STATE AFFAIRS

**Tue 2/24/2026 10:30 AM CST - Senate Hearing Room I, Senate State and Local Government Committee**

Tennessee Historical Commission, Board of Parole, and Department of Human Resources Budget Hearing

### 14. SB 178 (HB 22) - Governing body to provide public with opportunity to comment at meeting. State Website

**Sponsors:** Adam Lowe, Elaine Davis
**Cosponsors:** Paul Bailey
**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.
**Description:** 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.
**AI Summary:** Public meetings held by local governing bodies in Tennessee are required to reserve a period for public comment on agenda items and any matters germane to the body's jurisdiction, regardless of agenda inclusion. Local governing bodies are defined to include incorporated cities or towns, counties, metropolitan governments, school districts, regional authorities, and other political subdivisions, excluding state agencies. These provisions are established under HB 22/SB 178 and take effect immediately upon becoming law.
**Fiscal Impact:** (Dated December 23, 2024) NOT SIGNIFICANT
**Upcoming Schedules:** Senate State and Local Government Committee (February 24, 2026, 10:30 AM, Senate Hearing Room I)

**Tue 2/24/2026 1:00 PM CST - Senate Hearing Room I, Senate Commerce and Labor Committee**

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

**Sponsors:** Shane Reeves, Brock Martin
**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.
**AI Summary:** Coverage for prosthetic and custom orthotic devices is mandated for health benefit plans covering individuals up to 21 years of age, with requirements to match or exceed federal Medicare levels and ensure nondiscriminatory, medically necessary access. Utilization reviews must apply current evidence-based criteria, and insurers must provide access to multiple in-network providers or reimburse out-of-network providers when necessary, while limiting cost-sharing to levels comparable to inpatient physician and surgical services. Reporting requirements on coverage data are imposed annually, and the provisions exclude TennCare, CoverKids, and certain state-managed plans; the act also shortens the renewal period for medical licenses from three to two years.
**Fiscal Impact:** (Dated February 1, 2025) NOT SIGNIFICANT
**Upcoming Schedules:** Senate Commerce and Labor Committee (February 24, 2026, 1:00 PM, Senate Hearing Room I)

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

**Sponsors:** Shane Reeves, Elaine Davis
**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.
**AI Summary:** A formulary for prescription drugs used in Tennessee correctional facilities is authorized to be adopted or amended by the Department of Correction, requiring non-opioid medications approved by the FDA for pain treatment to not be disadvantaged compared to opioids. Preferences among opioid or non-opioid medications are permitted within their respective categories. These provisions take effect January 1, 2027, under Senate Bill 1790 and House Bill 1741.
**Upcoming Schedules:** Senate Commerce and Labor Committee (February 24, 2026, 1:00 PM, Senate Hearing Room I)

### 14. SB 2557 (HB 2503) - Fee schedules for health insurance carriers. State Website

**Sponsors:** Shane Reeves, Cameron Sexton
**Description:** As introduced, decreases, from 10 to nine business days, the time that a health insurance carrier has after receipt of a written request from a healthcare provider to deliver to the provider at the provider's dedicated email address that provider's fee schedule, free of charge, in either a partial or full version as requested by the provider, in a transferable industry standard spreadsheet, including Microsoft Excel or other comparable format. Broadly captioned.
**AI Summary:** The timeframe for health insurance claim processing is reduced from ten to nine business days under Tennessee Code Annotated Section 56-7-1013(f)(1). This amendment applies statewide and takes effect immediately upon becoming law.
**Upcoming Schedules:** Senate Commerce and Labor Committee (February 24, 2026, 1:00 PM, Senate Hearing Room I)

### 18. SB 2067 (HB 1930) - Report on coverage for mental health, alcoholism, and drug dependency. State Website

**Sponsors:** Bo Watson, Kevin Vaughan
**Cosponsors:** Ken Yager
**Description:** As introduced, revises requirement for the department of commerce and insurance to report on coverage for mental health, alcoholism, and drug dependency. Broadly captioned.
**AI Summary:** The deadline for annual reporting under Tennessee Code Annotated, Section 56-7-2360(e), is changed to January 31 each year. This amendment applies to health care-related reporting requirements. The change takes effect immediately upon becoming law.
**Upcoming Schedules:** Senate Commerce and Labor Committee (February 24, 2026, 1:00 PM, Senate Hearing Room I)

