TPA Calendar Report Week of 3/2/26

Feb 26, 2026

STATE AFFAIRS

Mon 3/2/2026 11:00 AM CST - House Hearing Room I, House Government Operations Committee

3. HB 406 (SB 422) - Promulgation of rules regarding oversight of facilities that manufacture, warehouse, and distribute medical devices. State Website
Sponsors: Brock Martin, Shane Reeves
Cosponsors: Tom Leatherwood, Esther Helton-Haynes, Greg Martin, Debra Moody, Sabi Kumar, Kevin Raper, Renea Jones, Mike Sparks
Amendment Summary: House Insurance Subcommittee amendment 1 (004430) requires a health insurer, beginning July 1, 2025, to provide coverage for prosthetic and custom orthotic devices in a manner that: (1) equals or exceeds the levels of coverage for such devices under the federal Medicare program; and (2) is no more restrictive than coverage of other medical devices provided under the health benefit plan. Requires coverage for prosthetic or custom orthotic devices to include: (1) a prosthetic or custom orthotic device determined by the covered person's healthcare provider to be the most appropriate model that adequately meets the medical needs of the covered person for purposes of completing activities of daily living or essential job-related activities; (2) a prosthetic or custom orthotic device determined by the covered person's healthcare provider to be the most appropriate model that meets the medical needs of the covered person for purposes of performing physical activities, including, but not limited to, running, cycling, swimming, and strength training, or to maximize the covered person's whole-body health and lower or upper limb function; (3) all materials and components necessary to use the prosthetic or custom orthotic device; (4) instruction to the enrollee on using the prosthetic or custom orthotic device; and (5) repair or replacement of the prosthetic or custom orthotic device. Requires a health insurer that issues a health benefit plan to consider coverage benefits for prosthetic and custom orthotic devices as habilitative or rehabilitative benefits for purposes of any state or federal requirement for coverage of essential health benefits. Prohibits a health insurer from imposing cost-sharing requirements on prosthetic or custom orthotic devices unless the cost-sharing requirements do not exceed the cost-sharing requirements applicable to the health benefit plan's coverage for inpatient physician and surgical services. Requires a health insurer to ensure access to medically necessary clinical care and to prosthetic and custom orthotic devices and technology from not less than two distinct prosthetic and custom orthotic device providers in the health benefit plan's provider network, or, if medically necessary covered prosthetic and custom orthotic devices are not available from an in-network provider, then provide a process by which the covered person is referred to an out-of-network provider and fully reimburse the out-of-network provider at a mutually agreed upon rate less any cost-sharing requirement as determined on an in-network basis. Requires a health insurer to provide reimbursement for the replacement of a covered prosthetic or custom orthotic device or for any part of such devices, without regard to continuous use or useful lifetime restrictions, if an ordering healthcare provider determines that the provision of a replacement device, or a replacement part of such device, is necessary. Establishes that a violation of the legislation is subject to sanctions by the Commissioner of the Department of Commerce and Insurance (DCI). Requires, by January 15, 2026 and each January 15 thereafter, health insurers that provide coverage of prosthetic or custom orthotic devices to report to DCI data regarding coverage of prosthetic and custom orthotic devices under the legislation for the previous calendar year. Requires DCI to submit a report of aggregated and de-identified data to the Chairs of certain legislative committees and the Legislative Librarian by January 31, 2026, and by each January 31 thereafter.
Description: Lowers from every three years to every two years, the time within which the advisory committee composed of medical device industry representatives and a representative of the department of economic and community development must review rules regarding the board of pharmacy's oversight of facilities that manufacture, warehouse, and distribute medical devices in order to review the advancements of new medical device technologies. Broadly captioned.
AI Summary: The renewal period for medical device licenses is reduced from three years to two years under Tennessee Code Annotated Section 63-10-314(b). This change applies to medical device regulation within the state of Tennessee. The amendment takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 1, 2025) NOT SIGNIFICANT

Tue 3/3/2026 9:00 AM CST - House Hearing Room II, House Tenncare Subcommittee

3. HB 2046 (SB 2080) - 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
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.

5. HB 2457 (SB 2499) - Requires TennCare contractors to reimburse claims for long-acting injectable HIV treatment and prevention drugs administered. State Website
Sponsors: Torrey Harris, Sara Kyle
Cosponsors: Justin Pearson
Description: As introduced, requires a managed care organization or pharmacy benefits manager that is contracted with the bureau to reimburse a claim for a long-acting injectable drug intended for treatment and prevention of human immunodeficiency virus and administered in a pharmacy, physician's office, clinic, ambulatory surgical treatment center, or hospital. Broadly

captioned.
AI Summary: Coverage is required for long-acting injectable drugs used to treat or prevent HIV when administered in pharmacies, physician offices, clinics, ambulatory surgical treatment centers, or hospitals under TennCare. Managed care organizations and pharmacy benefits managers must reimburse claims for these drugs as both medical and pharmacy benefits, but providers can only be reimbursed once per treatment under either benefit. These provisions apply to TennCare-contracted entities and take effect July 1, 2026.

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

Department of Commerce and Insurance Presentation

3. HB 2389 (SB 2255) - Requires TennCare to publish biannual reports on psychotropic medication use and costs statewide. State Website
Sponsors: Brock Martin, Brent Taylor
Description: As introduced, requires the bureau of TennCare to biannually publish two comprehensive statewide data reports on the use of psychotropic medications and the psychotropic medications' associated costs with certain list categories and data points that must be included in each report. Broadly captioned.
AI Summary: Requirements are imposed on the TennCare bureau to publish biannual comprehensive statewide reports on psychotropic medication use and costs, including data on children in state custody and young adults receiving foster care services. Reports must categorize data by age groups, medication counts, and county of residence, ensuring de-identification to comply with privacy laws, and include comparative data for the preceding two years. The bureau is authorized to promulgate rules in consultation with the departments of health and children's services to implement these provisions under HB 2389 (Tennessee).

