Mon 3/16/2026 11:00 AM CDT - House Hearing Room I, House Government Operations Committee

9.
HB 1959 (SB 2040)
R. Scarbrough

- "Freedom, Access, and Integrity in Registered Pharmacy (FAIR Rx) Act." State Website

Sponsors: Rick Scarbrough, Bobby Harshbarger

Cosponsors: Fred Atchley, Rush Bricken, Ed Butler, Kip Capley, Mark Cochran, John Crawford, Tandy Darby, Jeremy Faison, Rusty Grills, Gary Hicks, Tim Hicks, Sabi Kumar, Justin Lafferty, Pat Marsh, Kevin Raper, Jay Reedy, Lowell Russell, Cameron Sexton, Paul Sherrell, Mike Sparks, Tom Stinnett, Ryan Williams, Rebecca Alexander, Debra Moody, Michele Carringer, Esther Helton-Haynes, Ferrell Haile, Shane Reeves, Randy McNally, Tom Hatcher, Adam Lowe, Bo Watson, Ken Yager, Joey Hensley, Steve Southerland

Amendment Summary: Senate Health & Welfare Committee amendment 1 (013168) prohibits the simultaneous owning or controlling of a licensed pharmacy and a pharmacy benefit management (PBM) entity.

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 beginning January 1, 2027, to prevent conflicts of interest and protect patient access, especially in rural areas. PBMs cannot hold any ownership or beneficial interest in pharmacies or exercise control through contracts or other arrangements, with strict disclosure and enforcement provisions by the Tennessee Board of Pharmacy. Limited-use pharmacy licenses for rare or orphan drugs are allowed temporarily, and violators face civil penalties and possible license revocation. A proposed amendment would clarify that employers may own or operate pharmacies solely for their own employees and dependents under employee benefit plans.

Fiscal Impact: (Dated February 23, 2026) OTHER FISCAL IMPACT The proposed legislation may result in increased expenditures to the Division of TennCare and the State Group Insurance Program as a result of increased drug acquisition costs , professional dispensing fees , and administrative costs associated with modifying or renegotiating pharmacy networks and reimbursement arrangements. Cost-saving s from reducing certain non -competitive busin ess practices may occur . Because the fiscal impact depends on business decisions, procurement responses, and evolving market conditions, the net impact on state expenditures cannot be reasonably determined. Impacts are anticipated to be most pronounced in the short - to mid -term periods following enactment, with stabilization expected as reimbursement benchmarks and pharmacy networks adjust over time .

Upcoming Schedules: House Government Operations Committee (March 16, 2026, 11:00 AM, House Hearing Room I)

Mon 3/16/2026 12:00 PM CDT - Senate Hearing Room I, Senate Judiciary Committee

6.
SB 1603 (HB 1972)
F. Haile

- TACIR study on state and local readiness to support a medical marijuana program.
State Website

Sponsors: Ferrell Haile, Andrew Farmer

Description: As introduced, requires TACIR to conduct a study on the creation of a medical cannabis program in this state. Specifies that the study must include the process for implementing a medical cannabis program and the operational readiness of state and local governmental entities to support a medical marijuana program. Requires TACIR to report its findings to members of the general assembly by November 1, 2026. Broadly captioned.

AI Summary: A study is mandated for the creation of a medical cannabis program in Tennessee, focusing on implementation processes and the operational readiness of state and local government entities. The Tennessee Advisory Commission on Intergovernmental Relations (TACIR) is tasked with conducting the study and reporting findings to the General Assembly by November 1, 2026. State departments and agencies are required to assist TACIR upon request to support the study.

Fiscal Impact: (Dated January 21, 2026) NOT SIGNIFICANT
Upcoming Schedules: Senate Judiciary Committee (March 16, 2026, 12:00 PM, Senate Hearing Room I)

14. **SB 2323 (HB 2101)** F. Haile

- Increases annual purchase limits for ephedrine and pseudoephedrine products and updates tracking and fee requirements. State Website

Sponsors: Ferrell Haile, Jeremy Faison
Description: As introduced, increases the amount of products containing ephedrine or pseudoephedrine a person may purchase in a year from 43.2 grams to 61.2 grams. Changes references to the "National Precursor Log Exchange" (NPLEx) to the "electronic sales tracking system." Requires manufacturers of ephedrine products sold in Tennessee to, on a monthly basis, pay fees to the administrator of the electronic sales tracking system.
AI Summary: Requirements are imposed on pharmacies in Tennessee to use an electronic sales tracking system for monitoring over-the-counter sales of ephedrine and pseudoephedrine products, including mandatory equipment installation by January 1, 2012, and stop-sale alerts for restricted purchasers. The allowable purchase limit of these products is increased from 43.2 grams to 61.2 grams, and manufacturers are required to pay monthly fees to support the tracking system starting in 2027. The Tennessee Bureau of Investigation is tasked with updating the methamphetamine registry to prevent sales to prohibited individuals, and liability protections are provided for pharmacies complying with the system.
Fiscal Impact: (Dated March 05, 2026) NOT SIGNIFICANT
Upcoming Schedules: Senate Judiciary Committee (March 16, 2026, 12:00 PM, Senate Hearing Room I)

21. **SB 2088 (HB 2013)** R. Crowe

- Testing for psychotropic drugs for person that is believed to have committed a mass shooting. State Website

Sponsors: Rusty Crowe, Mary Littleton
Description: As introduced, requires a law enforcement officer to cause to be administered by a qualified practitioner at a hospital a blood or urine test on a person for the presence of a psychotropic drug if such officer has probable cause to believe that the person committed a mass shooting; directs the health science center to study the drug interactions between any drugs found in the person's blood or urine.
AI Summary: Requirements are imposed for law enforcement to obtain blood or urine samples from individuals suspected of committing mass shootings, defined as shootings injuring or targeting four or more people, to test for psychotropic and other drugs. Qualified practitioners at hospitals must collect and test these samples promptly, with protections from liability except in cases of negligence, and hospitals must send samples and test results anonymously to a health science center for drug interaction studies. Data collected will be included in quarterly reports to the Tennessee General Assembly, with the provisions effective July 1, 2026.
Fiscal Impact: (Dated February 17, 2026) NOT SIGNIFICANT
Upcoming Schedules: Senate Judiciary Committee (March 16, 2026, 12:00 PM, Senate Hearing Room I)

55. **SB 1768 (HB 1774)** L. Lamar

- Advisory ballot question on legalizing a regulated medical cannabis program in the 2026 general election. State Website

Sponsors: London Lamar, Bob Freeman
Cosponsors: Andrew Farmer, Jesse Chism, Torrey Harris, Jason Powell, Sam McKenzie, Yusuf Hakeem, Shaundelle Brooks, Joe Towns Jr, Aftyn Behn, Ronnie Glynn, Larry Miller, Johnny Shaw, Karen Camper, Gloria Johnson, John Ray Clemmons, Bo Mitchell, Caleb Hemmer, Jay Reedy, Ron Travis, Gabby Salinas, Vincent Dixie, Harold Love, Jr., Justin Pearson
Description: As introduced, requires the secretary of state to place an advisory ballot question on the November general election ballot in 2026 regarding the legalization of a regulated medical cannabis program. Broadly captioned.
AI Summary: An advisory ballot question is mandated for the November 2026 general election in Tennessee to authorize a regulated medical cannabis program for qualifying patients. A portion of cannabis tax revenue is designated to support after-school programs, mental health services, law enforcement training, and community cannabis education. The act emphasizes product safety, protection of minors, and aims to limit illegal trade while supporting Tennessee farms and businesses.
Fiscal Impact: (Dated January 21, 2026) LOCAL GOVERNMENT EXPENDITURES Mandatory FY26 -27 $9,400 Article II, Section 24 of the Tennessee Constitution provides that: no law of general application shall impose increased exp enditure requirements on cities or counties unless the General Assembly shall provide that the state share in the cost.
Upcoming Schedules: Senate Judiciary Committee (March 16, 2026, 12:00 PM, Senate Hearing Room I)

Rural Health Transformation Grant Expansion Budget Hearing, Department of General Services and TN Higher Education Commission Presentation, and Lottery & THEC Discussion

3. **- "Freedom, Access, and Integrity in Registered Pharmacy (FAIR Rx) Act."** State Website

SB 2040 (HB 1959)
B. Harshbarger

Sponsors: Bobby Harshbarger, Rick Scarbrough
Cosponsors: Ferrell Haile, Shane Reeves, Randy McNally, Tom Hatcher, Adam Lowe, Bo Watson, Ken Yager, Joey Hensley, Steve Southerland, Fred Atchley, Rush Bricken, Ed Butler, Kip Capley, Mark Cochran, John Crawford, Tandy Darby, Jeremy Faison, Rusty Grills, Gary Hicks, Tim Hicks, Sabi Kumar, Justin Lafferty, Pat Marsh, Kevin Raper, Jay Reedy, Lowell Russell, Cameron Sexton, Paul Sherrell, Mike Sparks, Tom Stinnett, Ryan Williams, Rebecca Alexander, Debra Moody, Michele Carringer, Esther Helton-Haynes
Amendment Summary: Senate Health & Welfare Committee amendment 1 (013168) prohibits the simultaneous owning or controlling of a licensed pharmacy and a pharmacy benefit management (PBM) entity.
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.
Fiscal Impact: (Dated February 23, 2026) OTHER FISCAL IMPACT The proposed legislation may result in increased expenditures to the Division of TennCare and the State Group Insurance Program as a result of increased drug acquisition costs , professional dispensing fees , and administrative costs associated with modifying or renegotiating pharmacy networks and reimbursement arrangements. Cost-saving s from reducing certain non -competitive busin ess practices may occur . Because the fiscal impact depends on business decisions, procurement responses, and evolving market conditions, the net impact on state expenditures cannot be reasonably determined. Impacts are anticipated to be most pronounced in the short - to mid -term periods following enactment, with stabilization expected as reimbursement benchmarks and pharmacy networks adjust over time .
Upcoming Schedules: Senate Finance, Ways and Means Committee (March 17, 2026, 8:30 AM, Senate Hearing Room I)

Tue 3/17/2026 10:30 AM CDT - House Hearing Room II, House Departments and Agencies Subcommittee

13. **- Prohibits federal immigration enforcement activities in hospitals, doctors' offices, and shelters.** State Website

HB 2249 (SB 2497)
G. Johnson

Sponsors: Gloria Johnson, Sara Kyle
Cosponsors: Aftyn Behn
Description: As introduced, prohibits the bureau of immigration and customs enforcement of the United States department of homeland security from entering into and conducting law enforcement activities in a hospital, physician's office, or a shelter located in this state.
AI Summary: Law enforcement activities by the U.S. Department of Homeland Security's Bureau of Immigration and Customs Enforcement are prohibited in healthcare facilities, physician offices, and shelters for the homeless or domestic violence victims in Tennessee. Healthcare facilities are defined to include hospitals and institutions operated by the Department of Mental Health and Substance Abuse Services or the Department of Disability and Aging. This prohibition is established under Tennessee Code Annotated Title 38, Chapter 3, Part 1, as amended by HB 2249.
Upcoming Schedules: House Departments and Agencies Subcommittee (March 17, 2026, 10:30 AM, House Hearing Room II)

