TENNESSEE PHARMACISTS ASSOCIATION

TPA Calendar Report Week of 2/16/26

Feb 12, 2026

STATE AFFAIRS

Tue 2/17/2026 9:00 AM CST - House Hearing Room II, House Tenncare Subcommittee

1. HB 2389 (SB 2255) - Requires TennCare to publish biannual reports on psychotropic medication use and costs statewide. State Website

Sponsors: Brock Martin, Brent Taylor
Description: As introduced, requires the bureau of TennCare to biannually publish two comprehensive statewide data reports on the use of psychotropic medications and the psychotropic medications' associated costs with certain list categories and data points that must be included in each report. Broadly captioned.
Caption: AN ACT to amend Tennessee Code Annotated, Title 37; Title 68 and Title 71, relative to psychotropic medication.
AI Summary: Requirements are imposed on the TennCare bureau to publish biannual comprehensive statewide reports on psychotropic medication use and costs, including data on children in state custody and young adults receiving foster care services. Reports must categorize data by age groups, medication counts, and county of residence, ensuring de-identification to comply with privacy laws, and include comparative data for the preceding two years. The bureau is authorized to promulgate rules in consultation with the departments of health and children's services to implement these provisions under HB 2389 (Tennessee).
Latest Action: HB 2389 Set for House Tenncare Subcommittee on Feb 17, 2026.; **SB 2255** Filed for introduction on Feb. 02, 2026

Tue 2/17/2026 10:30 AM CST - House Hearing Room II, House Departments and Agencies Subcommittee 2

12. HB 1711 (SB 2108) - Requires reporting on undocumented individuals and the state's annual costs for public services provided to them. State Website

Sponsors: Elaine Davis, Dawn White
Cosponsors: Cameron Sexton, Jeremy Faison, Jason Zachary, William Lamberth, Pat Marsh, Johnny Garrett, Mark Cochran, Gino Bulso, Justin Lafferty, Rusty Grills, Mark White, Dan Howell, Gary Hicks, Chris Todd, Kevin Vaughan, Andrew Farmer, Debra Moody, Dennis Powers, Michael Hale, Lee Reeves, Sabi Kumar, Rick Scarbrough, Kip Capley, Tim Rudd, Lowell Russell, Mary Littleton, David Hawk, Scott Cepicky, Michele Carringer, Clay Doggett, Tom Leatherwood, Monty Fritts, Dave Wright, Todd Warner, Tom Stinnett, Tandy Darby, Jake McCalmon, Greg Martin, Jerome Moon, Rebecca Alexander, Clark Boyd, Aron Maberry, Paul Sherrell, Renea Jones, William Slater, Tim Hicks, Michael Lankford, John Crawford, Rick Eldridge, Ron Gant, Timothy Hill, Brock Martin, Iris Rudder, Rush Bricken, Ed Butler, Esther Helton-Haynes, Fred Atchley, Kelly Keisling, Kevin Raper, Robert Stevens
Description: As introduced, requires reporting by law enforcement agencies and local governmental entities and officials regarding persons not lawfully present in the United States. Requires the department of finance and administration to report the annual cost incurred by this state for public schools, including public higher education institutions, prisons, hospitals, and social services agencies to provide benefits and services to persons not lawfully present in the United States.
Caption: AN ACT to amend Tennessee Code Annotated, Title 4; Title 7; Title 8 and Title 9, relative to reporting regarding persons not lawfully present in the United States.
AI Summary: Requirements are imposed on Tennessee law enforcement agencies and local governmental entities to submit quarterly reports to a centralized immigration enforcement division regarding illegal activities, ordinance violations, and public benefits usage by individuals not lawfully present in the United States. Annual cost reports on state expenditures for public services provided to such individuals must be submitted to the governor and legislative leaders beginning in 2026. Failure of employees or officials to report as required is classified as a Class A misdemeanor.
Latest Action: HB 1711 Set for House Departments and Agencies Subcommittee on Feb 17, 2026.; **SB 2108** Introduced in the Senate on Feb. 02, 2026

16. HB 1710 (SB 1915) - Requires local governments to verify citizenship or lawful presence for public benefits and authorizes investigations of violations. State Website