Tue 3/3/2026 12:00 PM CST - House Hearing Room II, House Population Health Subcommittee

1. HB 2075 (SB 2149) - "Helping Open Pathways to Effective (HOPE) Treatment Act." State Website
Sponsors: Bryan Terry, Page Walley
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: Senate Bill 2149/House Bill 2075 (Tennessee) establishes the "Helping Open Pathways to Effective (HOPE) Treatment Act" to authorize and fund cohorts composed of drug developers, research institutions, and hospitals to conduct FDA-approved clinical trials of ibogaine for opioid use disorder, co-occurring substance use disorders, and other neurological or mental health conditions. It mandates the selection of a project lead, submission of detailed trial proposals, matching state funding with non-state sources, and allocation of resulting intellectual property revenue to the state and cohort members, with a portion dedicated to a mental health innovation fund supporting ibogaine therapy training. The act requires medical supervision of ibogaine administration in licensed facilities, allows federal law compliance, and conditions implementation on FDA approval of ibogaine as a treatment.

2. HB 2290 (SB 2461) - Certification requirements for assisted reproductive technology practitioners and fertility clinics. State Website
Sponsors: Ryan Williams, Paul Bailey
Description: As introduced, creates a certification requirement to practice in assisted reproductive technology. requires the department of health to create a certification process for fertility clinics and makes other related changes. Broadly captioned.
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.

6. HB 2569 (SB 1584) - Hospitals must offer flu and pneumococcal immunizations to patients aged 50 or older before discharge. State Website
Sponsors: Sabi Kumar, Ferrell Haile
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.

Tue 3/3/2026 1:00 PM CST - Senate Hearing Room I, Senate Commerce and Labor Committee

1. SB 711 (HB 1076) - Time an insurer has to file with the commissioner of commerce and insurance. State Website
Sponsors: Richard Briggs, Scott Cepicky
Cosponsors: Randy McNally, Bo Watson
Description: Decreases the amount of time an insurer of personal risk insurance must file with the commissioner of commerce and insurance before the proposed effective date of all rates, supplementary rate information, policy forms, supporting information, and endorsements from 30 days to 21 days. Broadly captioned.
AI Summary: The notification period for certain insurance-related actions is reduced from thirty days to twenty-one days by amending Tennessee Code Annotated, Section 56-5-105(a). This change applies to insurance regulations within the state of Tennessee under HB 1076/SB 711. The amendment takes effect immediately upon becoming law to address public welfare needs.
Fiscal Impact: (Dated February 7, 2025) NOT SIGNIFICANT

8. SB 739 (HB 668) - Extension of cancellation and return policy period. State Website
Sponsors: Bobby Harshbarger, Renea Jones
Cosponsors: Adam Lowe, Janice Bowling
Description: Extends the cancellation period for individuals who purchase, subscribe to, or receive products, services, or memberships in any organization from 30 days to 45 days, provided that services have not been rendered, products are unused and in their original condition, or memberships have not been utilized. Broadly captioned.
AI Summary: The response time for consumer protection claims under Tennessee Code Annotated Section 47-18-123(a) is extended from thirty to forty-five days. HB 668 and SB 739 amend the timeframe within which consumer complaints must be addressed. The change takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 3, 2025) NOT SIGNIFICANT

9. SB 1722 (HB 1993) - Health insurers must reimburse in-network medical labs at or above the CMS fee schedule. State Website
Sponsors: Bobby Harshbarger, Timothy Hill
Description: As introduced, prohibits a health insurance issuer or managed health insurance issuer from reimbursing for testing services a medical laboratory that is eligible to participate as an in-network participating provider at a rate less than the CMS clinical laboratory fee schedule for medical labs in this state. Permits a managed health insurance issuer to require such lab to meet the performance metrics required of in-network labs.
AI Summary: Participation rights and reimbursement rates for licensed medical laboratories are regulated under HB 1993/SB 1722 (Tennessee), prohibiting health insurance issuers from denying laboratory participation on equal terms and requiring patient choice of laboratories within the network. Reimbursement to non-network laboratories must meet or exceed the federal Medicare Clinical Laboratory Fee Schedule, contingent on meeting in-network performance metrics. These provisions take effect July 1, 2026.

10. SB 2574 (HB 2333) - Restrictions on pharmacy benefits managers regarding medication ordered by a healthcare prescriber. State Website
Sponsors: Bobby Harshbarger, Ed Butler
Description: As introduced, prohibits a pharmacy benefits manager from certain listed actions, including modifying, restricting, or denying a medication ordered by a healthcare prescriber; requires that a request for a formulary exception or prior authorization be granted or denied by a pharmacy benefits manager within a specified amount of time or such request is deemed approved. Broadly captioned.
AI Summary: Pharmacy benefits managers are prohibited from modifying, restricting, or denying medications prescribed by healthcare prescribers unless a prior authorization or formulary exception request is initiated and processed within specified timeframes. Transparency requirements are imposed, mandating disclosure of contracts, rebate arrangements, and annual reporting of prior authorization metrics, while retaliatory actions against pharmacies or prescribers exercising their rights are prohibited. Violations are classified as unfair trade practices subject to civil penalties and legal action, with the law taking effect July 1, 2026, and excluding ERISA-governed plans.

11. SB 2575 (HB 1848) - Medicare supplement policies. State Website
Sponsors: Bobby Harshbarger, Ed Butler
Description: As introduced, prohibits an insurer from denying, conditioning the issuance or effectiveness of, or discriminating in the pricing of a Medicare supplement policy if an applicant meets certain listed requirements, including a non-age eligible person who submits an application for enrollment in a Medicare supplement policy with a different insurer within 60 days of such person's birthday and makes other related changes.
AI Summary: Medicare supplement policies are required to be offered to non-age eligible persons under 65 who qualify for Medicare due to disability or end-stage renal disease, with protections and benefits equivalent to those for persons 65 and older. Insurers must use a weighted average aged premium rate for these non-age eligible individuals, prohibit discrimination based on health status, and eliminate waiting periods or preexisting condition exclusions. These provisions take effect January 1, 2027, and apply to policies issued or modified on or after that date.