Tue 3/17/2026 10:30 AM CDT - House Hearing Room III, House Insurance Committee

TennCare MCO Presentation

1. **- Prohibits health insurers from using downcoding to reduce provider payments and establishes the Tennessee commission of insurance review.** State Website

HB 2619
(SB 2155)
D. Howell

Sponsors: Dan Howell, Bo Watson
Cosponsors: Cameron Sexton, Tim Hicks, John Crawford, Lowell Russell, Fred Atchley, David Hawk, Scott Cepicky, Mary Littleton, Clay Doggett, Jason Zachary, Greg Vital, Kevin Vaughan, Elaine Davis, Pat Marsh, Brock Martin, Greg Martin, Debra Moody, Kip Capley, Robert Stevens, Aron Maberry, Clark Boyd, Esther Helton-Haynes, Gary Hicks, Johnny Garrett, Andrew Farmer, Mark Cochran, Renea Jones, Jeremy Faison, Bryan Terry, Aftyn Behn, Bob Freeman, Yusuf Hakeem, Torrey Harris, Sabi Kumar, Sam McKenzie, Larry Miller, Kevin Raper, Rick Scarbrough, Paul Sherrell, Richard Briggs, Bobby Harshbarger, Adam Lowe, Randy McNally, Shane Reeves, Joey Hensley
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.
AI Summary: A Tennessee commission of insurance review is established to oversee and enforce regulations on health insurance entities, including prohibitions on downcoding, lasering, and unauthorized use of artificial intelligence in claim reviews. Health insurance entities are required to provide advance notice and negotiation opportunities before making material changes to provider contracts, ensure reimbursement parity across provider licensure classifications, and are restricted from sending enrollees' medical information outside the U.S. Ownership restrictions are imposed to prevent conflicts of interest between healthcare providers and health insurance entities starting July 1, 2026.
Fiscal Impact: (Dated February 16, 2026) STATE GOVERNMENT EXPENDITURES General Fund FY26 -27 $1,773,100 FY27-28 & Subsequent Years $1,743,100 Total Positions Required: 10 OTHER FISCAL IMPACT Passage of this legislation will result in an increase in state, local, and federal government expenditures relating to TennCare and CoverKids and the State Group Insurance Plans. However, due to multiple variables and insufficient data, the exact increase cannot be reasonably determined.
Upcoming Schedules: House Insurance Committee (March 17, 2026, 10:30 AM, House Hearing Room III)

4.
HB 1930
(SB 2067)
K. Vaughan

- Report on coverage for mental health, alcoholism, and drug dependency. State Website
Sponsors: Kevin Vaughan, Bo Watson
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 submissions 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 effective date is upon becoming law.
Fiscal Impact: (Dated January 22, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Insurance Committee (March 17, 2026, 10:30 AM, House Hearing Room III)

5.
HB 2046
(SB 2080)
R. Williams

- Allocates the first $150 million of HMO tax revenue from July 1, 2026, to enhance TennCare reimbursements for certain medical providers. State Website
Sponsors: Ryan Williams, Bo Watson
Cosponsors: Aftyn Behn, Rusty Crowe, Joey Hensley
Description: As introduced, directs the first $150 million of tax revenue generated by the health maintenance organization tax on or after July 1, 2026, to be utilized to draw down federal funds to reimburse a physician, advanced practice registered nurse, or physician assistant who is entitled to receive TennCare reimbursement for a CPT code for evaluation and management, obstetrics and gynecology, or anesthesia. Broadly captioned.
AI Summary: TennCare reimbursement rates for evaluation and management, obstetrics and gynecology, and anesthesia services are increased to up to 110% of the current Medicare rate, funded by the first $150 million of health maintenance organization tax revenue starting July 1, 2026. The tax revenue is designated to draw down federal funds to reimburse physicians, advanced practice registered nurses, and physician assistants for specified CPT codes. The Bureau of TennCare and Department of Commerce and Insurance are authorized to promulgate rules to implement these provisions.
Fiscal Impact: (Dated February 26, 2026) STATE GOVERNMENT REVENUE General Fund Division of TennCare FY26 -27 & Subsequent Years ($150,000,000) $150,000,000 EXPENDITURES Division of TennCare FY26 -27 & Subsequent Years $150,000,000 FEDERAL GOVERNMENT

EXPENDITURES FY26 -27 & Subsequent Years $261,466,200
Upcoming Schedules: House Insurance Committee (March 17, 2026, 10:30 AM, House Hearing Room III)

6. **HB 1756 (SB 1803)** I. Rudder

- Study of neighboring states' innovations in health insurance coverage for substance use disorder and report to the General Assembly. State Website
Sponsors: Iris Rudder, Ed Jackson
Cosponsors: Esther Helton-Haynes
Amendment Summary: Senate amendment 1 (013835) requires the Commissioner of the Department of Commerce and Insurance to conduct a study of neighboring states' recent innovations in addressing substance use disorder through new health insurance coverage and reimbursement methods, strategies, or models, including coverage and reimbursement for recovery housing. Requires the Commissioner to compile the findings and legislative recommendations developed from the study into a report, which must be transmitted to the Chief Clerks of the Senate and House of Representatives and to the Legislative Librarian by December 31, 2026.
Description: As introduced, directs the commissioner to use existing resources to study recent innovations by neighboring states to address substance use disorder through new health insurance coverage and reimbursement methods, strategies, or models. Requires the commissioner to compile the findings and any recommendations from the study into a report for transmission to the general assembly no later than December 31, 2026. Broadly captioned.
AI Summary: A study is mandated for the Tennessee commissioner of commerce and insurance to examine neighboring states' recent innovations in addressing substance use disorder through health insurance coverage and reimbursement methods, including coverage for recovery housing. Findings and legislative recommendations must be compiled into a report and submitted by December 31, 2026. The act takes effect immediately upon becoming law.
Fiscal Impact: (Dated January 23, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Insurance Committee (March 17, 2026, 10:30 AM, House Hearing Room III)

7. **HB 2162 (SB 2554)** I. Rudder

- TennCare actuarial study and related comments to be submitted electronically to legislative committees. State Website
Sponsors: Iris Rudder, Shane Reeves
Cosponsors: Elaine Davis, Bryan Terry
Description: As introduced, authorizes the comptroller of the treasury to submit the annual actuarial study of the TennCare program and participating managed care organizations, along with any related oral and written comments, to the designated legislative committees and offices in an electronic format. Broadly captioned.
AI Summary: Electronic submission of the final study and accompanying oral and written comments to legislative committees is authorized by amending Tennessee Code Annotated, Section 71-5-188(a). HB 2162 (Tennessee) modifies reporting procedures related to insurance studies to allow electronic formats. The act takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 02, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Insurance Committee (March 17, 2026, 10:30 AM, House Hearing Room III)

8. **HB 2243 (SB 2070)** B. Martin

- Stopping Health Insurers from Excluding Legal Decisions (SHIELD) Act. State Website
Sponsors: Brock Martin, Bo Watson
Cosponsors: Debra Moody, Michele Reneau, Michael Hale, Timothy Hill, Kip Capley, Rusty Grills
Amendment Summary: Senate Commerce & Labor Committee amendment 1 (014409) enacts the Stopping Health Insurers from Excluding Legal Decisions (SHIELD) Act. Prohibits a health insurance entity from calculating a final quality measure, quality rating, incentive payment, or reimbursement tier for a healthcare provider at the end of each measurement period that is used to calculate provider payments by including an exempt patient documented by a healthcare provider to have declined a specific vaccination or series of vaccinations in the denominator of a vaccination-related metric. Requires a health insurance entity to exclude an exempt patient from the final calculations of vaccine-related quality metrics at the end of a measurement period if a healthcare provider documents the patient's exempt status in the patient's medical record and submits an electronic claim containing a standard diagnosis code indicating the immunization was not carried out. Prohibits a health insurance entity from terminating a healthcare provider from a network, reducing a provider's reimbursement rate, or withholding an incentive payment solely because the provider retains exempt patients in the provider's practice. Establishes that, for purposes of timely reimbursement, a claim for reimbursement that is denied, reduced, or recouped by a health insurance entity in violation of the legislation is a clean claim and is subject to the same interest penalties and remediation requirements as other prompt payment violations by health insurance entities. Establishes that, if a healthcare provider submits documentation to a health insurance entity indicating that a patient is an exempt patient, the health insurance entity must exclude the patient from the calculation of the provider's vaccination rate performance or any other quality metric derived from vaccination status. Prohibits a health insurance entity health insurance entity from downcoding a claim or reduce a

reimbursement level solely because: (1) the patient is an exempt patient; or (2) a preventative care standard was not met due to the patient's exempt status.
Description: As introduced, prohibits health insurance entities from calculating a quality measure, quality rating, incentive payment, or reimbursement tier for a healthcare provider by including any exempt patient in the denominator of any vaccination-related metric. Prohibits a health insurance entity from terminating a healthcare provider from a network, reduce a provider's reimbursement rate, or withhold an incentive payment solely because the provider retains exempt patients in the provider's practice.
AI Summary: SB 2070/HB 2243 (Tennessee) prohibits health insurance entities from including patients who decline vaccinations in vaccination-related quality measures used to determine provider reimbursement, incentives, or network status. Providers must document exempt patients in medical records and submit claims with appropriate diagnosis codes to exclude these patients from quality metric calculations. Health insurers are barred from penalizing providers by reducing reimbursement, withholding incentives, or terminating network participation solely for retaining exempt patients, with violations subject to timely reimbursement penalties.
Fiscal Impact: (Dated February 27, 2026) STATE GOVERNMENT EXPENDITURES General Fund FY26 -27 $1,913, 900 FY27 -28 & Subsequent Years $546,8 00 FEDERAL GOVERNMENT EXPENDITURES FY26 -27 $3,336,1 00 FY27 -28 & Subsequent Years $953, 200
Upcoming Schedules: House Insurance Committee (March 17, 2026, 10:30 AM, House Hearing Room III)

11. **- Step therapy for cancer treatments.** State Website
HB 1956 (SB 2081)
R. Alexander
Sponsors: Rebecca Alexander, Bo Watson
Cosponsors: Kevin Raper
Description: As introduced, expands the prohibition, from stage 4 advanced metastatic cancer or metastatic blood cancer to any cancer, against a health benefit plan that provides coverage for cancer requiring the use of a step therapy protocol before the health benefit plan provides coverage for an approved prescription drug to an enrollee who has received a diagnosis of cancer. Broadly captioned.
AI Summary: Step therapy protocols are prohibited for health benefit plans covering cancer treatment, requiring coverage of approved prescription drugs without prior step therapy for any cancer diagnosis. Definitions related to cancer in the step therapy context are broadened by removing references to specific advanced or metastatic cancer stages. Rulemaking authority is granted to the commissioners of commerce and insurance and health to implement these provisions, effective January 1, 2027, for applicable policies.
Fiscal Impact: (Dated January 28, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Insurance Committee (March 17, 2026, 10:30 AM, House Hearing Room III)

Tue 3/17/2026 10:30 AM CDT - Senate Hearing Room I, Senate State and Local Government Committee

92. **- Requires reporting on undocumented individuals and the state's annual costs for public services provided to them.** State Website
SB 2108 (HB 1711)
D. White
Sponsors: Dawn White, Elaine Davis
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.
AI Summary: Requirements are imposed on Tennessee law enforcement agencies and local governments 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. The Department of Finance and Administration is mandated to report annually on the state's costs for public services provided to these individuals. Failure by employees or officials to report as required is classified as a Class A misdemeanor, with the act effective July 1, 2026.
Fiscal Impact: (Dated February 12, 2026) STATE GOVERNMENT EXPENDITURES General Fund FY26 -27 $131,100 FY27 -28 & Subsequent Years $127,900 Total Positions Required: 1

Upcoming Schedules: Senate State and Local Government Committee (March 17, 2026, 10:30 AM, Senate Hearing Room I)

111. **SB 1915 (HB 1710)** E. Jackson

- Requires local governments to verify citizenship or lawful presence for public benefits and authorizes investigations of violations. State Website

Sponsors: Ed Jackson, Dennis Powers

Cosponsors: Paul Rose, 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.