Sponsors: Dennis Powers, Ed Jackson
Cosponsors: Cameron Sexton, Jeremy Faison, Jason Zachary, William Lamberth, Pat Marsh, Johnny Garrett, Mark Cochran, Gino Bulso, Justin Lafferty, Mark White, Dan Howell, Chris Todd, Gary Hicks, Kevin Vaughan, Andrew Farmer, Debra Moody, Sabi Kumar, Rusty Grills, Tim Rudd, Rick Scarbrough, Elaine

Davis, Lowell Russell, Mary Littleton, David Hawk, Scott Cepicky, Michael Hale, Michele Carringer, Lee Reeves, Clay Doggett, Tom Leatherwood, Monty Fritts, Rebecca Alexander, Dave Wright, Todd Warner, Tandy Darby, Jake McCalmon, Brock Martin, Greg Martin, Jerome Moon, Clark Boyd, Aron Maberry, Paul Sherrell, Renea Jones, Timothy Hill, Tim Hicks, John Crawford, William Slater, Michael Lankford, Rick Eldridge, Ron Gant, Rush Bricken, Esther Helton-Haynes, Iris Rudder, Ed Butler, Fred Atchley, Tom Stinnett, Kelly Keisling, Kevin Raper, Robert Stevens
Description: As introduced, adds local governments to the entities that must verify that each applicant for public benefits is a United States citizen or lawfully present in the United States. Authorizes the attorney general and reporter to investigate violations of requirements for verification of citizenship or presence for public benefits; requires certain reporting related to such verification for benefits.
Caption: AN ACT to amend Tennessee Code Annotated, Title 4, Chapter 1 and Title 4, Chapter 58, relative to public benefits.
AI Summary: Verification of U.S. citizenship or lawful presence is required for applicants aged 18 or older seeking federal, state, or local public benefits from state and local governmental entities and health departments in Tennessee, effective July 1, 2026. Reporting obligations are imposed on these entities to submit monthly data on applicants found ineligible and to report non-citizen benefit recipients to the centralized immigration enforcement division, with penalties for failure to report. Enforcement provisions authorize the attorney general to investigate violations and withhold state funds from non-compliant local entities.
Latest Action: HB 1710 Set for House Departments and Agencies Subcommittee on Feb 17, 2026.; **SB 1915** Referred to Senate State & Local Government. on Feb. 02, 2026

Tue 2/17/2026 10:30 AM CST - House Hearing Room III, House Insurance Committee

Update on PBM Laws

1. HB 1741 (SB 1790) - Preferred drug lists that do not favor opioids over FDA-approved non-opioid pain treatments for incarcerated inmates. State Website

Sponsors: Elaine Davis, Shane Reeves
Cosponsors: Sabi Kumar
Description: As introduced, authorizes an insurer that offers an insurance policy that covers an inmate incarcerated to adopt or amend a preferred drug list (PDL). Requires the insurer to ensure that a non-opioid drug approved by the U.S. food and drug administration for the treatment or management of pain is not disadvantaged or discouraged with respect to coverage relative to an opioid or narcotic drug for the treatment or management of pain on the PDL. Broadly captioned.
Caption: AN ACT to amend Tennessee Code Annotated, Title 8; Title 41; Title 53; Title 56; Title 63; Title 68 and Title 71, relative to the use of drugs for the treatment of pain.
AI Summary: Requirements are imposed on insurers offering insurance policies in Tennessee to ensure that non-opioid medications approved by the FDA for pain treatment are not disadvantaged or discouraged in coverage compared to opioid medications on preferred drug lists. Insurers may still prefer certain opioid or non-opioid medications over others within their respective categories. These provisions apply to non-opioid medications approved for at least nine months and to drugs provided under contracts with pharmacy benefits managers, effective January 1, 2027.
Latest Action: HB 1741 Set for House Insurance Committee on Feb 17, 2026.; **SB 1790** Introduced in the Senate on Jan. 21, 2026

2. HB 406 (SB 422) - Promulgation of rules regarding oversight of facilities that manufacture, warehouse, and distribute medical devices. State Website