12. SB 2576 (HB 2332) - Prohibits pharmacy benefits managers from reimbursing pharmacies below specified minimum amounts for drugs, devices, or services. State Website
Sponsors: Bobby Harshbarger, Ed Butler
Description: As introduced, prohibits a pharmacy benefits manager from reimbursing a contracted pharmacy for a prescription drug or device or a pharmacy service in an amount that is less than the greatest of certain listed amounts and makes other related changes.
AI Summary: Reimbursement rates for pharmacy benefits managers (PBMs) are required to be no less than the greatest of actual pharmacy cost, 105% of the national average drug acquisition cost, wholesale acquisition cost if NADAC is unavailable, or the PBM's own reimbursement rate to affiliates. Processes for pharmacies to appeal reimbursement disputes are mandated, with penalties including double payment owed if PBMs fail to comply, and PBMs must pay professional dispensing fees at rates not less than those paid by TennCare without passing costs to patients. These provisions apply to contracts entered or modified on or after July 1, 2026, in Tennessee under HB 2332/SB 2576.

13. SB 2577 (HB 2331) - Prohibits state contracts with pharmacy benefits managers disciplined by state finance or insurance departments. State Website
Sponsors: Bobby Harshbarger, Ed Butler
Description: As introduced, prohibits a pharmacy benefits manager from contracting with a state department, agency, or entity if the pharmacy benefits manager has been disciplined by the department of finance and administration or the department of commerce and insurance. Broadly captioned.
AI Summary: Contracts with pharmacy benefits managers are prohibited if the manager has been disciplined by the Tennessee Department of Finance and Administration or the Department of Commerce and Insurance. This restriction applies to the Bureau of TennCare, state committees, and all state departments, agencies, or entities. The provisions take effect July 1, 2026, and apply to contracts entered into, amended, or renewed on or after that date.

16. SB 1803 (HB 1756) - Study of neighboring states' innovations in health insurance coverage for substance use disorder and report to the General Assembly. State Website
Sponsors: Ed Jackson, Iris Rudder
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' innovations in health insurance coverage and reimbursement methods for substance use disorder. Findings and any legislative recommendations must be compiled into a report and submitted to legislative leaders by December 31, 2026. The act takes effect immediately upon becoming law.

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

25. SB 1598 (HB 1859) - "Freedom from Medical Debt Act." State Website
Sponsors: London Lamar, Shaundelle Brooks
Description: As introduced, enacts the "Freedom from Medical Debt Act," which requires the state treasurer to contract with a nonprofit entity to acquire and repay certain medical debts for Tennessee residents with incomes at or below 400 percent of the federal poverty level or who owe medical debt equal to 5 percent or more of their household income, and prohibits healthcare providers from reporting a patient's medical debt to a consumer reporting agency. Broadly captioned.
AI Summary: Medical debt repayment is facilitated through contracts between the Tennessee state treasurer and nonprofit entities that purchase and eliminate eligible medical debts of residents meeting income or debt thresholds. Reporting of medical debt to consumer reporting agencies is prohibited beginning July 1, 2026, and any such reporting is subject to dispute under the Fair Credit Reporting Act, with violations treated as unfair trade practices enforceable by the attorney general. Appropriations of $1 million in interest earnings are designated for these contracts, and hospitals or ambulatory surgical centers are authorized to transfer medical debt to nonprofits for elimination.

35. SB 226 (HB 470) - Professionals' Freedom of Religion Act. State Website
Sponsors: Adam Lowe, Tim Rudd
Amendment Summary: House Business & Utilities Subcommittee amendment 1 (004890) enacts the Professionals' Freedom of Religion Act (Act). Prohibits a governmental entity, official of such entity, or accrediting, certifying, or licensing body from denying, revoking, or suspending a person's professional or business license, or taking adverse action against a person, based on the person's beliefs or the lawful expressions of such beliefs in a nonprofessional setting, including the licensee's religious beliefs concerning marriage, family, or sexuality. Declares that the Act does not apply to a license to practice law unless the Supreme Court establishes guidelines. Prohibits a person from denying or disfavoring an individual's access to or membership or participation in a multiple-listing service (MLS) or real estate brokers' organization based on an individual's religious or moral beliefs, or an individual's lawful expression of those beliefs in a nonprofessional setting that does not involve real estate-related activities or transactions, and where such expression does not otherwise violate the Tennessee Real Estate Broker License Act of 1973. Prohibits organizations that control or operate a real estate MLS from requiring a person to have a membership in the organization as a condition for a licensed broker or affiliate broker to have full use of such MLS. Prohibits a non-member from being charged an MLS participation fee higher than those paid by association members. Creates a cause of action for an individual harmed by a governmental entity or person resulting from actions prohibited in the Act. Declares that a governmental entity or person found to violate the Act is subject to payment to the complainant for damages for injury and other remedies as necessary to eliminate the unlawful actions. House Business & Utilities Subcommittee amendment 2 (005150) enacts the Professionals' Freedom of Religion Act (Act). Prohibits a governmental entity from denying, revoking, suspending, or taking adverse action against an individual's professional license for acts relevant to the individual's religious beliefs or moral convictions as long as the services provided otherwise meet the standard of care or practice for that profession. Declares that the Act does not apply to a license to practice law unless the Supreme Court establishes guidelines. Prohibits a person from denying or disfavoring an individual's access to or membership or participation in a multiple-listing service (MLS) or real estate brokers' organization based on an individual's religious or moral beliefs, or an individual's lawful expression of those beliefs in a nonprofessional setting that does not involve real estate-related activities or transactions, and where such expression does not otherwise violate the Tennessee Real Estate Broker License Act of 1973. Creates a cause of action for an individual harmed by a governmental entity or person resulting from actions prohibited in the Act. Declares that a governmental entity or person found to violate the Act is subject to payment to the complainant for damages for injury and other remedies as necessary to eliminate the unlawful actions.
Description: Enacts the "Tennessee Professionals' Freedom of Religion Act." Specifies that it is unlawful for a governmental entity to deny, revoke, suspend, or take other adverse action against an individual's license for the following: (1) Refusing to affirm a statement or oath that is contrary to the individual's sincerely held religious beliefs or moral convictions; (2) Expressing sincerely held religious beliefs or moral convictions in any context, including a professional context, as long as the services provided otherwise meet the standard of care or practice for that profession; or (3) Providing faith-based services that otherwise meet the standard of care or practice for that profession. Makes it unlawful for a governmental entity to take any adverse action against a licensee or applicant for licensure based on such person's beliefs or the lawful expression of those beliefs, to the extent protected under the United States Constitution or the Constitution of Tennessee.
AI Summary: Protections are established under HB 470/SB 226 (Tennessee) to prohibit governmental entities from denying, revoking, or disciplining professional licenses based on individuals' sincerely held religious beliefs or moral convictions, including the expression of such beliefs and provision of faith-based services that meet professional standards. Restrictions are imposed on real estate brokers' organizations and multiple-listing services to prevent discrimination or unfavorable treatment based on religious or moral beliefs, and to prohibit mandatory membership or higher fees for non-members. Remedies are provided for individuals harmed by violations, including damages, attorney's fees, and other appropriate relief.
Fiscal Impact: (Dated February 1, 2025) NOT SIGNIFICANT