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 mechanisms include investigation by the attorney general, potential withholding of state funds from non-compliant local entities, and establishment of funds from recovered moneys for enforcement purposes under HB 1710/SB 1915.

Fiscal Impact: (Dated February 14, 2026) STATE GOVERNMENT EXPENDITURES General Fund FY26 -27 $131,100 FY27 -28 & Subsequent Years $127,900 Total Positions Required: 1

Upcoming Schedules: Senate State and Local Government Committee (March 17, 2026, 10:30 AM, Senate Hearing Room I)

139. **SB 2281 (HB 2100)** R. Briggs

- Removes certificate of need requirement for nonresidential opioid treatment centers starting July 1, 2026. State Website

Sponsors: Richard Briggs, Jeremy Faison

Description: As introduced, removes nonresidential substitution-based treatment centers for opiate addiction from the requirement of obtaining a certificate of need beginning July 1, 2026.

AI Summary: Certain certificate of need provisions under Tennessee Code Annotated Title 68, Chapter 11 are repealed, including specific subdivisions related to health service regulations and mental health and substance abuse services. Multiple sections and subsections governing certificate of need requirements and exemptions are deleted to streamline or remove regulatory oversight. These changes take effect on July 1, 2026.

Fiscal Impact: (Dated February 28, 2026) STATE GOVERNMENT REVENUE Health Facilities Commission FY26 -27 & Subsequent Years >($11,500) OTHER FISCAL IMPACT The Health Facilities Commission is required to prescribe fees for the C ertificate of Need program in an amount that allows the program to be self -sufficient. Therefore, it is assumed that any decrease in revenue will be offset by fees assessed to other facilities and providers.

Upcoming Schedules: Senate State and Local Government Committee (March 17, 2026, 10:30 AM, Senate Hearing Room I)

143. **SB 2497 (HB 2249)** S. Kyle

- Prohibits federal immigration enforcement activities in hospitals, doctors' offices, and shelters. State Website

Sponsors: Sara Kyle, Gloria Johnson

Cosponsors: Aftyn Behn

Description: As introduced, prohibits the bureau of immigration and customs enforcement of the United States department of homeland security from entering into and conducting law enforcement activities in a hospital, physician's office, or a shelter located in this state.

AI Summary: Entry and law enforcement activities by the U.S. Department of Homeland Security's Bureau of Immigration and Customs Enforcement are prohibited in healthcare facilities, physician offices, and shelters for the homeless or domestic violence victims in Tennessee. Definitions for healthcare facilities, physicians, and shelters are established to clarify the scope of the prohibition. This restriction takes effect immediately upon enactment.

Upcoming Schedules: Senate State and Local Government Committee (March 17, 2026, 10:30 AM, Senate Hearing Room I)

Tue 3/17/2026 12:00 PM CDT - House Hearing Room I, House Education Committee

10. **- Expands prescribed forms of epinephrine for life-threatening allergic reactions than an LEA or nonpublic school is authorized to administer.** State Website

HB 1550 (SB 1716)
E. Davis

Sponsors: Elaine Davis, Joey Hensley
Cosponsors: Scott Cepicky
Amendment Summary: Senate Education amendment 1 (013538) changes the effective date to July 1, 2026.
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 recommended storage in at least two unlocked, secure locations. Physicians are authorized to prescribe epinephrine in the name of local education agencies or schools, and liability protections are established for prescribing physicians and school personnel administering epinephrine unless actions are taken with intentional disregard for safety. The effective date of these provisions is set for July 1, 2026.
Fiscal Impact: (Dated February 07, 2026) LOCAL GOVERNMENT EXPENDITURES Permissive FY26-27 & Subsequent Years NET $202,500
Upcoming Schedules: House Education Committee (March 17, 2026, 12:00 PM, House Hearing Room I)

Tue 3/17/2026 1:00 PM CDT - Senate Hearing Room I, Senate Health and Welfare Committee

1. **- Changes the annual reporting date for TennCare's pharmacist-provided medication therapy management pilot program.** State Website

SB 2242 (HB 2557)
J. Johnson

Sponsors: Jack Johnson, William Lamberth
Cosponsors: Mark Cochran
Description: As introduced, changes from April 15 to October 15, the date in which the bureau of TennCare is directed to annually report to the senate health and welfare committee and the health committee of the house of representatives regarding program costs and patient outcomes related to incorporating the pharmacist-provided medication therapy management pilot program each year the pilot program is supported. Broadly captioned.
AI Summary: The deadline for pharmacy-related requirements under Tennessee Code Annotated Section 63-10-222 is extended from April 15 to October 15. This change is enacted through HB 2557/SB 2242 in Tennessee. The amendment takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 02, 2026) NOT SIGNIFICANT
Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

5. **- Report on remote use of the WIC program by the Department of Health.** State Website

SB 2227 (HB 2539)
J. Johnson

Sponsors: Jack Johnson, William Lamberth
Cosponsors: Mark Cochran, Sabi Kumar
Amendment Summary: Senate Commerce and Labor Committee amendment (012037) creates the Agency of Commissioner Issued Licenses (Agency) within the Department of Health's (DOH's) Division of Health-Related Boards (Division). Dissolves various health-related boards and committees and transfers their regulatory authorities over the issuance and renewal of licenses, certificates, and registrations to the Agency. Makes various administrative changes involving DOH and the Division.
Description: As introduced, removes provisions relative to a report that was due by December 15, 2022, from the department of health concerning remote use of the special supplemental food program for women, infants, and children. Broadly captioned.
AI Summary: Licensing and regulatory authority for numerous health professions in Tennessee is consolidated under a new agency of commissioner-issued licenses within the Department of Health, effective July 1, 2026. Comprehensive updates and reorganizations are made to statutes governing professions including psychology, behavior analysis, alcohol and drug abuse counseling, hearing instrument specialists, massage therapy, athletic training, acupuncture, art therapy, dietetics/nutrition, polysomnography, respiratory care, cosmetic medical services, nursing home administration, podiatry, orthotics/prosthetics/pedorthics, physical therapy, occupational therapy, professional counseling, marital and family therapy, clinical pastoral therapy, and music therapy. Provisions include updated licensure requirements, scopes of practice, supervision standards, disciplinary grounds, reciprocity, temporary permits, and exemptions, along with enhanced reporting, rulemaking authority, and enforcement mechanisms to protect public health and welfare.
Fiscal Impact: (Dated February 02, 2026) NOT SIGNIFICANT

Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

6. **SB 2594 (HB 2473)** J. Johnson

- Removes outdated task force on preventing cardiovascular disease, hypertension, and diabetes. State Website

Sponsors: Jack Johnson, John Gillespie

Description: As introduced, deletes an obsolete section regarding the creation of a task force to study methods on how to best prevent cardiovascular disease, hypertension, and diabetes in this state. Broadly captioned.

AI Summary: Section 68-5-114 of the Tennessee Code Annotated is repealed, removing the provisions contained therein. The amendment affects health-related statutes under Titles 53 and 68. The change takes effect immediately upon becoming law.

Fiscal Impact: (Dated February 03, 2026) NOT SIGNIFICANT

Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

21. **SB 1584 (HB 2569)** F. Haile

- Hospitals must offer flu and pneumococcal immunizations to patients aged 50 or older before discharge. State Website

Sponsors: Ferrell Haile, Sabi Kumar

Cosponsors: Paul Sherrell

Description: As introduced, lowers the age of an inpatient from 65 to 50 or older when a hospital, each year from October 1 through March 1, must offer immunization against influenza disease prior to discharge. Requires a hospital to offer immunization against pneumococcal disease to an inpatient aged 50 or older prior to discharge. Broadly captioned.

AI Summary: Immunization requirements are imposed on Tennessee hospitals to offer influenza and pneumococcal vaccines to inpatients aged 50 or older prior to discharge, following CDC advisory committee recommendations and subject to vaccine availability. The influenza vaccine must be offered annually between October 1 and March 1. These provisions take effect July 1, 2026.

Fiscal Impact: (Dated January 12, 2026) NOT SIGNIFICANT

Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

23. **SB 502 (HB 658)** F. Haile

- Expands the scope of practice for athletic trainers. State Website

Sponsors: Ferrell Haile, Tim Hicks

Cosponsors: Paul Bailey, Mark White, Esther Helton-Haynes, Clark Boyd, Andrew Farmer, Michael Hale

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 (March 17, 2026, 1:00 PM, Senate Hearing Room I)

24. **SB 343 (HB 398)** P. Bailey

- Licensing board response to inquiry regarding prescriber identified as high-risk prescriber. State Website

Sponsors: Paul Bailey, Ryan Williams

Cosponsors: Kelly Keisling

Amendment Summary: House Health Subcommittee amendment 1 (014083) requires each paramedic to complete a course of instruction on making an actual determination and pronouncement of death. Prohibits the Emergency Medical Services (EMS) Board from issuing a paramedic license to an applicant from another state if the applicant does not provide proof of the successful completion of a training course on the actual determination and pronouncement of death. Authorizes a licensed paramedic to make an actual determination and pronouncement of death if the paramedic has successfully completed training in the determination and pronouncement of death and the paramedic has attempted to resuscitate the person in accordance with standards established by the EMS Board. Does not permit a paramedic to make the actual determination and pronouncement of death of a patient who is in a hospital when the apparent death occurs. For the purpose of promulgating rules, the legislation takes effect upon becoming a law. For all other purposes, takes effect January 1, 2027.

Description: 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.

AI Summary: The deadline for a specified action under Tennessee Code Annotated Section 68-1-128(h)(2) is extended from thirty to forty-five days. This amendment affects health-related provisions within multiple titles of Tennessee law. The change takes effect immediately upon becoming law.

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

Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

27.
SB 1039
(HB 1102)
J. Bowling

- Drug or alcohol test or screen for a patient who is pregnant. State Website

Sponsors: Janice Bowling, Chris Hurt

Description: 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.