Sponsors: Brock Martin, Shane Reeves
Cosponsors: Tom Leatherwood, Esther Helton-Haynes, Greg Martin, Debra Moody, Sabi Kumar, Kevin Raper, Renea Jones, Mike Sparks
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.
Description: 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.
Caption: AN ACT to amend Tennessee Code Annotated, Title 8; Title 47; Title 56; Title 63 and Title 71, relative to medical devices.
AI Summary: The renewal period for medical device licenses is reduced from three years to two years under Tennessee Code Annotated Section 63-10-314(b). This change applies to medical device regulation within the state of Tennessee. The amendment takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 1, 2025) NOT SIGNIFICANT
Latest Action: HB 406 Set for House Insurance Committee on Feb 17, 2026.; **SB 422** Senate Commerce and Labor deferred to 02/24/2026

Tue 2/17/2026 12:00 PM CST - House Hearing Room II, House Population Health Subcommittee

1. HB 2290 (SB 2461) - Certification requirements for assisted reproductive technology practitioners and fertility clinics. State Website

Sponsors: Ryan Williams, Paul Bailey
Description: As introduced, creates a certification requirement to practice in assisted reproductive technology. requires the department of health to create a certification process for fertility clinics and makes other related changes. Broadly captioned.
Caption: AN ACT to amend Tennessee Code Annotated, Title 4; Title 29; Title 36; Title 63 and Title 68, relative to assisted reproductive technology.
AI Summary: Requirements are established for medical and osteopathic practitioners to obtain certification to practice assisted reproductive technology in Tennessee, including compliance with specific training and use of standardized consent forms. Fertility clinics must be certified by the Department of Health, post a bond for embryo storage, undergo annual inspections, and report pregnancy success rates to both the CDC and the state. Genetic testing of embryos is restricted to chromosomal abnormalities or fatal fetal anomalies, and rules are authorized to be promulgated to enforce these provisions effective July 1, 2026.
Latest Action: HB 2290 Set for House Population Health Subcommittee on Feb 17, 2026.; **SB 2461** Filed for introduction on Feb. 02, 2026

2. HB 1470 (SB 1580) - Prohibits AI systems from being advertised or represented as qualified mental health professionals. State Website

Sponsors: Tim Hicks, Page Walley
Description: Health Care - As introduced, prohibits a person from developing or deploying an artificial intelligence system that advertises or represents to the public that such system is or is able to act as a qualified mental health professional. - Amends TCA Title 33; Title 47 and Title 63.
Caption: AN ACT to amend Tennessee Code Annotated, Title 33; Title 47 and Title 63, relative to mental health.
AI Summary: Restrictions are imposed on advertising artificial intelligence systems as qualified mental health professionals, prohibiting such representations to the public. Violations are classified as unfair or deceptive acts under the Tennessee Consumer Protection Act and subject to civil penalties of $5,000 per violation. The provisions take effect July 1, 2026, and apply to AI systems capable of human-like reasoning and learning.

Latest Action: HB 1470 Set for House Population Health Subcommittee on Feb 17, 2026.; **SB 1580** Senate passed. on Feb. 09, 2026

Tue 2/17/2026 1:30 PM CST - House Hearing Room I, House Health Committee

3. HB 387 (SB 474) - Prohibits a healthcare provider from inquiring as to a patient's ownership of firearm ammunition. State Website

Sponsors: Ed Butler, Janice Bowling
Cosponsors: Jake McCalmon, Dennis Powers, Kip Capley, Rusty Grills, Chris Todd, Rush Bricken
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.
Description: 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.
Caption: AN ACT to amend Tennessee Code Annotated, Title 63 and Title 68, relative to healthcare providers.
AI Summary: Restrictions are imposed on healthcare providers in Tennessee under HB 387 regarding inquiries about patients' firearm ownership, possession, or access, prohibiting such inquiries unless relevant to medical care or safety. Exceptions allow qualified mental health professionals and emergency service providers to inquire about immediate firearm possession, and providers may perform lethality risk assessments if a credible risk is perceived. Violations are classified as unethical conduct subject to disciplinary action and fines, with the act effective July 1, 2025.
Fiscal Impact: (Dated March 4, 2025) NOT SIGNIFICANT
Latest Action: HB 387 Set for House Health Committee on Feb 17, 2026.; **SB 474** Senate Health & Welfare Committee deferred to 03/11/2026.