41. SB 1692 (HB 1677) - Military Families Licensing Recognition Act. State Website
Sponsors: Becky Massey, Rick Eldridge
Cosponsors: Jessie Seal, Kerry Roberts, Richard Briggs
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: Occupational licensing boards are required to issue licenses to active or retired military members and their families based on equivalent licenses or work experience held in other states or the military, subject to verification and good standing criteria. Licenses must be issued within ten business days, and applicants must affirm compliance with state laws and absence of disqualifying conduct. Licensing recognition is limited to Tennessee and does not affect interstate compacts or private certifications, with implementation effective July 1, 2026.

54. SB 1664 (HB 1665) - Restricts healthcare providers from asking gender-related questions to minors without parental consent. State Website
Sponsors: Paul Rose, Aron Maberry
Description: As introduced, prohibits a healthcare provider from asking certain listed gender-related questions to a minor unless a parent is physically present and fully informed and provides written consent to such questions and the questions are directly related to the diagnosis or treatment of a specific medical or psychological condition currently being evaluated. Makes other related changes.
AI Summary: HB 1665/SB 1664 (Tennessee) prohibits healthcare providers from asking minors questions about gender identity, gender dysphoria, or related topics without parental consent and presence, except when directly related to diagnosis or treatment. Insurance entities are barred from requiring such questions for reimbursement or credentialing and cannot penalize providers for noncompliance. Parental rights to access all healthcare forms and questionnaires are ensured, and violations by providers constitute unprofessional conduct subject to disciplinary action.

83. SB 420 (HB 870) - Pharmacy benefits. State Website
Sponsors: Shane Reeves, Iris Rudder
Description: Prohibits an insurer, pharmacy benefits manager, or third-party administrator from changing or conditioning the terms of health plan coverage based on availability of financial or other product assistance for a prescription drug. Establishes certain procedures for calculating an enrollee's contribution to an applicable cost sharing requirement. Broadly captioned.
AI Summary: Cost-sharing calculations for enrollees in Tennessee health plans are regulated to include amounts paid by or on behalf of the enrollee, with specific provisions for health savings account-qualified high deductible plans and exceptions for generic drugs. Insurers, pharmacy benefits managers, and third-party administrators are prohibited from altering health plan coverage terms based on the availability or amount of financial assistance for prescription drugs. These provisions apply to health plans entered into or renewed on or after January 1, 2026, under Senate Bill 420.
Fiscal Impact: (Dated January 31, 2025) NOT SIGNIFICANT

87. SB 1796 (HB 1955) - Annual report on pharmacy benefits managers' alleged violations and penalties for reimbursement delays. State Website
Sponsors: Shane Reeves, Esther Helton-Haynes
Description: As introduced, directs the commissioner of commerce and insurance to publish and submit to the general assembly on or before October 1, 2026, a report containing data on alleged statutory violations by pharmacy benefits managers during the previous fiscal year for failing to meet requirements for timely reimbursements to pharmacies. Requires the report to include data on the number of alleged violations reported, the commissioner's findings from any ensuing investigations, and any penalties imposed for findings of violations. Broadly captioned.
AI Summary: A report on violations of pharmacy benefits manager regulations under § 56-7-3124 is required to be published by the Tennessee commissioner of commerce and insurance by October 1, 2026. The report must include the number of violations reported, investigation findings, and penalties imposed, and be submitted to legislative officials. The act takes effect immediately upon becoming law.

88. SB 1797 (HB 2093) - Restrictions on managed care organizations regarding termination of qualified nursing facility contracts under TennCare. State Website
Sponsors: Shane Reeves, Ryan Williams
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: Requirements are imposed on managed care organizations (MCOs) in Tennessee to contract with all qualified nursing facilities certified to provide Medicaid services under TennCare, prohibiting MCOs from imposing additional participation or termination criteria beyond those established by the TennCare bureau. Exclusive authority is granted to the bureau to determine termination or eligibility of qualified nursing facilities, and MCOs are required to continue contracts and payments during bureau investigations or reviews. Contract provisions allowing MCOs to terminate nursing facility contracts without cause or independent of bureau action are declared void, with bureau oversight mandated for contract templates and enforcement actions.

89. SB 1936 (HB 1887) - Creates a licensure process for prescribed pediatric extended care programs. State Website
Sponsors: Shane Reeves, Robert Stevens
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 in Tennessee, including definitions, application procedures, inspections, and penalties for noncompliance. Coverage and benefits for services rendered at these centers are mandated under TennCare, subject to federal approval, with a waiver request deadline set for December 31, 2026. The law takes effect January 1, 2027, with rule promulgation authority granted to the relevant department.

90. SB 2550 (HB 2579) - Notice period for health insurance entities to inform providers of changes to provider manuals or reimbursement policies. State Website
Sponsors: Shane Reeves, Sabi Kumar
Cosponsors: Rusty Crowe, Heidi Campbell
Description: As introduced, increases, from 60 to 65 days prior to the effective date of the change, the required minimum notice that a health insurance entity must provide to a healthcare provider of any material change made in the sole discretion of the insurance entity to the entity's previously released provider manual or a reimbursement rule and policy.
AI Summary: The deadline for health insurance claim payment determinations is extended from sixty (60) days to sixty-five (65) days under Tennessee Code Annotated, Section 56-7-3302(a)(1). This amendment applies to health insurance practices regulated by Title 56, Chapter 7 of Tennessee law. The change takes effect immediately upon becoming law.