AI Summary: Restrictions are imposed on drug and alcohol testing of pregnant or postpartum patients and newborns in Tennessee under HB 1102/SB 1039, requiring prior written and oral informed consent except in medical emergencies. Healthcare facilities are prohibited from authorizing testing without consent unless immediate treatment is necessary, and must provide detailed information about the test, potential legal consequences, and confidentiality. Refusal to submit to testing cannot be grounds for denial of treatment, and patient privacy rights are explicitly extended to this population.

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

Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

30.
SB 2279
(HB 2572)
R. Briggs

- Requires public posting of pain management clinic inspection criteria on Department of Health website. State Website

Sponsors: Richard Briggs, Sabi Kumar

Amendment Summary: House Health Subcommittee amendment 1 (015170) requires the Department of Health (DOH) to determine the criteria for identifying a provider as a high-risk prescriber and to make the criteria for identifying a prescriber as a high-risk prescriber publicly available on the department's website. Requires DOH to expunge the identification of a prescriber as a high-risk prescriber and notify the prescriber in writing of the expungement upon receiving proof that the prescriber has completed the required course regarding the risks, complications, and consequences of opioid addiction, and when either: (1) none of the patient overdoses that formed the basis for the prescriber's identification as a high-risk prescriber involved a substance prescribed by the prescriber; or (2) DOH does not identify the prescriber as a high-risk prescriber for the next two consecutive years. Authorizes a pain management specialist to provide coverage for and serve as medical director of a pain management clinic in place of a medical director who is temporarily unable to fulfill their duties because of illness, vacation, or other unavailability. Establishes that such coverage may be provided on a temporary, short-term basis, without a physical presence at the clinic if the specialist is immediately available by telephone, and that the temporary service does not count toward the limit of four pain management clinics at which a pain management specialist may serve as medical director. Prohibits DOH from requiring a medical director to notify the department of the identity of another pain management specialist serving as medical director on a temporary basis during the medical director's absence. Changes the minimum time that a medical director must be onsite at a pain management clinic, from 20 percent of a clinics weekly operating hours to 20 percent of the clinics quarterly operating hours. Requires DOH to make all inspection criteria required for compliance by licensed pain management clinics publicly available on the department's website. Authorizes the Commissioner of DOH to issue an advisory private letter ruling to any affected licensee that requests a ruling on a matter relating to pain management clinics. Establishes that a private letter ruling only affects only the licensee that requested the ruling and has no precedential value for any other inquiry or a future contested case.

Description: As introduced, requires the department of health to make available to the public on its website all inspection criteria required for compliance by pain management clinics. Makes other changes relative to pain management. Broadly captioned.

AI Summary: High-risk prescribers are identified annually based on clinical outcomes, including patient overdoses, and are subject to chart review and investigation, with pain management specialists exempted from this designation. Temporary medical director coverage by pain management specialists is authorized without in-person presence and does not count toward clinic limits, while inspection criteria for pain management clinics must be publicly available online. Advisory private letter rulings may be issued to licensees on request, and the identification of high-

risk prescribers is expunged upon completion of required courses.
Fiscal Impact: (Dated February 26, 2026) NOT SIGNIFICANT
Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

33.
SB 2413
(HB 2259)
B. Watson

- Protects good faith disclosures by healthcare providers from waiving quality improvement committee confidentiality. State Website
Sponsors: Bo Watson, Esther Helton-Haynes
Description: As introduced, specifies that a good faith disclosure of information related to an activity of a quality improvement committee (QIC) made by a healthcare provider or healthcare organization to a patient or a family member of a patient is not a waiver of the privilege and confidentiality protections provider under current law and makes other related changes.
AI Summary: Amendments to Tennessee Code Annotated Title 68, Chapter 11, establish definitions for "adverse healthcare incident" and "open discussion" related to quality improvement committees (QICs). Protections are imposed to maintain confidentiality and privilege of QIC proceedings and documentation, while allowing good faith disclosures and voluntary open discussions with patients or families without waiving privilege or admitting liability. Procedures for conducting open discussions, including participant rights, confidentiality waivers, and immunity from liability for good faith communications, are regulated to encourage transparency and resolution following adverse healthcare incidents.
Fiscal Impact: (Dated March 05, 2026) NOT SIGNIFICANT
Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

35.
SB 1848
(HB 1984)
B. Massey

- Authorizes new categories of health care providers to administer the opiod buprenorphine. State Website
Sponsors: Becky Massey, Timothy Hill
Cosponsors: Rusty Grills, Mark White
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.
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.
Fiscal Impact: (Dated January 22, 2026) NOT SIGNIFICANT
Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

37.
SB 2556
(HB 2136)
S. Reeves

- 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
Amendment Summary: House Health Subcommittee amendment 1 (014073) establishes that, if a compound, mixture, or preparation containing a drug or substance that has been classified as a Schedule I substance by the Commissioner of the Department of Mental Health and Substance Abuse Services (DMHSAS) is approved by the federal Food and Drug Administration (FDA) and is designated or rescheduled by the federal Drug Enforcement Administration (DEA) in a schedule other than Schedule I, then that compound, mixture, or preparation is automatically deemed scheduled in the same schedule in the state that the compound, mixture, or preparation is scheduled under the federal schedules of controlled substances. Establishes that such designation or rescheduling is effective 30 days after the effective date of the federal designation or rescheduling, unless the Commissioner of DMHSAS objects within the 30-day period. Authorizes the Commissioner of DMHSAS, upon the agreement of the Commissioner of the Department of Health (DOH), to issue an objection to the automatic designation or rescheduling of the compound, mixture, or preparation, as outlined in the legislation. Requires the notice of objection to include a concise statement of the basis for the objection and to be posted on a publicly accessible website on the same day it is issued. Establishes that, upon the issuance of a notice of objection, the Commissioner of DMHSAS to conduct a public hearing no later than 60 days following the effective date of the applicable federal designation or rescheduling and to issue a final determination adopting, modifying, or rejecting conformity with the federal designation or rescheduling no later than 90 days after the effective date. Establishes that, if the Commissioner of DMHSAS does not issue a final determination within the 90-day period, then the compound, mixture, or preparation is deemed scheduled in the same schedule that the compound, mixture, or preparation is scheduled under the federal schedules of controlled substances, and such designation or rescheduling is effective as of the 91st day after

the effective date of the federal designation or rescheduling. Establishes that a licensed healthcare prescriber who is authorized to prescribe controlled substances may prescribe a drug product that has been deemed scheduled or rescheduled pursuant to the legislation immediately upon the effective date of such scheduling or rescheduling, if it is within the healthcare prescriber's lawful scope of practice, and if the drug product is approved by the FDA and deemed scheduled by DMHSAS in a schedule other than Schedule I.
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.
Fiscal Impact: (Dated February 03, 2026) NOT SIGNIFICANT
Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

39.
SB 474
(HB 387)
J. Bowling

- Prohibits a healthcare provider from inquiring as to a patient's ownership of firearm ammunition. State Website
Sponsors: Janice Bowling, Ed Butler
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.
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
Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

40.
HB 1205
(SB 1153)
S. Kumar

- Prohibits physicians from treating themselves or their immediate family. State Website
Sponsors: Sabi Kumar, Rusty Crowe
Cosponsors: Mark Pody
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.
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
Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

42.
SB 2307
(HB 1688)
M. Pody

- The Frank J. Lake III Act. State Website
Sponsors: Mark Pody, Susan Lynn
Description: As introduced, enacts "The Frank J. Lake III Act." Requires a long-term care ombudsman for an assisted-care living facility to notify all residents of such facility if the facility contacts the ombudsman. Directs the health facilities commission to post a certain specified notice on the commission's website if an assisted-care living facility is placed on probation. Requires an assisted-care living facility, prior to the admission of a resident or prior to the execution of a contract for the care of a resident in such facility, to provide in writing to the resident or the resident's guardian, conservator, or representative the website link that lists the current licensure status of the assisted-care living facility and any history of disciplinary actions for such facility. Broadly captioned.
AI Summary: Requirements are imposed on assisted-care living facilities in Tennessee to disclose licensure status and disciplinary actions by posting specific notices on the Health Facilities Commission website when under investigation or probation. Long-term care ombudsmen must notify residents or their representatives if contacted by a facility. Facilities must provide written notice with a website link showing current licensure status and disciplinary history to residents or their guardians before admission or contract execution, effective July 1, 2026.
Fiscal Impact: (Dated January 19, 2026) NOT SIGNIFICANT
Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

45.
SB 2083
(HB 1899)
B. Watson

- Increases the maximum number of nonrelated residents allowed in tier 1 and tier 2 homes for the aged. State Website
Sponsors: Bo Watson, William Slater
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.
AI Summary: Definitions for "home for the aged" are revised in Tennessee Code Annotated, Title 68, Chapter 11, to categorize such homes into tier 1 and tier 2 based on the number of nonrelated residents, with tier 1 housing five or fewer and tier 2 housing six or more. The classification impacts regulatory distinctions for domiciliary care facilities providing room, board, and personal services to aged individuals. These changes take effect immediately upon enactment.
Fiscal Impact: (Dated February 13, 2026) STATE GOVERNMENT REVENUE Health Facilities Commission Department of Disability and Aging FY26 -27 & Subsequent Years ($1,200) $800
Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

47.
SB 2460
(HB 2176)
P. Bailey

- Requires the department of mental health and substance abuse services to include the legislative librarian in quarterly reports on accommodations and delayed admissions in state mental health facilities. State Website
Sponsors: Paul Bailey, Ron Travis
Description: Mental Health & Substance Abuse Services, Dept. of - As introduced, adds the legislative librarian to the list the department of mental health and substance abuse services must submit its quarterly report to on the implementation and impact of available suitable accommodations, including the number and length of any delayed admissions, in state owned or operated hospitals or treatment resources. - Amends TCA Title 4; Title 33; Title 52; Title 63 and Title 68.
AI Summary: Quarterly mental health reports are required to be submitted to the legislative librarian in addition to existing recipients under Tennessee Code Annotated Section 33-6-109. This amendment applies to Tennessee and takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 02, 2026) NOT SIGNIFICANT
Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

48. **- Certification requirements for assisted reproductive technology practitioners and fertility clinics.** State Website

SB 2461 (HB 2290)
P. Bailey

Sponsors: Paul Bailey, Ryan Williams

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.

AI Summary: Requirements are established for medical and osteopathic practitioners to obtain certification to practice assisted reproductive technology, 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 department. 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.

Fiscal Impact: (Dated February 14, 2026) STATE GOVERNMENT EXPENDITURES General Fund FY26 -27 $503,800 FY27 -28 & Subsequent Years $369,1 00 Total Positions Required: 3 SB 2461 - HB 2290 2

Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

50. **- Allows certain psychologists to prescribe medication under specific conditions.** State Website

SB 2570 (HB 2315)
F. Haile

Sponsors: Ferrell Haile, Brock Martin

Cosponsors: Page Walley, Shane Reeves, Paul Sherrell, Jake McCalmon, Mark White, Ryan Williams

Description: As introduced, creates prescribing authority for certain psychologists if certain conditions and prerequisites are met. Broadly captioned.