Tue 2/17/2026 3:00 PM CST - House Hearing Room III, House Education Administration Subcommittee

Federal Funding Update by Tennessee Department of Education

3. HB 1550 (SB 1716) - Expands prescribed forms of epinephrine for life-threatening allergic reactions than an LEA or nonpublic school is authorized to administer. State Website

Sponsors: Elaine Davis, Joey Hensley
Cosponsors: Scott Cepicky
Description: As introduced, expands the prescribed forms of epinephrine that an LEA or nonpublic school is authorized to administer when a student is believed to be experiencing a life-threatening allergic or anaphylactic reaction to any prescribed form of epinephrine, not just epinephrine auto-injectors.
Caption: AN ACT to amend Tennessee Code Annotated, Title 49 and Title 68, Chapter 140, Part 5, relative to epinephrine.
AI Summary: Requirements are imposed for public and nonpublic schools in Tennessee to maintain epinephrine supplies for treating allergic reactions when a student's personal epinephrine is unavailable or for first-time reactions, with recommendations to store epinephrine in at least two unlocked, secure locations. Physicians are authorized to prescribe epinephrine in the name of local education agencies or schools, and trained school personnel may administer it under standing protocols without liability unless there is intentional disregard for safety. Terminology is updated to replace "epinephrine auto-injector" with "epinephrine" in relevant state code sections.
Latest Action: HB 1550 Set for House Education Administration Subcommittee on Feb 17, 2026.; **SB 1716** Set for Senate Education Committee on Feb 18, 2026.

Wed 2/18/2026 8:30 AM CST - Senate Hearing Room I, Senate Government Operations Committee

6. SB 2155 (HB 2619) - Prohibits health insurers from using downcoding to reduce provider payments and establishes the Tennessee commission of insurance review. State Website

Sponsors: Bo Watson, Dan Howell
Description: As introduced, prohibits a health insurance entity from offering or maintaining a health benefit plan that adjusts claims to a less complex or costly procedure code, a practice known as downcoding, in a manner that prevents the provider from collecting the fee for actual services performed either from the

health benefit plan or the patient. Establishes the Tennessee Commission of Insurance Review (TCIR) for review and enforcement of the anti-downcoding provisions. Prohibits insurers from offering policies which allow to alter fee schedules, reimbursement rates, or certain other policies without an opportunity for providers to review and renegotiate their contract with the insurer. Requires insurers to review AI-generated materials. Prohibits certain year-over-year adjustments to group insurance plans and targeted pricing known as "lasering" based on medical condition. Restricts insurers from transmitting enrollee medical information abroad and other changes related to health care insurance. (16pp.) Broadly captioned.
Caption: AN ACT to amend Tennessee Code Annotated, Title 4; Title 8; Title 56 and Title 71, relative to insurance.
AI Summary: HB 2619/SB 2155 (Tennessee) establishes the Tennessee Commission of Insurance Review to oversee and enforce regulations on health insurance entities, including prohibiting downcoding, lasering, and unauthorized unilateral changes to provider contracts. It mandates human review of AI-based claim coding, restricts outsourcing of medical data outside the U.S., and prohibits ownership overlap between healthcare providers and insurers after July 1, 2026. It also requires equal reimbursement for providers performing similar services within their scope of practice regardless of licensure classification and grants the commission exclusive enforcement authority over these provisions.
Latest Action: SB 2155 Set for Senate Government Operations Committee on Feb 18, 2026.; **HB 2619** Filed for introduction on Feb. 03, 2026

Wed 2/18/2026 10:30 AM CST - House Hearing Room I, House Insurance Subcommittee

Department of Commerce and Insurance Presentation

2. HB 1848 (SB 2575) - Medicare supplement policies. State Website

Sponsors: Ed Butler, Bobby Harshbarger
Description: As introduced, prohibits an insurer from denying, conditioning the issuance or effectiveness of, or discriminating in the pricing of a Medicare supplement policy if an applicant meets certain listed requirements, including a non-age eligible person who submits an application for enrollment in a Medicare supplement policy with a different insurer within 60 days of such person's birthday and makes other related changes.
Caption: AN ACT to amend Tennessee Code Annotated, Title 56, relative to medicare supplement policies.
AI Summary: Medicare supplement policies are required to be offered to non-age eligible persons under 65 who qualify for Medicare due to disability or end-stage renal disease, with all benefits and protections applicable to those 65 and older extended to them. Insurers must use a weighted average aged premium rate for these non-age eligible persons, prohibit discrimination based on health status or medical condition during specified enrollment periods, and eliminate waiting periods or preexisting condition exclusions for this group. The Tennessee Commissioner is tasked with establishing rules for calculating age bands for premium rates, with these provisions effective January 1, 2027.
Latest Action: HB 1848 Set for House Insurance Subcommittee on Feb 18, 2026.; **SB 2575** Filed for introduction on Feb. 02, 2026