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

**Sponsors:** Paul Bailey, Mark Cochran
**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.
**AI Summary:** Licensure and professional certification requirements are amended to mandate that applicants be United States citizens or qualified aliens as defined in § 4-58-102, with specific exceptions for certain visa holders in the alcoholic beverage industry. Eligibility verification processes are established for reciprocal licensing agreements and various professional fields, including court reporting, education, healthcare, and aeronautics instruction. Existing provisions requiring notary status for court reporters and certain citizenship criteria in healing arts licensing are repealed or revised to align with the new eligibility standards.
**Upcoming Schedules:** Senate Commerce and Labor Committee (February 24, 2026, 1:00 PM, Senate Hearing Room I)

**Tue 2/24/2026 3:00 PM CST - Senate Hearing Room I, Senate Judiciary Committee**

Judicial Confirmation Hearing, District Attorney General Conference Budget Hearing, and District Public Defenders Conference Budget Hearing

### 7. SB 2031 (HB 1872) - Civil cause of action against healthcare professionals for injuries caused by medical procedures performed under coercion. State Website

**Sponsors:** Adam Lowe, Jason Zachary
**Cosponsors:** Ed Jackson, Bobby Harshbarger, Jessie Seal, Ken Yager, Paul Bailey, Rusty Crowe, Joey Hensley, Bo Watson, Shane Reeves, Brent Taylor, Page Walley, Richard Briggs, John Stevens, Jack Johnson, Ferrell Haile, Todd Gardenhire, Dawn White, Paul Rose, Tom Hatcher, Becky Massey
**Description:** As introduced, creates a civil cause of action against a healthcare professional by a person who suffered an injury that resulted from certain medical procedures if the reason the person, or the person's parent, guardian, or legal representative, consented to the medical procedure was due in whole or in part to coercion by the healthcare professional.
**AI Summary:** A private cause of action is created allowing individuals to sue healthcare professionals for medical procedures performed to alter or treat gender identity inconsistent with the person's sex, including puberty blockers or hormones, if consent was obtained through coercion. Civil actions must be filed within eighteen years of the procedure or discovery of injury, regardless of when the procedure occurred. Definitions for healthcare professionals, medical procedures, minors, persons, and sex are established, and severability is provided.
**Upcoming Schedules:** Senate Judiciary Committee (February 24, 2026, 3:00 PM, Senate Hearing Room I)

**Wed 2/25/2026 1:00 PM CST - Senate Hearing Room I, Senate Health and Welfare Committee**

A Secret Safe Place for Newborns Presentation and Department of Human Resources Budget Hearing

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

**Sponsors:** Shane Reeves, Pat Marsh
**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.
**AI Summary:** Authorization is expanded for physician assistants in Tennessee to delegate tasks to certified medical assistants under collaborative agreements with licensed physicians. Certification requirements for medical assistants are updated to include specific recognized bodies, and detailed provisions are established for the administration of various medications and anesthetic agents by certified medical assistants under delegated authority. Rules governing delegation and medication administration are assigned to the board of physician assistants, with limitations placed on delegation of tasks requiring professional judgment.
**Upcoming Schedules:** Senate Health and Welfare Committee (February 25, 2026, 1:00 PM, Senate Hearing Room I)

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

**Sponsors:** Shane Reeves, Esther Helton-Haynes
**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.
**AI Summary:** The definition of healthcare providers eligible to prescribe buprenorphine products is expanded to include those employed by, contracting with, or subcontracting through healthcare vendors contracted by the Tennessee Department of Correction or county and municipal jails. Tennessee Code Annotated Section 53-11-311(j)(2)(B) is amended accordingly. The change takes effect immediately upon

becoming law.
**Upcoming Schedules:** Senate Health and Welfare Committee (February 25, 2026, 1:00 PM, Senate Hearing Room I)

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

**Sponsors:** Shane Reeves, Bryan Terry
**Description:** As introduced, enacts the "Respiratory Care Interstate Compact Act." - Amends TCA Title 4 and Title 63.
**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 other 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 licensure requirements, military member accommodations, enforcement mechanisms, and the process for states to join, withdraw, or amend the compact.
**Upcoming Schedules:** Senate Health and Welfare Committee (February 25, 2026, 1:00 PM, Senate Hearing Room I)