AI Summary: Prescriptive authority is granted to licensed doctoral-level psychologists in Tennessee who complete specified education, training, and certification requirements, allowing them to prescribe psychotropic medications under defined conditions. Restrictions are imposed on prescribing narcotics, opiates, and treatment without concurrent care by a physician or primary care provider, and ongoing continuing education is mandated for certificate renewal. Relevant state laws are amended to recognize prescribing psychologists in controlled substance regulations, pharmacy notifications, and healthcare practice scopes, with the act effective July 1, 2026.

Fiscal Impact: (Dated March 06, 2026) NOT SIGNIFICANT

Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

52. **- Review of a child's health and medical records by parent or legal guardian.** State Website

SB 259 (HB 853)
M. Pody

Sponsors: Mark Pody, Michele Reneau

Amendment Summary: Senate Education Committee amendment 1 (014530) clarifies that parents have the right to access and review all health records and medical records of their unemancipated child, including mental health records, rehabilitation records, and prescription records. Establishes that, to the extent allowable by federal privacy laws and regulations, the parent, legal guardian, or legal custodian of an unemancipated minor age 16 or older with serious emotional disturbance or mental illness may access all medical records resulting from outpatient or inpatient mental health treatment for the child. Authorizes an unemancipated minor's parent, legal guardian, legal custodian, or other person with medical decision-making authority for the unemancipated minor to access, and be provided by a healthcare provider or healthcare facility, all medical records resulting from treatment of the minor, even if the treatment was provided to the unemancipated minor without parental consent. Prohibits a child's parent, legal guardian, or legal custodian from accessing an unemancipated minor's medical records if the treating professional is required to report abuse of the unemancipated minor and the treating professional believes that access to the patient's records is reasonably likely to endanger the life or physical safety of the minor. Authorizes an employee of a local education agency (LEA) or public institution of higher education to provide a minor with bandages, gauze, or ice packs for the treatment of cuts, scrapes, bumps, and bruises without first obtaining the consent of a parent of the minor. Authorizes an employee of a public institution of higher education to act to control a minor's bleeding using a bleeding control kit without first obtaining consent from a parent of a minor.

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 medical, mental health, rehabilitation, and prescription records of unemancipated minors is expanded, with exceptions when access is deemed likely to endanger the minor's life or safety, particularly in cases involving abuse reporting. Informed consent from a parent or guardian is required before providing vaccinations or medical treatment to minors, except in

emergencies. Definitions for "medical procedure" and "medical treatment" are clarified, and provisions for minor injury care by educational employees are updated.
Fiscal Impact: (Dated January 24, 2025) NOT SIGNIFICANT
Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

58. **SB 2406 (HB 2415)** D. White

- Allows healthcare quality improvement committees to assess security measures for patient and staff safety. State Website
Sponsors: Dawn White, Robert Stevens
Description: As introduced, permits a healthcare organization's quality improvement committee to evaluate the security measures in place at a healthcare organization to ensure the safety of patients and staff. Broadly captioned.
AI Summary: An evaluation of security measures ensuring the safety of patients and staff is required to be included in healthcare facility assessments under Tennessee Code Annotated Section 68-11-272(b)(4). This amendment is enacted through HB 2415/SB 2406 in Tennessee and takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 08, 2026) NOT SIGNIFICANT
Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

59. **SB 2586 (HB 2246)** E. Jackson

- Regulates the retrieval, manufacture, storage, and use of stem cells for therapy. State Website
Sponsors: Ed Jackson, Chris Hurt
Description: As introduced, establishes requirements for the retrieval, manufacture, storage, and use of stem cells used for stem cell therapy. Broadly captioned.
AI Summary: Stem cell therapies using afterbirth placental perinatal stem cells or human cells, tissues, or cellular or tissue-based products are regulated to require physician use within their scope of practice for orthopedics, wound care, or pain management, with stem cells sourced from FDA-registered and accredited facilities. Physicians must provide informed consent including FDA approval status, risks, benefits, and alternatives, and include a clear advertisement notice about the unapproved status of the therapies. Violations, including use of fetal or embryonic cells post-abortion or unauthorized sale of related products, are subject to disciplinary action and felony penalties, with rulemaking authority granted to medical and osteopathic boards; effective July 1, 2026.
Fiscal Impact: (Dated February 08, 2026) NOT SIGNIFICANT
Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

62. **SB 2431 (HB 2110)** R. Crowe

- Exempts non-diagnostic MRI and PET services from health facility licensing requirements. State Website
Sponsors: Rusty Crowe, Clark Boyd
Description: As introduced, designates as not requiring a license from the health facilities commission as a regulated healthcare facility or service any magnetic resonance imaging or positron emission tomography that is not used for diagnostic purposes. Broadly captioned.
AI Summary: Licensing requirements for magnetic resonance imaging (MRI) and positron emission tomography (PET) are modified to exempt non-diagnostic uses from licensure under Tennessee Code Annotated Title 68, Chapter 11. Subdivisions specifying MRI and PET licensing are amended to exclude non-diagnostic applications as defined in the new provision. These changes take effect on July 1, 2026.
Fiscal Impact: (Dated February 24, 2026) NOT SIGNIFICANT
Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

68. **SB 1064 (HB 1160)** P. Bailey

- List of psychotropic medications and side effects of each medication. State Website
Sponsors: Paul Bailey, Susan Lynn
Cosponsors: Rusty Crowe, Joey Hensley, Tim Hicks
Description: 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.
AI Summary: A report listing each psychotropic medication defined in § 49-2-124 and their side effects is required to be submitted by the Tennessee Department of Health to legislative health committee chairs by January 1, 2026. The report aims to provide detailed information on psychotropic drugs used within the state. This requirement takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 8, 2025) NOT SIGNFICANT
Upcoming Schedules: Senate Health and Welfare Committee (March 17, 2026, 1:00 PM, Senate Hearing Room I)

2. **- Expands terms indicating medical practice.** State Website

HB 1770 (SB 1753)
B. Martin

Sponsors: Brock Martin, Ferrell Haile
Cosponsors: Shane Reeves
Amendment Summary: Senate amendment 1 (012603) adds "clinical informatics", "lifestyle medicine", and "medical virtualist" to the list of words and abbreviations that, when added to a name, indicate or induce others to believe that the person is engaged in the practice of medicine or osteopathic medicine. Expands what is referred to as the practice of medicine or osteopathic medicine to involve someone who determines, or causes to be determined, whether a treatment or procedure is appropriate for the symptoms and diagnosis of a condition. House Health Subcommittee amendment 1 (014388) adds "clinical informatics", "lifestyle medicine", and "medical virtualist" to the list of words and abbreviations that, when added to a name, indicate or induce others to believe that the person is engaged in the practice of medicine or osteopathic medicine. Expands what is referred to as the practice of medicine or osteopathic medicine to involve someone who, using clinical judgment, determines whether a treatment or procedure is clinically appropriate for the symptoms and diagnosis of a condition, and excludes a nonclinical ministerial or administrative task related to a determination of clinical appropriateness or to a decision made by a state employee acting in an official capacity during a contested case procedure.
Description: As introduced, adds clinical informatics, lifestyle medicine, and medical virtualist to the list of words or abbreviations that a person may attach to a name to indicate or induce another person to believe that the person is engaged in the practice of medicine or osteopathic medicine.
AI Summary: New medical specialties including clinical informatics, lifestyle medicine, and medical virtualist are added to Tennessee's definitions of medical practice under SB 1753/HB 1770. The scope of medical and osteopathic practice is expanded to explicitly include determining or causing to be determined the appropriateness of treatments or procedures for patients' symptoms and diagnoses, without creating a private right of action. These provisions take effect immediately and apply to actions occurring on or after the effective date.
Fiscal Impact: (Dated January 21, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Health Committee (March 17, 2026, 1:30 PM, House Hearing Room I)

3. **- Authorizes new categories of health care providers to administer the opiod buprenorphine.** State Website

HB 1984 (SB 1848)
T. Hill

Sponsors: Timothy Hill, Becky Massey
Cosponsors: Rusty Grills, Mark White
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.
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.
Fiscal Impact: (Dated January 22, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Health Committee (March 17, 2026, 1:30 PM, House Hearing Room I)

5. **- Buprenorphine products for inmates.** State Website

HB 1954 (SB 2549)
E. Helton-Haynes

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.
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.
Fiscal Impact: (Dated February 13, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Health Committee (March 17, 2026, 1:30 PM, House Hearing Room I)

6. **- Respiratory Care Interstate Compact Act.** State Website

Sponsors: Bryan Terry, Shane Reeves

HB 2145 (SB 2544)
B. 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 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.

Fiscal Impact: (Dated February 14, 2026) OTHER FISCAL IMPACT A precise fiscal impact cannot be determined, but expenditures to the Board of Respiratory Care are reasonably estimated to exceed $10,000 for participation once the Compact goes into effect. Pursuant to Tenn. Code Ann. § 4 -29-121, all health -related boards are required to be self -supporting over a two -year period. The Board of Respiratory Care had an annual deficit of $2,992 in FY23 -24, an annual deficit of $129,591 in FY24 -25, and a cumulativ e reserve balance of $936,442 on June 30, 2025.

Upcoming Schedules: House Health Committee (March 17, 2026, 1:30 PM, House Hearing Room I)

9. HB 2100 (SB 2281)
J. Faison

- Removes certificate of need requirement for nonresidential opioid treatment centers starting July 1, 2026. State Website

Sponsors: Jeremy Faison, Richard Briggs

Description: As introduced, removes nonresidential substitution-based treatment centers for opiate addiction from the requirement of obtaining a certificate of need beginning July 1, 2026.

AI Summary: Certain certificate of need provisions under Tennessee Code Annotated Title 68, Chapter 11 are repealed, including specific subdivisions related to mental health and substance abuse services. Multiple sections and subsections governing certificate of need requirements and processes are deleted to streamline regulatory oversight. These changes take effect on July 1, 2026.

Fiscal Impact: (Dated February 28, 2026) STATE GOVERNMENT REVENUE Health Facilities Commission FY26 -27 & Subsequent Years >($11,500) OTHER FISCAL IMPACT The Health Facilities Commission is required to prescribe fees for the C ertificate of Need program in an amount that allows the program to be self -sufficient. Therefore, it is assumed that any decrease in revenue will be offset by fees assessed to other facilities and providers.