Wed 2/18/2026 12:00 PM CST - House Hearing Room III, House Health Subcommittee

1. HB 2044 (SB 2548) - Delegation of medication administration to certified medical assistants and medications they can administer. State Website

Sponsors: Pat Marsh, Shane Reeves
Description: As introduced, allows a physician assistant to delegate medication administration to a certified medical assistant. Adds categories of medications to the list of medications that a certified medical assistant is authorized to administer or prepare, and makes other related changes.
Caption: AN ACT to amend Tennessee Code Annotated, Title 63; Title 68, Chapter 11, Part 2 and Chapter 1042 of the Public Acts of 2024, relative to certified medical assistants.
AI Summary: Physician assistants are authorized to delegate tasks to certified medical assistants under collaborative agreements with licensed physicians, with delegation rules governed by the board of physician assistants. Certified medical assistants' scope of medication administration is expanded to include various routes and specific anesthetic agents, contingent on training and competency verification by ambulatory outpatient clinics. Certification requirements for medical assistants are updated to include recognized certifying bodies, and certain patient care activities requiring professional judgment are prohibited from delegation by physician assistants.
Latest Action: HB 2044 Set for House Health Subcommittee on Feb 18, 2026.; **SB 2548** Filed for introduction on Feb. 02, 2026

3. HB 1954 (SB 2549) - Buprenorphine products for inmates. State Website

Sponsors: Esther Helton-Haynes, Shane Reeves
Description: As introduced, adds that a healthcare provider who subcontracts through the contracted healthcare vendor with the department of correction may prescribe a buprenorphine product for the treatment of opioid use disorder if other certain listed criteria are met. Broadly captioned.
Caption: AN ACT to amend Tennessee Code Annotated, Title 53 and Title 63, relative to buprenorphine

products.
AI Summary: The definition of healthcare providers eligible to prescribe buprenorphine products is amended in Tennessee Code Annotated Section 53-11-311(j)(2)(B) to include those employed by, contracting with, or subcontracting through the contracted healthcare vendor with the department of correction or county or municipal jails. This change expands the scope of authorized prescribers within correctional healthcare settings. The amendment takes effect immediately upon becoming law.
Latest Action: HB 1954 Set for House Health Subcommittee on Feb 18, 2026.; **SB 2549** Filed for introduction on Feb. 02, 2026

4. HB 1899 (SB 2083) - Increases the maximum number of nonrelated residents allowed in tier 1 and tier 2 homes for the aged. State Website

Sponsors: William Slater, Bo Watson
Description: As introduced, increases from three to five the maximum number of nonrelated persons in a home for the aged to be considered a tier 1 home for the aged. Increases from four to six the maximum number of nonrelated persons in a home for the aged to be considered a tier 2 home for the aged.
Caption: AN ACT to amend Tennessee Code Annotated, Title 68, Chapter 11, relative to healthcare facilities.
AI Summary: Definitions for "home for the aged" are revised in Tennessee Code Annotated, categorizing such homes into tier 1 for those housing five or fewer nonrelated persons and tier 2 for those housing six or more nonrelated persons. The classification impacts regulatory treatment of domiciliary care facilities providing room, board, and personal services to aged individuals. The changes take effect immediately upon enactment.
Latest Action: HB 1899 Set for House Health Subcommittee on Feb 18, 2026.; **SB 2083** Introduced in the Senate on Feb. 02, 2026

8. HB 1984 (SB 1848) - Authorizes new categories of health care providers to administer the opiod buprenorphine. State Website