91. SB 2554 (HB 2162) - TennCare actuarial study and related comments to be submitted electronically to legislative committees. State Website
Sponsors: Shane Reeves, Iris Rudder
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 related oral and written comments to legislative committees is authorized by amending Tennessee Code Annotated, Section 71-5-188(a). HB 2162/SB 2554 (Tennessee) modifies reporting procedures for studies under Title 71 to allow electronic formats. The act takes effect immediately upon becoming law.

92. SB 2557 (HB 2503) - Fee schedules for health insurance carriers. State Website
Sponsors: Shane Reeves, Cameron Sexton
Description: As introduced, decreases, from 10 to nine business days, the time that a health insurance carrier has after receipt of a written request from a healthcare provider to deliver to the provider at the provider's dedicated email address that provider's fee schedule, free of charge, in either a partial or full version as requested by the provider, in a transferable industry standard spreadsheet, including Microsoft Excel or other comparable format. Broadly captioned.
AI Summary: The timeframe for health insurance claim processing is reduced from ten to nine business days under Tennessee Code Annotated Section 56-7-1013(f)(1). This amendment applies statewide and takes effect immediately upon becoming law.

101. SB 2044 (HB 1990) - Study on health concerns of persons whose biological sex is female. State Website
Sponsors: Brent Taylor, Michael Lankford
Description: As introduced, directs the department of health to conduct a study on health concerns of, and identifying obstacles for receiving better care for, persons whose biological sex is female. Requires the department to submit a report to the members of the general assembly on the results of the study on or before January 1, 2027. Broadly captioned.
AI Summary: A study on health concerns and obstacles to better care for persons whose biological sex is female is mandated to be conducted by the Tennessee Department of Health. A report on the study's findings must be submitted to the General Assembly by January 1, 2027. The act takes effect immediately upon becoming law.

113. SB 2067 (HB 1930) - Report on coverage for mental health, alcoholism, and drug dependency. State Website
Sponsors: Bo Watson, Kevin Vaughan
Cosponsors: Ken Yager
Description: As introduced, revises requirement for the department of commerce and insurance to report on coverage for mental health, alcoholism, and drug dependency. Broadly captioned.
AI Summary: The deadline for annual reporting under Tennessee Code Annotated, Section 56-7-2360(e), is changed to January 31 each year. This amendment applies to health care-related reporting requirements. The change takes effect immediately upon becoming law.

114. SB 2070 (HB 2243) - Stopping Health Insurers from Excluding Legal Decisions (SHIELD) Act. State Website
Sponsors: Bo Watson, Brock Martin
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: Reimbursement and quality metrics for healthcare providers are prohibited from including patients who decline vaccinations based on religious or medical exemptions under HB 2243/SB 2070 (Tennessee). Health insurance entities must exclude exempt patients from vaccination-related quality measures and cannot penalize providers through reduced reimbursement, incentive payments, or network termination for retaining such patients. Claims denied or reduced in violation of these provisions are considered clean claims subject to interest penalties, effective for contracts from July 1, 2026.

116. SB 2080 (HB 2046) - Allocates the first $150 million of HMO tax revenue from July 1, 2026, to enhance TennCare reimbursements for certain medical providers. State Website
Sponsors: Bo Watson, Ryan Williams
Cosponsors: Rusty Crowe
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 tax revenue collected under the health maintenance organization tax starting July 1, 2026. Physicians, advanced practice registered nurses, and physician assistants eligible for TennCare reimbursement are covered under this provision. The Bureau of TennCare and Department of Commerce and Insurance are authorized to promulgate rules to implement these changes.

117. SB 2081 (HB 1956) - Step therapy for cancer treatments. State Website
Sponsors: Bo Watson, Rebecca Alexander
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 and associated conditions before providing coverage for approved prescription drugs to enrollees diagnosed with cancer. Definitions related to cancer coverage are broadened by removing specific references to stage 4 advanced metastatic cancer and metastatic blood cancer. The commissioners of commerce and insurance and health are authorized to promulgate rules to implement these provisions effective January 1, 2027.

118. SB 2155 (HB 2619) - Prohibits health insurers from using downcoding to reduce provider payments and establishes the Tennessee commission of insurance review. State Website
Sponsors: Bo Watson, Dan Howell
Description: As introduced, prohibits a health insurance entity from offering or maintaining a health benefit plan that adjusts claims to a less complex or costly procedure code, a practice known as downcoding, in a manner that prevents the provider

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

123. SB 604 (HB 614) - Disclosure of maximum allowable cost lists - destruction of shared information. State Website
Sponsors: Paul Bailey, Ron Travis
Description: Requires a pharmacy services administrative organization or similar entity that receives maximum allowable cost list or related information from a contracted pharmacy to destroy the shared information within five business days of receipt of a written request for destruction from the sharing pharmacy. Broadly captioned.
AI Summary: Confidential pharmacy information shared with pharmacy services administrative organizations must not be disclosed to third parties and must be destroyed within five business days upon the pharmacy's written request. Amendments to Tennessee Code Annotated Section 56-7-3111 impose these restrictions on information sharing. HB 614/SB 604 (Tennessee) takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 8, 2025) NOT SIGNIFICANT

128. SB 1901 (HB 1709) - Requires U.S. citizenship or qualified alien status for eligibility for various professional licenses and permits. State Website
Sponsors: Paul Bailey, Mark Cochran
Description: As introduced, specifies in various provisions that for a person to be eligible for a particular license, certificate, permit, or authorization, the person must be a citizen of the United States or a qualified alien. Broadly captioned.
AI Summary: Licensure and professional certification requirements are amended to mandate that applicants be United States citizens or qualified aliens as defined in § 4-58-102, with specific exceptions for certain visa holders in the alcoholic beverage industry. Eligibility verification processes are established for reciprocal licensing agreements and various professional fields, including court reporting, education, healthcare, and aeronautics instruction. Existing provisions requiring notary status for court reporters and certain citizenship criteria in healing arts licensing are repealed or revised to align with the new eligibility standards.