Upcoming Schedules: House Health Committee (March 17, 2026, 1:30 PM, House Hearing Room I)

18. HB 2136 (SB 2556)
B. Terry

- 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: Bryan Terry, Shane Reeves

Amendment Summary: House Health Subcommittee amendment 1 (014073) establishes that, if a compound, mixture, or preparation containing a drug or substance that has been classified as a Schedule I substance by the Commissioner of the Department of Mental Health and Substance Abuse Services (DMHSAS) is approved by the federal Food and Drug Administration (FDA) and is designated or rescheduled by the federal Drug Enforcement Administration (DEA) in a schedule other than Schedule I, then that compound, mixture, or preparation is automatically deemed scheduled in the same schedule in the state that the compound, mixture, or preparation is scheduled under the federal schedules of controlled substances. Establishes that such designation or rescheduling is effective 30 days after the effective date of the federal designation or rescheduling, unless the Commissioner of DMHSAS objects within the 30-day period. Authorizes the Commissioner of DMHSAS, upon the agreement of the Commissioner of the Department of Health (DOH), to issue an objection to the automatic designation or rescheduling of the compound, mixture, or preparation, as outlined in the legislation. Requires the notice of objection to include a concise statement of the basis for the objection and to be posted on a publicly accessible website on the same day it is issued. Establishes that, upon the issuance of a notice of objection, the Commissioner of DMHSAS to conduct a public hearing no later than 60 days following the effective date of the applicable federal designation or rescheduling and to issue a final determination adopting, modifying, or rejecting conformity with the federal designation or rescheduling no later than 90 days after the effective date. Establishes that, if the Commissioner of DMHSAS does not issue a final determination within the 90-day period, then the compound, mixture, or preparation is deemed scheduled in the same schedule that the compound, mixture, or preparation is scheduled under the federal schedules of controlled substances, and such designation or rescheduling is effective as of the 91st day after the effective date of the federal designation or rescheduling. Establishes that a licensed healthcare prescriber who is authorized to prescribe controlled substances may prescribe a drug product that has been deemed scheduled or rescheduled pursuant to the legislation immediately upon the effective date of such scheduling or rescheduling, if it is within the healthcare prescriber's lawful scope of practice, and if the drug product is approved by the FDA and deemed scheduled by DMHSAS in a schedule other than Schedule I.

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 speakers of the senate and house by January 1, 2027. The act amends Tennessee Code Annotated Titles 39, 53, 63, and 68 to include this reporting requirement. The act takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 03, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Health Committee (March 17, 2026, 1:30 PM, House Hearing Room I)

19. **- "Helping Open Pathways to Effective (HOPE) Treatment Act."** State Website
HB 2075
(SB 2149)
B. Terry
Sponsors: Bryan Terry, Page Walley
Cosponsors: Iris Rudder, Bob Freeman, Esther Helton-Haynes, Elaine Davis, Chris Hurt, Sabi Kumar, Paul Sherrell, Torrey Harris, Jeremy Faison, Jason Powell
Description: As introduced, enacts the "Helping Open Pathways to Effective (HOPE) Treatment Act," which improves mental health and substance abuse services. Advocates conducting ibogaine drug development clinical trials. (11pp.) Broadly captioned.
AI Summary: Tennessee Senate Bill 2149/House Bill 2075 authorizes and funds participation in multistate clinical trials to research ibogaine as a treatment for opioid use disorder, co-occurring substance use disorders, and other neurological or mental health conditions. A council on emerging behavioral health treatments is established to oversee state participation, authorize institutions to join a multistate ibogaine research consortium, manage funding, and allocate revenue from intellectual property to a dedicated innovation fund supporting behavioral health research and training. Medical supervision requirements, confidentiality protections, and exemptions from controlled substances liability are imposed for authorized clinical trials conducted under FDA investigational new drug applications.
Fiscal Impact: (Dated February 21, 2026) OTHER FISCAL IMPACT To the extent that the federal Food and Drug Administration approves ibogaine for treatment of medical conditions there could be future increases in state expenditures and revenue associated with cohorts researching the use of ibogaine to treat opioid use disorder and other mental health condition s. Such increases are dependent on a number of unknown factors and cannot be reasonably estimated.
Upcoming Schedules: House Health Committee (March 17, 2026, 1:30 PM, House Hearing Room I)

24. **- Licensing board response to inquiry regarding prescriber identified as high-risk prescriber.** State Website
HB 398
(SB 343)
R. Williams
Sponsors: Ryan Williams, Paul Bailey
Cosponsors: Kelly Keisling
Amendment Summary: House Health Subcommittee amendment 1 (014083) requires each paramedic to complete a course of instruction on making an actual determination and pronouncement of death. Prohibits the Emergency Medical Services (EMS) Board from issuing a paramedic license to an applicant from another state if the applicant does not provide proof of the successful completion of a training course on the actual determination and pronouncement of death. Authorizes a licensed paramedic to make an actual determination and pronouncement of death if the paramedic has successfully completed training in the determination and pronouncement of death and the paramedic has attempted to resuscitate the person in accordance with standards established by the EMS Board. Does not permit a paramedic to make the actual determination and pronouncement of death of a patient who is in a hospital when the apparent death occurs. For the purpose of promulgating rules, the legislation takes effect upon becoming a law. For all other purposes, takes effect January 1, 2027.
Description: 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.
AI Summary: The deadline for a specified action under Tennessee Code Annotated Section 68-1-128(h)(2) is extended from thirty to forty-five days. This change affects health-related provisions within Tennessee law. The amendment takes effect immediately upon becoming law.
Fiscal Impact: (Dated January 29, 2025) NOT SIGNIFICANT
Upcoming Schedules: House Health Committee (March 17, 2026, 1:30 PM, House Hearing Room I)

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

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.
Fiscal Impact: (Dated February 14, 2026) STATE GOVERNMENT EXPENDITURES General Fund FY26 -27 $503,800 FY27 -28 & Subsequent Years $369,1 00 Total Positions Required: 3 SB 2461 - HB 2290 2
Upcoming Schedules: House Health Committee (March 17, 2026, 1:30 PM, House Hearing Room I)

34.
HB 2572
(SB 2279)
S. Kumar

- Requires public posting of pain management clinic inspection criteria on Department of Health website. State Website
Sponsors: Sabi Kumar, Richard Briggs
Amendment Summary: House Health Subcommittee amendment 1 (015170) requires the Department of Health (DOH) to determine the criteria for identifying a provider as a high-risk prescriber and to make the criteria for identifying a prescriber as a high-risk prescriber publicly available on the department's website. Requires DOH to expunge the identification of a prescriber as a high-risk prescriber and notify the prescriber in writing of the expungement upon receiving proof that the prescriber has completed the required course regarding the risks, complications, and consequences of opioid addiction, and when either: (1) none of the patient overdoses that formed the basis for the prescriber's identification as a high-risk prescriber involved a substance prescribed by the prescriber; or (2) DOH does not identify the prescriber as a high-risk prescriber for the next two consecutive years. Authorizes a pain management specialist to provide coverage for and serve as medical director of a pain management clinic in place of a medical director who is temporarily unable to fulfill their duties because of illness, vacation, or other unavailability. Establishes that such coverage may be provided on a temporary, short-term basis, without a physical presence at the clinic if the specialist is immediately available by telephone, and that the temporary service does not count toward the limit of four pain management clinics at which a pain management specialist may serve as medical director. Prohibits DOH from requiring a medical director to notify the department of the identity of another pain management specialist serving as medical director on a temporary basis during the medical director's absence. Changes the minimum time that a medical director must be onsite at a pain management clinic, from 20 percent of a clinics weekly operating hours to 20 percent of the clinics quarterly operating hours. Requires DOH to make all inspection criteria required for compliance by licensed pain management clinics publicly available on the department's website. Authorizes the Commissioner of DOH to issue an advisory private letter ruling to any affected licensee that requests a ruling on a matter relating to pain management clinics. Establishes that a private letter ruling only affects only the licensee that requested the ruling and has no precedential value for any other inquiry or a future contested case.
Description: As introduced, requires the department of health to make available to the public on its website all inspection criteria required for compliance by pain management clinics. Makes other changes relative to pain management. Broadly captioned.
AI Summary: High-risk prescribers are identified annually based on clinical outcomes, including patient overdoses, and are subject to chart reviews, with pain management specialists exempted from this designation. Temporary medical director coverage by pain management specialists is authorized without in-person presence and does not count toward clinic limits, while inspection criteria for pain management clinics must be publicly available online. Advisory private letter rulings may be issued to licensees on regulatory matters, and certain reporting and notification requirements are modified, including extending reporting intervals from weekly to quarterly.
Fiscal Impact: (Dated February 26, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Health Committee (March 17, 2026, 1:30 PM, House Hearing Room I)

35.
HB 2569
(SB 1584)
S. Kumar

- Hospitals must offer flu and pneumococcal immunizations to patients aged 50 or older before discharge. State Website
Sponsors: Sabi Kumar, Ferrell Haile
Cosponsors: Paul Sherrell
Description: As introduced, lowers the age of an inpatient from 65 to 50 or older when a hospital, each year from October 1 through March 1, must offer immunization against influenza disease prior to discharge. Requires a hospital to offer immunization against pneumococcal disease to an inpatient aged 50 or older prior to discharge. Broadly captioned.
AI Summary: Immunization requirements are imposed on hospitals in Tennessee under SB 1584/HB 2569, mandating that inpatients aged 50 or older be offered influenza and pneumococcal vaccines prior to discharge, following CDC advisory committee recommendations and subject to vaccine availability. The influenza vaccine must be offered annually between October 1 and March 1. These provisions take effect on July 1, 2026.

Fiscal Impact: (Dated January 12, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Health Committee (March 17, 2026, 1:30 PM, House Hearing Room I)

Wed 3/18/2026 9:00 AM CDT - House Hearing Room I, House Commerce Committee

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

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.
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.
Fiscal Impact: (Dated February 12, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Commerce Committee (March 18, 2026, 9:00 AM, House Hearing Room I)

Wed 3/18/2026 9:00 AM CDT - House Hearing Room II, House Criminal Justice Subcommittee

38. **- Increases annual purchase limits for ephedrine and pseudoephedrine products and updates tracking and fee requirements.** State Website
HB 2101
(SB 2323)
J. Faison

Sponsors: Jeremy Faison, Ferrell Haile
Description: As introduced, increases the amount of products containing ephedrine or pseudoephedrine a person may purchase in a year from 43.2 grams to 61.2 grams. Changes references to the "National Precursor Log Exchange" (NPLEx) to the "electronic sales tracking system." Requires manufacturers of ephedrine products sold in Tennessee to, on a monthly basis, pay fees to the administrator of the electronic sales tracking system.
AI Summary: Requirements are imposed on pharmacies in Tennessee to use an electronic sales tracking system for monitoring over-the-counter sales of ephedrine and pseudoephedrine products, including mandatory real-time data submission and stop-sale alerts for individuals on the methamphetamine registry. The allowable purchase limit of these products is increased from 43.2 grams to 61.2 grams, and manufacturers are required to pay monthly fees to support the tracking system starting in 2027. Provisions also establish immunity for pharmacies acting in good faith, define the roles of the system administrator and law enforcement, and mandate system interoperability with the Tennessee Methamphetamine Information System if the current system becomes unavailable.
Fiscal Impact: (Dated March 05, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Criminal Justice Subcommittee (March 18, 2026, 9:00 AM, House Hearing Room II)

Wed 3/18/2026 10:30 AM CDT - House Hearing Room III, House Finance, Ways, and Means Subcommittee

12. **- Tennessee Medicaid Modernization and Access Act of 2025.** State Website
HB 372
(SB 334)
B. Hulsey