Sponsors: Timothy Hill, Becky Massey
Cosponsors: Rusty Grills
Description: Authorizes additional healthcare providers to directly administer buprenorphine mono or buprenorphine without the use of naloxone. Adds that prescribing a buprenorphine product to nursing mother or prescribing an injectable mono product does not restrict certain healthcare providers from prescribing a buprenorphine product for the treatment of opioid use disorder without naloxone.
Caption: AN ACT to amend Tennessee Code Annotated, Title 53, Chapter 11, relative to the use of buprenorphine products.
AI Summary: Use of buprenorphine mono or buprenorphine without naloxone is restricted to direct administration by healthcare providers within their scope of practice for substance use disorder treatment, prohibiting dispensing for off-premises use. Prescribing or dispensing of buprenorphine mono products without naloxone is limited to pregnant or nursing women, patients with documented adverse reactions, or when prescribing injectable mono products. Amendments to Tennessee Code Annotated Title 53, Chapter 11, are enacted under HB 1984 (Tennessee) to regulate buprenorphine product use accordingly.
Latest Action: HB 1984 Set for House Health Subcommittee on Feb 18, 2026.; **SB 1848** Set for Senate Health and Welfare Committee on Feb 18, 2026.

11. HB 2145 (SB 2544) - Respiratory Care Interstate Compact Act. State Website

Sponsors: Bryan Terry, Shane Reeves
Description: As introduced, enacts the "Respiratory Care Interstate Compact Act." - Amends TCA Title 4 and Title 63.
Caption: AN ACT to amend Tennessee Code Annotated, Title 4 and Title 63, relative to respiratory therapy.
AI Summary: An interstate compact is established to facilitate the practice of respiratory therapy across member states by allowing licensed respiratory therapists to obtain compact privileges to practice in multiple states while maintaining state regulatory authority. The compact creates a commission to oversee implementation, data sharing, adverse action reporting, rulemaking, and dispute resolution among member states. Provisions address active military members, license portability, enforcement mechanisms, and the conditions for state participation, withdrawal, and amendment of the compact.
Latest Action: HB 2145 Set for House Health Subcommittee on Feb 18, 2026.; **SB 2544** Filed for introduction on Feb. 02, 2026

Wed 2/18/2026 1:00 PM CST - Senate Hearing Room I, Senate Health and Welfare Committee

TennCare Budget Hearing

3. SB 1848 (HB 1984) - Authorizes new categories of health care providers to administer the opiod buprenorphine. State Website

Sponsors: Becky Massey, Timothy Hill
Description: Authorizes additional healthcare providers to directly administer buprenorphine mono or buprenorphine without the use of naloxone. Adds that prescribing a buprenorphine product to nursing mother or prescribing an injectable mono product does not restrict certain healthcare providers from

prescribing a buprenorphine product for the treatment of opioid use disorder without naloxone.
Caption: AN ACT to amend Tennessee Code Annotated, Title 53, Chapter 11, relative to the use of buprenorphine products.
AI Summary: Use of buprenorphine mono or buprenorphine without naloxone is restricted to direct administration by healthcare providers within their scope of practice for substance use disorder treatment, prohibiting dispensing for off-premises use. Prescribing or dispensing of buprenorphine mono products without naloxone is limited to pregnant or nursing women, patients with documented adverse reactions, or when using injectable mono products. Amendments to Tennessee Code Annotated Title 53, Chapter 11, are enacted under HB 1984/SB 1848 to implement these restrictions.
Latest Action: SB 1848 Set for Senate Health and Welfare Committee on Feb 18, 2026.; **HB 1984** Set for House Health Subcommittee on Feb 18, 2026.

7. HB 1205 (SB 1153) - Prohibits physicians from treating themselves or their immediate family. State Website

Sponsors: Sabi Kumar, Rusty Crowe
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.
Description: 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.
Caption: AN ACT to amend Tennessee Code Annotated, Title 33; Title 39; Title 53; Title 63 and Title 68, relative to healthcare services.
AI Summary: Restrictions are imposed on physicians, podiatrists, and their supervisees regarding prescribing, dispensing, or administering medications to themselves or immediate family members, limiting such actions to short-term, minor, acute, or emergency situations. Scheduled drugs may only be prescribed, dispensed, or administered in acute or emergency situations, and treatment within the regular scope of practice is allowed if no other provider is available within 30 miles. Recordkeeping requirements are established for all treatments provided under these provisions.
Fiscal Impact: (Dated February 22, 2025) NOT SIGNIFICANT
Latest Action: HB 1205 Set for Senate Health and Welfare Committee on Feb 18, 2026.; **SB 1153** Re-refer to Senate Health & Welfare Committee on Apr. 21, 2025

Wed 2/18/2026 3:00 PM CST - House Hearing Room I, House Business and Utilities Subcommittee

9. HB 1709 (SB 1901) - Requires U.S. citizenship or qualified alien status for eligibility for various professional licenses and permits. State Website

