drug to a 340B entity or an authorized location. Prohibits drug manufacturers from imposing additional requirements on 340B entities as a condition for receiving 340B drugs. Prohibits requiring a 340B entity to reverse, resubmit, or clarify a claim after initial adjudication unless it is part of normal business operations and unrelated to the 340B program. Prohibits excluding claims from 340B entities that would result in a net loss to the covered entity. Prohibits imposing requirements on the number of 340B entities, contract pharmacies, or inventory management systems. Prohibits imposing audit requirements, accreditation, recertification, credentialing, or recredentialing standards that are not also required of non-340B providers. Prohibits any requirement determined by the commissioner of finance and administration to interfere with a 340B entity's ability to access drug discounts. Prohibits entities contracting with 340B entities for drug dispensing, administration, or consulting from interfering with, prohibiting, restricting, or limiting a 340B entity's contracts or prospective business relationships. Prohibits such entities from denying, restricting, or interfering with a 340B entity's choice of 340B drugs acquired, delivered, or distributed. Establishes that a person in violation of this may face a civil penalty of $50,000 per violation and each package of 340B drugs involved in a violation constitutes a separate offense. Authorizes enforcement by the commissioner of finance and administration or the attorney general, either jointly or separately. Defines "340B entity" as a covered entity participating in the federal 340B drug discount program including the entity's pharmacy or pharmacies, or any pharmacy or pharmacies under contract with the 340B entity to dispense drugs on behalf of the 340B entity. Defines "claim" as a request from a 340B entity to be reimbursed for the cost of filling, refilling, or administering a prescription drug or for providing a medical supply or device.
Amendment Summary: Senate amendment 2 (006851) prohibits, on or after July 1, 2025, a drug manufacturer or their agent or affiliate, from, either directly or indirectly: (1) Imposing additional requirements or limitations on a 340B entity, including requiring the submission of any health information, claims or utilization data, purchasing data, payment data, or other data as a condition for allowing the acquisition of a 340B drug by, or delivery of a 340B drug to, a 340B entity unless such data submission is explicitly required by the federal Department of Health and Human Services (HHS) or applicable state law; affiliate 340B entity (2) Prohibiting a drug manufacturer or their agent of a from requiring a to reverse, resubmit, or clarify a claim after the initial adjudication unless these actions are in the normal course of business and not related to the 340B program; (3) Prohibiting a drug manufacturer or their agent or affiliate from imposing any requirements relating to inventory management systems of 340B drugs; (4) Imposing any requirement relating to the frequency, duration, or scope of audits that are not imposed on pharmacies or providers that are not 340B entities; (5) Imposing requirements relating to accreditation, recertification, credentialing, or recredentialing that are not imposed on pharmacies or providers that are not 340B entities; or (6) Imposing any requirement determined by the Attorney General and Reporter (AG) to interfere with the ability of a 340B entity to access discounts provided under the 340B program. Prohibits, on or after July 1, 2025, a drug manufacturer, or their agent or affiliate, from imposing any restrictions, prohibitions, discriminating against, or otherwise limiting the acquisition of a 340B drug by, or delivery of a 340B drug to, a 340B entity or other location that is under contract with, or otherwise authorized by, a 340B entity to receive 340B drugs on behalf of the 340B entity unless such receipt is prohibited by HHS or applicable state law. Does not apply to any requirements, prohibitions, limitations, or restrictions in place on or before June 1, 2025. Establishes that a violation of such prohibitions constitutes an unfair or deceptive act or practice affecting trade or commerce, and is subject to a civil penalty of $50,000 per violation. Establishes that, on or after July 1, 2025, a person or entity that contracts with a 340B entity to dispense 340B drugs or to administer, or otherwise to consult for the purposes of facilitating, a 340B entity's participation in the 340B program is prohibited from: (1) interfering with, prohibiting, restricting, or limiting a 340B entity's contracts or prospective business relationships with another person or entity; (2) denying, restricting, prohibiting, or otherwise interfering with a 340B entity's choice of 340B drugs acquired, delivered, or otherwise distributed; or (3) excluding claims from 340B entities which would result in a net loss to the covered entity. Senate amendment 3 (007449) replaces "impose any restrictions, prohibitions" with "impose any restrictions or prohibitions on".
Fiscal Note: (Dated February 21, 2025) STATE GOVERNMENT EXPENDITURES General Fund FY25-26 & Subsequent Years $7,452,700 FEDERAL GOVERNMENT EXPENDITURES FY25-26 & Subsequent Years $815,000 LOCAL GOVERNMENT EXPENDITURES Mandatory FY25-26 & Subsequent Years $5,046,000 Article II, Section 24 of the Tennessee Constitution provides that: no law of general application shall impose increased expenditure requirements on cities or counties unless the General Assembly shall provide that the state share in the cost. HB 1242 - SB 1414
Senate Status: 04/16/25 - Senate passed with amendment 2 (006851) and amendment 3 (007449).
House Status: 04/16/25 - House passed.
Executive Status: 04/16/25 - Sent to the speakers for signatures.

SB1421/HB1033 **COMMERCIAL LAW: Affirmative defense that may be utilized by a covered entity that is the subject of a data breach.**

Sponsors: Sen. Akbari, Raumesh , Rep. Dixie, Vincent
Summary: Creates an affirmative defense that may be utilized by a covered entity that is the subject of a data breach, if the covered entity's cybersecurity program meets certain criteria at the time the breach occurs.
Fiscal Note: (Dated February 26, 2025) NOT SIGNIFICANT
Senate Status: 02/10/25 - Referred to Senate Judiciary Committee.
House Status: 02/11/25 - Referred to House Civil Justice Subcommittee.

HB376 **PROFESSIONS & LICENSURE: Discriminatory practices prohibited regarding membership of state regulatory and health related boards.**

Sponsors: Rep. Zachary, Jason
Summary: Prohibits the exclusion of persons from membership on state regulatory and health related boards on the basis of race, color, ethnicity, and national origin. Prohibits such boards from establishing or operating under race-based policies pertaining to their composition. Creates a private cause of action against a board and its officers, employees, and agents for violations. Broadly captioned.
House Status: 02/05/25 - Referred to House Department & Agencies Subcommittee.

HJR7 **JUDICIARY: Constitutional amendment - defines person.**

Sponsors: Rep. Bulso, Gino

Summary: Proposes an amendment to Article I of the Constitution of Tennessee to declare that a person shall not be deprived of life, liberty, or property without due process of law, nor shall a person be denied equal protection of the law; defines "person" to include every human being from fertilization to natural death.

House Status: 04/02/25 - Returned to House clerk's desk.

HJR28 **HEALTH CARE: Constitutional amendment - right to forgo medical treatment.**

Sponsors: Rep. Bulso, Gino

Summary: Proposes an amendment to Article I of the Constitution of Tennessee to grant a person the right to forgo medical treatment.

Amendment Summary: House Health Committee amendment 1 (004774) prohibits the state, absent of due process of law, from compelling any person to undergo a medical treatment, even in the case of a declared state of emergency.

House Status: 04/09/25 - Taken off notice in House Finance, Ways & Means Subcommittee.