Sponsors: Bud Hulsey, Rusty Crowe
Cosponsors: David Hawk, Larry Miller, Aftyn Behn
Description: 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.
AI Summary: TennCare reimbursements for key services including OB/GYN, primary care, outpatient mental health, and substance use disorder are updated to match the higher of the Medicare fee schedule or average commercial rates starting in 2025, with annual reviews and potential phased implementation. Incentive payments are established for providers based on quality of care and improved access, particularly in rural and underserved areas, and the Department of Health and Bureau of TennCare are tasked with seeking funds and reporting annually on fiscal impacts, provider participation, and outcomes. Rules are authorized to implement these provisions, and funding for administrative costs must be appropriated separately.
Fiscal Impact: (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
Upcoming Schedules: House Finance, Ways, and Means Subcommittee (March 18, 2026, 10:30 AM, House Hearing Room III)

Wed 3/18/2026 10:30 AM CDT - House Hearing Room I, House Insurance Subcommittee

1. **- Fee schedules for health insurance carriers.** State Website
HB 2503
(SB 2557)
C. Sexton
Sponsors: Cameron Sexton, Shane Reeves
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 deadline for health insurance claim payment determinations 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.
Fiscal Impact: (Dated February 03, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Insurance Subcommittee (March 18, 2026, 10:30 AM, House Hearing Room I)

3. **- Removes outdated reimbursement rules for anatomic pathology services billed by gastroenterologists.** State Website
HB 2576
(SB 2457)
S. Kumar
Sponsors: Sabi Kumar, Paul Bailey
Description: As introduced, removes an obsolete reference to reimbursement requirements related to anatomic pathology services applying to anatomic pathology services billed by gastroenterologists only applying on and after July 1, 2014. Broadly captioned.
AI Summary: Subsection (j) of Tennessee Code Annotated Section 56-7-1015, related to healthcare billing, is repealed. The amendment removes specific provisions within this subsection, impacting regulations under Titles 8, 47, 56, 63, 68, and 71 concerning healthcare billing practices. The change takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 03, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Insurance Subcommittee (March 18, 2026, 10:30 AM, House Hearing Room I)

5. **- Extends insurer response time to the department from 30 days to 30 business days for complaint information requests.** State Website
HB 1477
(SB 1694)
Y. Hakeem
Sponsors: Yusuf Hakeem, Raumesh Akbari
Description: As introduced, extends from 30 days to 30 business days the period of time within which an insurer must respond to the department of commerce and insurance's request for information in regard to a complaint filed against the insurer. Broadly captioned.
AI Summary: The timeframe for certain insurance-related actions is modified by changing the period from thirty calendar days to thirty business days in Tennessee Code Annotated Section 56-1-106(a)(2)(A). This amendment applies to the state of Tennessee and takes effect immediately upon becoming law.
Fiscal Impact: (Dated January 07, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Insurance Subcommittee (March 18, 2026, 10:30 AM, House Hearing Room I)

4. **HB 2259 (SB 2413)** E. Helton-Haynes

- Protects good faith disclosures by healthcare providers from waiving quality improvement committee confidentiality. State Website

Sponsors: Esther Helton-Haynes, Bo Watson

Description: As introduced, specifies that a good faith disclosure of information related to an activity of a quality improvement committee (QIC) made by a healthcare provider or healthcare organization to a patient or a family member of a patient is not a waiver of the privilege and confidentiality protections provider under current law and makes other related changes.

AI Summary: Confidentiality and privilege protections are expanded for quality improvement committees (QICs) in Tennessee, including definitions of adverse healthcare incidents and open discussions. Healthcare providers and organizations are authorized to engage in voluntary, good faith communications with patients or families after adverse incidents without waiving privilege or incurring liability. Procedures for open discussions are established, including participant rights, confidentiality waivers, and limitations on discovery and use of communications in legal proceedings under HB 2259.

Fiscal Impact: (Dated March 05, 2026) NOT SIGNIFICANT

Upcoming Schedules: House Health Subcommittee (March 18, 2026, 12:00 PM, House Hearing Room III)

6. **HB 1887 (SB 1936)** R. Stevens

- Creates a licensure process for prescribed pediatric extended care programs. State Website

Sponsors: Robert Stevens, Shane Reeves

Description: As introduced, creates a licensure process for prescribed pediatric extended care programs. Requires TennCare to submit a waiver to the federal centers for Medicare and Medicaid services seeking approval to provide coverage and benefits for those who receive services from a prescribed pediatric extended care program.

AI Summary: Licensure requirements and operational standards are established for prescribed pediatric extended care centers serving medically or technologically dependent minors in Tennessee under SB 1936/HB 1887. The legislation mandates background checks, inspection protocols, and administrative penalties for noncompliance, while limiting care to nonresidential services of up to twelve hours per day and capping patient capacity at sixty. TennCare coverage for services at these centers is authorized, contingent on federal approval, with rulemaking authority granted to the relevant department.

Fiscal Impact: (Dated February 26, 2026) STATE GOVERNMENT REVENUE General Fund FY27 -28 & Subsequent Years $4,500 EXPENDITURES General Fund FY26 -27 $34,200 FY27 -28 $7,013,500 FY28 -29 $13,9 58,600 FY29 -30 & Subsequent Years $20,9 03,700 Total Positions Required: 1 FEDERAL GOVERNMENT EXPENDITURES FY27 -28 $12,494,90 0 FY28 -29 $24,989,80 0 FY29 -30 & Subsequent Years $37,484,7 00

Upcoming Schedules: House Health Subcommittee (March 18, 2026, 12:00 PM, House Hearing Room III)

7. **HB 2415 (SB 2406)** R. Stevens

- Allows healthcare quality improvement committees to assess security measures for patient and staff safety. State Website

Sponsors: Robert Stevens, Dawn White

Description: As introduced, permits a healthcare organization's quality improvement committee to evaluate the security measures in place at a healthcare organization to ensure the safety of patients and staff. Broadly captioned.

AI Summary: An evaluation of security measures to ensure the safety of patients and staff is required to be included in healthcare facility assessments under Tennessee Code Annotated Section 68-11-272(b)(4). This amendment is enacted through HB 2415 in Tennessee and takes effect immediately upon becoming law.

Fiscal Impact: (Dated February 08, 2026) NOT SIGNIFICANT

Upcoming Schedules: House Health Subcommittee (March 18, 2026, 12:00 PM, House Hearing Room III)

9. **HB 1160 (SB 1064)** S. Lynn

- List of psychotropic medications and side effects of each medication. State Website

Sponsors: Susan Lynn, Paul Bailey

Cosponsors: Tim Hicks, Rusty Crowe, Joey Hensley

Description: 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.

AI Summary: A report listing each psychotropic medication defined in § 49-2-124 and their side effects is required to be submitted by the Tennessee Department of Health to legislative health committee chairs by January 1, 2026. The report aims to provide detailed information on psychotropic drugs used within the state. This requirement is established by Senate Bill 1064 and House Bill 1160 in Tennessee.

Fiscal Impact: (Dated February 8, 2025) NOT SIGNFICANT
Upcoming Schedules: House Health Subcommittee (March 18, 2026, 12:00 PM, House Hearing Room III)

10. **HB 658 (SB 502)** T. Hicks

- Expands the scope of practice for athletic trainers. State Website
Sponsors: Tim Hicks, Ferrell Haile
Cosponsors: Mark White, Esther Helton-Haynes, Clark Boyd, Andrew Farmer, Michael Hale, 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 updated in Tennessee under SB 502/HB 658, including expanded definitions of athletic injury and healthcare procedures authorized for athletic trainers. Certification by the Board of Certification (BOC) and approval by the state board are required for licensure, with provisions for out-of-state applicants from states without current licensure or certification acts. Supervision standards for athletic training students are clarified, and the scope of practice is defined to include manual techniques and various therapeutic modalities.
Fiscal Impact: (Dated March 4, 2025) NOT SIGNIFICANT
Upcoming Schedules: House Health Subcommittee (March 18, 2026, 12:00 PM, House Hearing Room III)

11. **HB 853 (SB 259)** M. Reneau

- Review of a child's health and medical records by parent or legal guardian. State Website
Sponsors: Michele Reneau, Mark Pody
Amendment Summary: Senate Education Committee amendment 1 (014530) clarifies that parents have the right to access and review all health records and medical records of their unemancipated child, including mental health records, rehabilitation records, and prescription records. Establishes that, to the extent allowable by federal privacy laws and regulations, the parent, legal guardian, or legal custodian of an unemancipated minor age 16 or older with serious emotional disturbance or mental illness may access all medical records resulting from outpatient or inpatient mental health treatment for the child. Authorizes an unemancipated minor's parent, legal guardian, legal custodian, or other person with medical decision-making authority for the unemancipated minor to access, and be provided by a healthcare provider or healthcare facility, all medical records resulting from treatment of the minor, even if the treatment was provided to the unemancipated minor without parental consent. Prohibits a child's parent, legal guardian, or legal custodian from accessing an unemancipated minor's medical records if the treating professional is required to report abuse of the unemancipated minor and the treating professional believes that access to the patient's records is reasonably likely to endanger the life or physical safety of the minor. Authorizes an employee of a local education agency (LEA) or public institution of higher education to provide a minor with bandages, gauze, or ice packs for the treatment of cuts, scrapes, bumps, and bruises without first obtaining the consent of a parent of the minor. Authorizes an employee of a public institution of higher education to act to control a minor's bleeding using a bleeding control kit without first obtaining consent from a parent of a minor.
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 medical, mental health, rehabilitation, and prescription records of unemancipated minors is expanded, with exceptions when access is deemed likely to endanger the minor’s life or safety, particularly in cases involving abuse reporting. Informed consent from a parent or guardian is required before providing vaccinations or medical treatment to minors, except in emergencies. Definitions of medical treatment and procedures are clarified, and provisions for minor injury care by educational staff are specified.
Fiscal Impact: (Dated January 24, 2025) NOT SIGNIFICANT
Upcoming Schedules: House Health Subcommittee (March 18, 2026, 12:00 PM, House Hearing Room III)

12. **HB 2166 (SB 1947)** J. Barrett

- Blood bank to comply with physician's order for autologous blood donation. State Website
Sponsors: Jody Barrett, Janice Bowling
Cosponsors: Michele Reneau, Monty Fritts, Mark Pody
Description: As introduced, requires a blood bank to comply with a physician's order for an autologous blood donation or directed blood donation for a specific patient. Requires a hospital to allow a patient who is scheduled for a medical procedure to provide an autologous blood donation or directed blood donation upon order of a physician.