Sponsors: Mark Cochran, Paul Bailey
Cosponsors: Cameron Sexton, Jeremy Faison, Jason Zachary, William Lamberth, Pat Marsh, Johnny Garrett, Gino Bulso, Justin Lafferty, Mark White, Dan Howell, Gary Hicks, Chris Todd, Kevin Vaughan, Andrew Farmer, Debra Moody, Dennis Powers, Sabi Kumar, Rusty Grills, Rick Scarbrough, Kip Capley, Tim Rudd, Elaine Davis, Lowell Russell, Mary Littleton, David Hawk, Scott Cepicky, Michael Hale, Michele Carringer, Clay Doggett, Lee Reeves, Tom Leatherwood, Monty Fritts, Rebecca Alexander, Dave Wright, Todd Warner, Tandy Darby, Jake McCalmon, Brock Martin, Greg Martin, Jerome Moon, Clark Boyd, Aron Maberry, Paul Sherrell, Renea Jones, William Slater, Tim Hicks, Timothy Hill, Michael Lankford, John Crawford, Rick Eldridge, Ron Gant, Rush Bricken, Esther Helton-Haynes, Iris Rudder, Ed Butler, Fred Atchley, Tom Stinnett, Kelly Keisling, Kevin Raper, Robert Stevens
Description: As introduced, specifies in various provisions that for a person to be eligible for a particular

license, certificate, permit, or authorization, the person must be a citizen of the United States or a qualified alien. Broadly captioned.
Caption: AN ACT to amend Tennessee Code Annotated, Title 4; Title 7; Title 20; Title 23; Title 33; Title 37; Title 39; Title 42; Title 43; Title 44; Title 45; Title 46; Title 47; Title 49; Title 52; Title 53; Title 55; Title 56; Title 57; Title 59; Title 60; Title 62; Ti tle 63; Title 67; Title 68; Title 69; Title 70; Title 71 and Chapter 463 of the Public Acts of 2025, relative to the regulation of professions.
AI Summary: Requirements are imposed for professional licenses, permits, certificates, authorizations, or registrations in Tennessee to be granted only to United States citizens or qualified aliens as defined in § 4-58-102, with specific exceptions for certain visa holders in alcoholic beverage-related licenses. Eligibility criteria across multiple professional and occupational fields, including court reporters, educators, healthcare practitioners, and aeronautics instructors, are amended to include citizenship or qualified alien status verification. Reciprocal licensing agreements and renewals are conditioned on confirming such status, effective for applications or renewals on or after the law's enactment.
Latest Action: HB 1709 Set for House Business and Utilities Subcommittee on Feb 18, 2026.; **SB 1901** Referred to Senate Commerce, Labor & Agriculture. on Feb. 02, 2026

Wed 2/18/2026 3:00 PM CST - Senate Hearing Room I, Senate Education Committee

TSU, University of Tennessee, MTSU, ETSU, APSU, Tennessee Tech University, and University of Memphis Budget Hearings

SB 1716 (HB 1550) - Expands prescribed forms of epinephrine for life-threatening allergic reactions than an LEA or nonpublic school is authorized to administer. State Website

Sponsors: Joey Hensley, Elaine Davis
Description: As introduced, expands the prescribed forms of epinephrine that an LEA or nonpublic school is authorized to administer when a student is believed to be experiencing a life-threatening allergic or anaphylactic reaction to any prescribed form of epinephrine, not just epinephrine auto-injectors.
Caption: AN ACT to amend Tennessee Code Annotated, Title 49 and Title 68, Chapter 140, Part 5, relative to epinephrine.
AI Summary: Requirements are imposed for public and nonpublic schools in Tennessee to maintain epinephrine on-site for treating allergic reactions when a student's personal supply is unavailable or for first-time reactions, with recommendations to store it in at least two unlocked, secure locations. Physicians are authorized to prescribe epinephrine in the name of local education agencies or schools, and school nurses or trained personnel may administer it under a standing protocol without liability unless there is intentional disregard for safety. Terminology related to epinephrine auto-injectors is updated to refer simply to "epinephrine" in state code.
Latest Action: SB 1716 Set for Senate Education Committee on Feb 18, 2026.; **HB 1550** Set for House Education Administration Subcommittee on Feb 17, 2026.