130. SB 2457 (HB 2576) - Removes outdated reimbursement rules for anatomic pathology services billed by gastroenterologists. State Website
Sponsors: Paul Bailey, Sabi Kumar
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: A provision in Tennessee Code Annotated Section 56-7-1015(j) related to healthcare billing is repealed. The amendment removes specific regulatory language within Title 56 concerning healthcare billing practices. The change takes effect immediately upon becoming law.

Tue 3/3/2026 1:30 PM CST - House Hearing Room I, House Health Committee

1. HB 2044 (SB 2548) - Delegation of medication administration to certified medical assistants and medications they can administer. State Website
Sponsors: Pat Marsh, Shane Reeves
Description: As introduced, allows a physician assistant to delegate medication administration to a certified medical assistant. Adds categories of medications to the list of medications that a certified medical assistant is authorized to administer or prepare, and makes other related changes.
AI Summary: Physician assistants are authorized to delegate tasks to certified medical assistants under collaborative agreements with licensed physicians, with delegation rules governed by the board of physician assistants. Certified medical assistants' scope of medication administration is expanded to include various routes and specific anesthetic agents, contingent on training and competency verification by ambulatory outpatient clinics. Certification requirements for medical assistants are updated to include recognized certifying bodies, and certain patient care activities requiring professional judgment are prohibited from delegation by physician assistants.

3. HB 1899 (SB 2083) - Increases the maximum number of nonrelated residents allowed in tier 1 and tier 2 homes for the aged. State Website
Sponsors: William Slater, Bo Watson
Description: As introduced, increases from three to five the maximum number of nonrelated persons in a home for the aged to be considered a tier 1 home for the aged. Increases from four to six the maximum number of nonrelated persons in a home for the aged to be considered a tier 2 home for the aged.
AI Summary: Definitions for "home for the aged" are revised in Tennessee Code Annotated, categorizing such homes into tier 1 for those housing five or fewer nonrelated persons and tier 2 for those housing six or more nonrelated persons. The classification impacts regulatory treatment of domiciliary care facilities providing room, board, and personal services to aged individuals. The changes take effect immediately upon enactment.

6. HB 1470 (SB 1580) - Prohibits AI systems from being advertised or represented as qualified mental health professionals. State Website
Sponsors: Tim Hicks, Page Walley
Description: Health Care - As introduced, prohibits a person from developing or deploying an artificial intelligence system that advertises or represents to the public that such system is or is able to act as a qualified mental health professional. - Amends TCA Title 33; Title 47 and Title 63.
AI Summary: Restrictions are imposed on advertising artificial intelligence systems as qualified mental health professionals,

prohibiting such representations to the public. Violations are classified as unfair or deceptive acts under the Tennessee Consumer Protection Act and subject to civil penalties of $5,000 per violation. The provisions take effect July 1, 2026, and apply to AI systems capable of human-like reasoning and learning.

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

9. HB 1984 (SB 1848) - Authorizes new categories of health care providers to administer the opiod buprenorphine. State Website
Sponsors: Timothy Hill, Becky Massey
Cosponsors: Rusty Grills
Description: Authorizes additional healthcare providers to directly administer buprenorphine mono or buprenorphine without the use of naloxone. Adds that prescribing a buprenorphine product to nursing mother or prescribing an injectable mono product does not restrict certain healthcare providers from prescribing a buprenorphine product for the treatment of opioid use disorder without naloxone.
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.

11. HB 1954 (SB 2549) - Buprenorphine products for inmates. State Website
Sponsors: Esther Helton-Haynes, Shane Reeves
Description: As introduced, adds that a healthcare provider who subcontracts through the contracted healthcare vendor with the department of correction may prescribe a buprenorphine product for the treatment of opioid use disorder if other certain listed criteria are met. Broadly captioned.
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.

12. HB 2145 (SB 2544) - Respiratory Care Interstate Compact Act. State Website
Sponsors: Bryan Terry, Shane Reeves
Description: As introduced, enacts the "Respiratory Care Interstate Compact Act." - Amends TCA Title 4 and Title 63.
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.

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

11. HB 1550 (SB 1716) - Expands prescribed forms of epinephrine for life-threatening allergic reactions than an LEA or nonpublic school is authorized to administer. State Website
Sponsors: Elaine Davis, Joey Hensley
Cosponsors: Scott Cepicky
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.

Wed 3/4/2026 9:00 AM CST - House Hearing Room I, House Commerce Committee

4. HB 470 (SB 226) - Professionals' Freedom of Religion Act. State Website
Sponsors: Tim Rudd, Adam Lowe
Cosponsors: Jody Barrett
Amendment Summary: House Business & Utilities Subcommittee amendment 1 (004890) enacts the Professionals' Freedom of Religion Act (Act). Prohibits a governmental entity, official of such entity, or accrediting, certifying, or licensing body from denying, revoking, or suspending a person’s professional or business license, or taking adverse action against a person, based on the person's beliefs or the lawful expressions of such beliefs in a nonprofessional setting, including the licensee's religious beliefs concerning marriage, family, or sexuality. Declares that the Act does not apply to a license to practice law unless the Supreme Court establishes guidelines. Prohibits a person from denying or disfavoring an individual’s access to or membership or participation in a multiple-listing service (MLS) or real estate brokers' organization based on an individual’s religious or moral