AI Summary: Requirements are imposed on blood banks and hospitals in Tennessee to comply with physician orders for autologous and directed blood donations, ensuring all donations meet federal and state safety, testing, and compatibility standards. Reasonable administrative fees may be charged for facilitating these donations, and hospitals may refuse donations only when medically contraindicated or unsafe. These provisions take effect July 1, 2026, under SB 1947/HB 2166.
Fiscal Impact: (Dated January 22, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Health Subcommittee (March 18, 2026, 12:00 PM, House Hearing Room III)

19. **- Regulates the retrieval, manufacture, storage, and use of stem cells for therapy.**
HB 2246 State Website
(SB 2586)
C. Hurt

Sponsors: Chris Hurt, Ed Jackson
Description: As introduced, establishes requirements for the retrieval, manufacture, storage, and use of stem cells used for stem cell therapy. Broadly captioned.
AI Summary: HB 2246 (Tennessee) imposes regulations on physicians performing stem cell therapies not approved by the FDA, limiting use to orthopedics, wound care, or pain management within their scope of practice. Requirements include sourcing stem cells from FDA-registered and accredited facilities, providing patient consent with detailed risk disclosures, and including specific advertising notices. Violations may result in disciplinary action or felony charges for unauthorized use of fetal or embryonic cells or illegal distribution of related products.
Fiscal Impact: (Dated February 08, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Health Subcommittee (March 18, 2026, 12:00 PM, House Hearing Room III)

22. **- TACIR study on state and local readiness to support a medical marijuana program.**
HB 1972 State Website
(SB 1603)
A. Farmer

Sponsors: Andrew Farmer, Ferrell Haile
Description: As introduced, requires TACIR to conduct a study on the creation of a medical cannabis program in this state. Specifies that the study must include the process for implementing a medical cannabis program and the operational readiness of state and local governmental entities to support a medical marijuana program. Requires TACIR to report its findings to members of the general assembly by November 1, 2026. Broadly captioned.
AI Summary: A study is mandated for the creation of a medical cannabis program in Tennessee, focusing on implementation processes and the operational readiness of state and local government entities. The Tennessee Advisory Commission on Intergovernmental Relations (TACIR) is tasked with conducting the study and reporting findings to the General Assembly by November 1, 2026. State departments and agencies are required to assist TACIR upon request to support the study.
Fiscal Impact: (Dated January 21, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Health Subcommittee (March 18, 2026, 12:00 PM, House Hearing Room III)

24. **- Exempts non-diagnostic MRI and PET services from health facility licensing requirements.** State Website
HB 2110
(SB 2431)
C. Boyd

Sponsors: Clark Boyd, Rusty Crowe
Description: As introduced, designates as not requiring a license from the health facilities commission as a regulated healthcare facility or service any magnetic resonance imaging or positron emission tomography that is not used for diagnostic purposes. Broadly captioned.
AI Summary: Licensing requirements are modified to exempt magnetic resonance imaging and positron emission tomography equipment not used for diagnostic purposes from health facility regulation under Tennessee Code Annotated Title 68. Subdivisions related to these imaging technologies are amended to reflect this exemption. The changes take effect on July 1, 2026.
Fiscal Impact: (Dated February 24, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Health Subcommittee (March 18, 2026, 12:00 PM, House Hearing Room III)

27. **- Restrictions on managed care organizations regarding termination of qualified nursing facility contracts under TennCare.** State Website
HB 2093
(SB 1797)
R. Williams

Sponsors: Ryan Williams, Shane Reeves
Cosponsors: Randy McNally
Description: As introduced, prohibits a managed care organization from suspending, denying, refusing to review, terminating, or otherwise taking action resulting in the actual or constructive termination of a qualified nursing facility contract except under certain listed circumstances. Specifies that the bureau of TennCare has the exclusive authority to determine whether a qualified nursing facility may be terminated from participating in the TennCare program and makes other related changes.
AI Summary: Contracting and termination authority over qualified nursing facilities in Tennessee's TennCare managed long-term care system are centralized under the TennCare bureau, prohibiting managed care organizations (MCOs) from independently terminating or imposing additional participation requirements beyond those set by the bureau. MCOs must contract with any qualified

nursing facility willing to provide Medicaid services under equal terms, continue contracts during bureau investigations, and may only terminate contracts for cause as defined by bureau actions. Contract provisions allowing termination without cause by MCOs are void, and all MCO contract templates require bureau approval to ensure compliance.
Fiscal Impact: (Dated February 27, 2026) STATE GOVERNMENT EXPENDITURES General Fund FY26 -27 & Subsequent Years $205,100 Total Positions Required: 6 FEDERAL GOVERNMENT EXPENDITURES FY26 -27 & Subsequent Years $357,50 0
Upcoming Schedules: House Health Subcommittee (March 18, 2026, 12:00 PM, House Hearing Room III)

32.
HB 2557
(SB 2242)
W. Lamberth

- Changes the annual reporting date for TennCare's pharmacist-provided medication therapy management pilot program. State Website
Sponsors: William Lamberth, Jack Johnson
Cosponsors: Mark Cochran
Description: As introduced, changes from April 15 to October 15, the date in which the bureau of TennCare is directed to annually report to the senate health and welfare committee and the health committee of the house of representatives regarding program costs and patient outcomes related to incorporating the pharmacist-provided medication therapy management pilot program each year the pilot program is supported. Broadly captioned.
AI Summary: The deadline for a specific requirement under Tennessee Code Annotated Section 63-10-222 is extended from April 15 to October 15. This change affects regulations related to pharmacies as outlined in Titles 33, 53, 63, 68, and 71 of Tennessee law. The amendment takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 02, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Health Subcommittee (March 18, 2026, 12:00 PM, House Hearing Room III)

36.
HB 2315
(SB 2570)
B. Martin

- Allows certain psychologists to prescribe medication under specific conditions. State Website
Sponsors: Brock Martin, Ferrell Haile
Cosponsors: Paul Sherrell, Jake McCalmon, Mark White, Ryan Williams, Page Walley, Shane Reeves
Description: As introduced, creates prescribing authority for certain psychologists if certain conditions and prerequisites are met. Broadly captioned.
AI Summary: Prescriptive authority is granted to licensed doctoral-level psychologists who complete specified education, training, and certification requirements, allowing them to prescribe psychotropic medications under defined conditions. Restrictions are imposed prohibiting prescribing narcotics, opiates, or treatment without concurrent care by a physician, and requirements for record-keeping, renewal, and oversight are established. Relevant Tennessee statutes are amended to recognize prescribing psychologists in controlled substance regulations, pharmacy notifications, and healthcare practice scopes effective July 1, 2026.
Fiscal Impact: (Dated March 06, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Health Subcommittee (March 18, 2026, 12:00 PM, House Hearing Room III)

Wed 3/18/2026 12:00 PM CDT - House Hearing Room I, House Judiciary Committee

38.
HB 1872
(SB 2031)
J. Zachary

- Civil cause of action against healthcare professionals for injuries caused by medical procedures performed under coercion. State Website
Sponsors: Jason Zachary, Adam Lowe
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, Kerry Roberts
Amendment Summary: Senate Judiciary Committee amendment 1 (014443) establishes that a person may bring a civil action against a healthcare professional for an injury that is a result of a medical procedure, if: (1) The medical procedure was for the purpose of enabling the person to identify with, or live as, a purported identity inconsistent with the person's sex or treating purported discomfort or distress from a discordance between the person's sex and asserted identity; and (2) The person consented, or if the person was a minor at the time of the medical procedure, the person's parent, guardian, or legal representative consented, in whole or in part, due to an act of coercion by the healthcare professional. Establishes that the statute of limitations for such a civil action to be brought is 18 years after the later of: the date the pertinent medical procedure occurred; or the date the person first obtained knowledge of the injury that resulted from the medical procedure. Does not apply to therapies to treat a minor's congenital defect, precocious puberty, disease, or physical injury.
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 civil cause of action is created allowing individuals to sue healthcare professionals for injuries resulting from medical procedures intended to enable a person to live as a gender inconsistent with their sex or to treat gender dysphoria, if consent was obtained through coercion. "Medical procedure" is defined to include surgeries and administration of puberty blockers or hormones, excluding treatments for congenital defects, precocious puberty, disease, or physical injury in minors. The statute of limitations permits claims to be filed within 18 years of the procedure or discovery of injury. Coercion is defined by reference to existing criminal law, and the law applies to causes of action arising on or after its effective date. (SB 2031/HB 1872, Tennessee)
Fiscal Impact: (Dated January 23, 2026) NOT SIGNIFICANT
Upcoming Schedules: House Judiciary Committee (March 18, 2026, 12:00 PM, House Hearing Room I)

Wed 3/18/2026 1:30 PM CDT - House Hearing Room I, House State & Local Government Committee

14. **- Requires reporting on undocumented individuals and the state's annual costs for public services provided to them.** State Website

HB 1711 (SB 2108)
E. Davis

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.
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.
Fiscal Impact: (Dated February 12, 2026) STATE GOVERNMENT EXPENDITURES General Fund FY26 -27 $131,100 FY27 -28 & Subsequent Years $127,900 Total Positions Required: 1
Upcoming Schedules: House State & Local Government Committee (March 18, 2026, 1:30 PM, House Hearing Room I)

15. **- Requires local governments to verify citizenship or lawful presence for public benefits and authorizes investigations of violations.** State Website

HB 1710 (SB 1915)
D. Powers

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, Paul Rose
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.
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.
Fiscal Impact: (Dated February 14, 2026) STATE GOVERNMENT EXPENDITURES General Fund FY26 -27 $131,100 FY27 -28 & Subsequent Years $127,900 Total Positions Required: 1
Upcoming Schedules: House State & Local Government Committee (March 18, 2026, 1:30 PM, House Hearing Room I)

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

4. **- Military Families Licensing Recognition Act.** State Website
HB 1677 (SB 1692)
R. Eldridge
Sponsors: Rick Eldridge, Becky Massey
Cosponsors: Antonio Parkinson, Yusuf Hakeem, Lowell Russell, Brock Martin, Michele Reneau, Fred Atchley, Rush Bricken, Clark Boyd, Michael Lankford, Jessie Seal, Kerry Roberts, Richard Briggs, Adam Lowe, Shane Reeves
Description: As introduced, enacts the "Military Families Licensing Recognition Act ." Authorizes issuance of occupational licenses to persons from another state or in the military who currently hold such occupational license. Specifies requirements for issuance of license.
AI Summary: Military Families Licensing Recognition Act requires Tennessee licensing authorities to recognize occupational or professional licenses held by active or retired military members and their spouses from other states or the military, provided certain criteria are met, including good standing and similar scope of practice. Licenses must be issued within ten business days, and applicants must affirm compliance with state laws and licensing requirements. A proposed amendment would refine definitions, require proof of military orders, allow background checks, clarify applicability, and mandate licensing authorities to use the shortest licensure pathway available, but this amendment has not yet been adopted. The act takes effect July 1, 2026.
Fiscal Impact: (Dated February 21, 2026) STATE GOVERNMENT EXPENDITURES General Fund FY26-27 $32,100 OTHER FISCAL IMPACT The proposed legislation is estimated to increase licensure fee revenue for occupation al licensing board s; however , due to multiple unknown factors , such as the number of applicants and the specific board under which the applicant will seek licensure , the increase in revenue to any particular board cannot be determined with reasonable certainty.
Upcoming Schedules: House Business and Utilities Subcommittee (March 18, 2026, 3:00 PM, House Hearing Room I)