### 15. SB 502 (HB 658) - Expands the scope of practice for athletic trainers. State Website

**Sponsors:** Ferrell Haile, Tim Hicks
**Cosponsors:** Paul Bailey
**Description:** Expands the scope of practice for athletic trainers by authorizing them to treat conditions that limit or prevent a person's participation in certain physical activities rather than just treating injuries that limit or prevent such participation. Clarifies the description of athletic trainers to include healthcare providers and establishes new procedures that may be utilized by athletic trainers in the delivery of health care.
**AI Summary:** Licensure requirements and definitions for athletic trainers are revised in Tennessee under Senate Bill 502, including expanded definitions of athletic injuries and healthcare procedures authorized for athletic trainers. Certification by the Board of Certification and approval by the state board are mandated for licensure, with updated provisions for out-of-state applicants and student athletic trainers under supervision. The act authorizes athletic trainers to perform specified manual techniques and healthcare procedures within their competency and requires passing a jurisprudence examination for licensure.
**Fiscal Impact:** (Dated March 4, 2025) NOT SIGNIFICANT
**Upcoming Schedules:** Senate Health and Welfare Committee (February 25, 2026, 1:00 PM, Senate Hearing Room I)

### 16. SB 2556 (HB 2136) - Directs the department of health to submit a report of each medication approved by the FDA for the purpose of women's health. State Website

**Sponsors:** Shane Reeves, Bryan Terry
**Description:** As introduced, directs the department of health to submit a report of each medication approved by the FDA for the purpose of women's health to the speaker of the senate and the speaker of the house of representatives on or before January 1, 2027.
**AI Summary:** A report detailing each FDA-approved medication for women's health, including a synopsis of each, is required to be submitted by the Tennessee Department of Health to the state legislative leaders by January 1, 2027. This requirement is established under HB 2136/SB 2556 (Tennessee). The act takes effect immediately upon becoming law.
**Upcoming Schedules:** Senate Health and Welfare Committee (February 25, 2026, 1:00 PM, Senate Hearing Room I)

### 17. SB 2040 (HB 1959) - "Freedom, Access, and Integrity in Registered Pharmacy (FAIR Rx) Act." State Website

**Sponsors:** Bobby Harshbarger, Rick Scarbrough
**Cosponsors:** Ferrell Haile, Shane Reeves, Randy McNally, Tom Hatcher, Adam Lowe, Bo Watson, Ken Yager, Sara Kyle, Joey Hensley, Steve Southerland
**Description:** As introduced, enacts the "Freedom, Access, and Integrity in Registered Pharmacy (FAIR Rx) Act," which requires that a pharmacy benefits manager shall not, directly or indirectly, acquire, hold, control, or otherwise possess any ownership or beneficial interest in, or exercise control over, a pharmacy license or a pharmacy license holder, whether through ownership, contract, or any other arrangement, including through management, staffing, leasing, supply, franchise, service, formulary, or revenue-sharing agreements, or any other arrangement that transfers operational control or economic benefit to the pharmacy benefits manager. Allows the board of pharmacy to issue a limited-use pharmacy license for certain rare, orphan, or FDA-designated limited-distribution drugs. Broadly captioned.
**AI Summary:** Ownership or control of pharmacies by pharmacy benefits managers (PBMs) is prohibited in Tennessee under HB 1959/SB 2040, effective January 1, 2027, to prevent conflicts of interest and protect patient access and pharmacy independence. Requirements are imposed for disclosure of ownership and control interests to the Tennessee Board of Pharmacy, with enforcement provisions including civil penalties and license revocation for violations. Limited-use pharmacy licenses for rare or orphan drugs are authorized with specific conditions, and the Board is tasked with oversight, enforcement, and annual reporting.

**Upcoming Schedules:** Senate Health and Welfare Committee (February 25, 2026, 1:00 PM, Senate Hearing Room I)

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

**Sponsors:** Brent Taylor, Brock Martin
**Cosponsors:** Janice Bowling, Rusty Crowe, Joey Hensley, Jack Johnson
**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.
**AI Summary:** Senate Bill 2255 (Tennessee) mandates the TennCare bureau, in consultation with the departments of health and children's services, to publish biannual statewide reports on psychotropic medication use and costs, including detailed data on age groups, medication counts, and county of residence. Reports must include specific data on children in state custody and young adults receiving foster care, ensure compliance with privacy laws through de-identification, and be publicly accessible on the TennCare website. The bureau is authorized to promulgate rules to implement these reporting requirements.
**Upcoming Schedules:** Senate Health and Welfare Committee (February 25, 2026, 1:00 PM, Senate Hearing Room I)