beliefs, or an individual's lawful expression of those beliefs in a nonprofessional setting that does not involve real estate-related activities or transactions, and where such expression does not otherwise violate the Tennessee Real Estate Broker License Act of 1973. Prohibits organizations that control or operate a real estate MLS from requiring a person to have a membership in the organization as a condition for a licensed broker or affiliate broker to have full use of such MLS. Prohibits a non-member from being charged an MLS participation fee higher than those paid by association members. Creates a cause of action for an individual harmed by a governmental entity or person resulting from actions prohibited in the Act. Declares that a governmental entity or person found to violate the Act is subject to payment to the complainant for damages for injury and other remedies as necessary to eliminate the unlawful actions. House Business & Utilities Subcommittee amendment 2 (005150) enacts the Professionals' Freedom of Religion Act (Act). Prohibits a governmental entity from denying, revoking, suspending, or taking adverse action against an individual's professional license for acts relevant to the individual's religious beliefs or moral convictions as long as the services provided otherwise meet the standard of care or practice for that profession. Declares that the Act does not apply to a license to practice law unless the Supreme Court establishes guidelines. Prohibits a person from denying or disfavoring an individual's access to or membership or participation in a multiple-listing service (MLS) or real estate brokers' organization based on an individual's religious or moral beliefs, or an individual's lawful expression of those beliefs in a nonprofessional setting that does not involve real estate-related activities or transactions, and where such expression does not otherwise violate the Tennessee Real Estate Broker License Act of 1973. Creates a cause of action for an individual harmed by a governmental entity or person resulting from actions prohibited in the Act. Declares that a governmental entity or person found to violate the Act is subject to payment to the complainant for damages for injury and other remedies as necessary to eliminate the unlawful actions.
Description: Enacts the "Tennessee Professionals' Freedom of Religion Act." Specifies that it is unlawful for a governmental entity to deny, revoke, suspend, or take other adverse action against an individual's license for the following: (1) Refusing to affirm a statement or oath that is contrary to the individual's sincerely held religious beliefs or moral convictions; (2) Expressing sincerely held religious beliefs or moral convictions in any context, including a professional context, as long as the services provided otherwise meet the standard of care or practice for that profession; or (3) Providing faith-based services that otherwise meet the standard of care or practice for that profession. Makes it unlawful for a governmental entity to take any adverse action against a licensee or applicant for licensure based on such person's beliefs or the lawful expression of those beliefs, to the extent protected under the United States Constitution or the Constitution of Tennessee.
AI Summary: Protections are established under SB 226/HB 470 (Tennessee) to prohibit governmental entities from denying, revoking, or taking adverse actions against professional licenses based on individuals' sincerely held religious beliefs or moral convictions, including the expression of such beliefs and provision of faith-based services that meet professional standards. Restrictions are imposed on real estate multiple-listing services and brokers' organizations to prevent discrimination or unfavorable treatment based on religious or moral beliefs expressed outside professional real estate activities, and to prohibit mandatory membership or higher fees for non-members. Remedies are provided for individuals harmed by violations, including damages, attorney's fees, and other appropriate relief.
Fiscal Impact: (Dated February 1, 2025) NOT SIGNIFICANT

12. HB 1709 (SB 1901) - Requires U.S. citizenship or qualified alien status for eligibility for various professional licenses and permits. State Website
Sponsors: Mark Cochran, Paul Bailey
Cosponsors: Cameron Sexton, Jeremy Faison, Jason Zachary, William Lamberth, Pat Marsh, Johnny Garrett, Gino Bulso, Justin Lafferty, Mark White, Dan Howell, Gary Hicks, Chris Todd, Kevin Vaughan, Andrew Farmer, Debra Moody, Dennis Powers, Sabi Kumar, Rusty Grills, Rick Scarbrough, Kip Capley, Tim Rudd, Elaine Davis, Lowell Russell, Mary Littleton, David Hawk, Scott Cepicky, Michael Hale, Michele Carringer, Clay Doggett, Lee Reeves, Tom Leatherwood, Monty Fritts, Rebecca Alexander, Dave Wright, Todd Warner, Tandy Darby, Jake McCalmon, Brock Martin, Greg Martin, Jerome Moon, Clark Boyd, Aron Maberry, Paul Sherrell, Renea Jones, William Slater, Tim Hicks, Timothy Hill, Michael Lankford, John Crawford, Rick Eldridge, Ron Gant, Rush Bricken, Esther Helton-Haynes, Iris Rudder, Ed Butler, Fred Atchley, Tom Stinnett, Kelly Keisling, Kevin Raper, Robert Stevens
Description: As introduced, specifies in various provisions that for a person to be eligible for a particular license, certificate, permit, or authorization, the person must be a citizen of the United States or a qualified alien. Broadly captioned.
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.

Wed 3/4/2026 10:30 AM CST - House Hearing Room III, House Finance, Ways, and Means Subcommittee

7. HJR 28 - Constitutional amendment - right to forgo medical treatment. State Website
Sponsors: Gino Bulso
Cosponsors: Dennis Powers
Amendment Summary: House Health Committee amendment 1 (004774) prohibits the state, absent of due process of law, from compelling any person to undergo a medical treatment, even in the case of a declared state of emergency.
Description: Proposes an amendment to Article I of the Constitution of Tennessee to grant a person the right to forgo medical treatment.
AI Summary: A constitutional amendment is proposed in Tennessee (HJR 28) to prohibit the state from compelling any person to undergo medical treatment without due process of law, including during declared states of emergency. Medical treatment is defined broadly to include procedures, drug administration, vaccinations, or other interventions related to physical or mental health. The General Assembly is authorized to enact legislation to enforce this provision.

Wed 3/4/2026 10:30 AM CST - House Hearing Room I, House Insurance Subcommittee

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

2. HB 1930 (SB 2067) - Report on coverage for mental health, alcoholism, and drug dependency. State Website
Sponsors: Kevin Vaughan, Bo Watson
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.

3. HB 1756 (SB 1803) - 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
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' innovations in health insurance coverage and reimbursement methods addressing substance use disorder. Findings and any legislative recommendations must be compiled into a report and submitted to legislative leaders by December 31, 2026. The act takes effect immediately upon becoming law.

4. HB 2162 (SB 2554) - TennCare actuarial study and related comments to be submitted electronically to legislative committees. State Website
Sponsors: Iris Rudder, Shane Reeves
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.

6. HB 2243 (SB 2070) - 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
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: Reimbursement and quality metrics for healthcare providers are prohibited from including patients who decline vaccinations based on religious or medical exemptions under HB 2243 (Tennessee). Health insurance entities must exclude exempt patients from vaccination-related quality measures and cannot penalize providers by reducing reimbursement, withholding incentives, or terminating network participation solely for retaining exempt patients. Claims denied or reduced in violation of these provisions are considered clean claims subject to interest penalties, effective for contracts from July 1, 2026.

8. HB 1956 (SB 2081) - Step therapy for cancer treatments. State Website
Sponsors: Rebecca Alexander, Bo Watson
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.

