STATE AFFAIRS

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

Upper Cumberland Development District

1. 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
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: 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 02/10/2026.; **SB 422** Set for Senate Commerce and Labor Committee on 02/10/2026.

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

Tennessee Corrections Institute and Department of Corrections Budget Hearings

4. 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
Latest Action: SB 178 Set for Senate State and Local Government Committee on 02/10/2026.; **HB 22** Received from House, Passed on First Consideration on Mar. 13, 2025

Tue 2/10/2026 1:00 PM CST - Senate Hearing Room I, Senate Commerce and Labor Committee

TennCare Budget Hearing, Labor & Workforce Development, and Commerce and Labor Budget Hearings

1. 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: The renewal period for medical device-related licenses or registrations under Tennessee Code Annotated Section 63-10-314(b) is reduced from three years to two years. HB 406 and SB 422 amend multiple titles in Tennessee law to implement this change. The act takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 1, 2025) NOT SIGNIFICANT
Latest Action: SB 422 Set for Senate Commerce and Labor Committee on 02/10/2026.; **HB 406** Set for House Insurance Committee on 02/10/2026.

Tue 2/10/2026 3:00 PM CST - House Hearing Room III, House Education Administration Subcommittee

5. 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
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.
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 02/10/2026.; **SB 1716** Introduced in the Senate on Jan. 21, 2026

Wed 2/11/2026 10:30 AM CST - House Hearing Room I, House Insurance Subcommittee

2. 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
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: 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 Subcommittee on 02/11/2026.; **SB 1790** Introduced in the Senate on Jan. 21, 2026

3. HB 1866 (SB 2010) - Regulate Artificial Intelligence (AI) In Health Care Act. State Website

Sponsors: Justin Jones, Sara Kyle
Description: As introduced, creates the "Regulate Artificial Intelligence (AI) In Health Care Act." Specifies that a health insurance issuer that uses an artificial intelligence, algorithm, or other software tool for the purpose of utilization review or utilization management functions, based in whole or in part on medical necessity, or that contracts with or otherwise works through an entity that uses an artificial intelligence, algorithm, or other software tool for the purpose of utilization review or utilization management functions, based in whole or in part on medical necessity, shall not deny, delay, or modify healthcare services based, in whole or in part, on medical necessity unless the request for prior authorization for such healthcare services is reviewed by a licensed healthcare professional or healthcare provider. Specifies that a violation is an unfair claims practice. Authorizes the department of commerce and insurance to promulgate rules to effectuate this section.
AI Summary: Requirements are imposed on health insurance issuers in Tennessee under SB 2010/HB 1866 to ensure that any denial, delay, or modification of healthcare services based on medical necessity involving artificial intelligence or algorithmic tools for utilization review must be reviewed by a licensed healthcare professional. Definitions for artificial intelligence and health insurance issuers are established, and violations are classified as unfair claims practices subject to penalties and private causes of action with damages and attorney fees. The Department of Commerce and Insurance is authorized to promulgate rules to implement these provisions, effective July 1, 2026.
Latest Action: HB 1866 Set for House Insurance Subcommittee on 02/11/2026.; **SB 2010** Introduced in the Senate on Feb. 02, 2026

Wed 2/11/2026 12:00 PM CST - House Hearing Room III, House Health Subcommittee

5. HB 853 (SB 259) - Review of a child's health and medical records by parent or legal guardian. State Website

Sponsors: Michele Reneau, Mark Pody
Description: 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.
AI Summary: Parental access to all mental health, medical, rehabilitation, and prescription records of unemancipated minors is expanded and required to be provided by healthcare providers, even for treatments given without parental consent. Informed consent from a parent or legal guardian is mandated before administering vaccinations or medical treatment to minors, except in emergency situations where physicians may act without consent. Definitions for "medical procedure" and "medical treatment" are clarified, and provisions for minor first aid by local education agency employees are specified.
Fiscal Impact: (Dated January 24, 2025) NOT SIGNIFICANT
Latest Action: HB 853 Set for House Health Subcommittee on 02/11/2026.; **SB 259** Assigned to General Subcommittee of Senate Education Committee on Mar. 26, 2025

8. HB 1665 (SB 1664) - Restricts healthcare providers from asking gender-related questions to minors without parental consent. State Website

Sponsors: Aron Maberry, Paul Rose
Description: As introduced, prohibits a healthcare provider from asking certain listed gender-related questions to a minor unless a parent is physically present and fully informed and provides written consent to such questions and the questions are directly related to the diagnosis or treatment of a specific medical or psychological condition currently being evaluated. Makes other related changes.
AI Summary: SB 1664/HB 1665 (Tennessee) prohibits healthcare providers from asking minors questions about gender identity without parental consent and restricts insurers from requiring such questions for reimbursement or credentialing. Parental rights to access all healthcare forms and to make healthcare decisions for minors are reinforced, and violations by providers are subject to professional discipline and consumer protection penalties. Exceptions are allowed for emergency care, mandated abuse reporting, and when parents are present and consent to gender-related inquiries directly related to diagnosis or treatment.

Latest Action: HB 1665 Set for House Health Subcommittee on 02/11/2026.; **SB 1664** Set for Senate Commerce and Labor. on Jan. 21, 2026

Wed 2/11/2026 1:00 PM CST - Senate Hearing Room I, Senate Health and Welfare Committee

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

Sponsors: Janice Bowling, Ed Butler

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.

AI Summary: Restrictions are imposed on healthcare providers in Tennessee under HB 387/SB 474, prohibiting them from inquiring about or requiring disclosure of patients' firearm, ammunition, or accessory ownership 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 conduct lethality risk assessments if a credible risk is perceived. Violations are deemed unethical conduct subject to disciplinary action and fines, effective July 1, 2025.

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

Latest Action: SB 474 Set for Senate Health and Welfare Committee on 02/11/2026.; **HB 387** House Health Committee deferred to final calendar #2. on Feb. 03, 2026