9. HB 1848 (SB 2575) - Medicare supplement policies. State Website
Sponsors: Ed Butler, Bobby Harshbarger
Description: As introduced, prohibits an insurer from denying, conditioning the issuance or effectiveness of, or discriminating in the pricing of a Medicare supplement policy if an applicant meets certain listed requirements, including a non-age eligible person who submits an application for enrollment in a Medicare supplement policy with a different insurer within 60 days of such person's birthday and makes other related changes.
AI Summary: Medicare supplement policies are required to be offered to non-age eligible persons under 65 who qualify for Medicare due to disability or end-stage renal disease, with all benefits and protections applicable to those 65 and older extended to them. Insurers must use a weighted average aged premium rate for these non-age eligible persons, prohibit discrimination

based on health status or medical condition during specified enrollment periods, and eliminate waiting periods or preexisting condition exclusions for this group. The Tennessee Commissioner is tasked with establishing rules for calculating age bands for premium rates, with these provisions effective January 1, 2027.

10. HB 2331 (SB 2577) - Prohibits state contracts with pharmacy benefits managers disciplined by state finance or insurance departments. State Website
Sponsors: Ed Butler, Bobby Harshbarger
Description: As introduced, prohibits a pharmacy benefits manager from contracting with a state department, agency, or entity if the pharmacy benefits manager has been disciplined by the department of finance and administration or the department of commerce and insurance. Broadly captioned.
AI Summary: Contracts with pharmacy benefits managers are prohibited if the manager has been disciplined by the Tennessee Department of Finance and Administration or the Department of Commerce and Insurance. This restriction applies to the Bureau of TennCare, state committees, and any state department, agency, or entity. The provisions take effect July 1, 2026, and apply to contracts entered into, amended, or renewed on or after that date.

11. HB 2332 (SB 2576) - Prohibits pharmacy benefits managers from reimbursing pharmacies below specified minimum amounts for drugs, devices, or services. State Website
Sponsors: Ed Butler, Bobby Harshbarger
Description: As introduced, prohibits a pharmacy benefits manager from reimbursing a contracted pharmacy for a prescription drug or device or a pharmacy service in an amount that is less than the greatest of certain listed amounts and makes other related changes.
AI Summary: Reimbursement requirements are imposed on pharmacy benefits managers in Tennessee to ensure pharmacies receive at least the greatest of actual cost, 105% of the national average drug acquisition cost, wholesale acquisition cost if NADAC is unavailable, or the amount paid to the manager's own affiliates. Appeal processes and penalties are established for underpayment, including double payment of owed amounts and timely reimbursement following appeals, with prohibitions on requiring pharmacies to bear transaction fees for claim reversals. Professional dispensing fees must be paid at rates no less than those paid by TennCare and cannot be passed on to patients, effective for contracts entered or modified on or after July 1, 2026.

12. HB 2333 (SB 2574) - Restrictions on pharmacy benefits managers regarding medication ordered by a healthcare prescriber. State Website
Sponsors: Ed Butler, Bobby Harshbarger
Description: As introduced, prohibits a pharmacy benefits manager from certain listed actions, including modifying, restricting, or denying a medication ordered by a healthcare prescriber; requires that a request for a formulary exception or prior authorization be granted or denied by a pharmacy benefits manager within a specified amount of time or such request is deemed approved. Broadly captioned.
AI Summary: Requirements are imposed on pharmacy benefits managers in Tennessee under SB 2574/HB 2333 to prohibit interference with healthcare prescribers' authority to prescribe medications, mandate timely responses to formulary exception and prior authorization requests, and ensure transparency through annual reporting and disclosure of contracts and rebate arrangements. Retaliatory actions against pharmacies or prescribers exercising these rights are prohibited, with violations subject to civil penalties and legal action. The law excludes ERISA-governed plans and authorizes the Department of Commerce and Insurance and Department of Health to promulgate implementing rules, effective July 1, 2026.

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

18. HB 1959 (SB 2040) - "Freedom, Access, and Integrity in Registered Pharmacy (FAIR Rx) Act." State Website
Sponsors: Rick Scarbrough, Bobby Harshbarger
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 SB 2040/HB 1959, 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, with enforcement powers granted to the Tennessee Board of Pharmacy, including civil penalties and license revocation for violations. Limited-use pharmacy licenses for rare or orphan drugs are authorized with specific conditions, and transitional provisions allow PBM-affiliated pharmacies to divest ownership within set timelines.

Wed 3/4/2026 12:00 PM CST - House Hearing Room III, House Health Subcommittee

3. HB 688 (SB 584) - Buffer stock of necessary medicines and healthcare supplies. State Website
Sponsors: Karen Camper, Raumesh Akbari
Description: Authorizes the commissioner to develop and maintain an essential buffer stock of necessary medicines and

healthcare supplies to be distributed during a natural or man-made disaster, mass casualty event, or public health emergency. Broadly captioned.
AI Summary: A statewide strategic essential buffer stock of medicines, vaccines, and medical supplies is established for emergency preparedness and drug shortage prevention in Tennessee under SB 584/HB 688. The Department of Health is directed to manage procurement, distribution, and demand planning in consultation with emergency management agencies, prioritizing rural and medically underserved areas and allowing contracts with private vendors for stock management. Annual reporting on inventory, usage, contracts, and distribution plans is required to ensure transparency and readiness for public health emergencies and natural disasters.
Fiscal Impact: (Dated March 31, 2025) STATE GOVERNMENT EXPENDITURES General Fund FY25-26 $66,864,900 FY26-27 & Subsequent Years $374,900 OTHER FISCAL IMPACT Any future additions to, or disbursements from, the strategic essential buffer stock are dependent on the decisions of the Department of Health and the timing of public health emergencies, disasters, and mass casualty events and cannot be reasonably estimated. SB 584 - HB 688

6. HB 1828 (SB 1966) - Criminal background checks required for renewal of licensure. State Website
Sponsors: Gary Hicks, Jessie Seal
Description: As introduced, requires the board of medical examiners, board of nursing, and board of osteopathic examination to initiate a criminal background check for each applicant for a renewal of licensure.
AI Summary: Criminal background checks are required upon renewal of licensure for physicians, professional nurses, registered nurses, licensed practical nurses, and osteopathic physicians in Tennessee, with costs borne by the applicants. The checks must be conducted using methods specified in Tennessee Code Annotated § 63-1-116(a)(1), and payments to the Tennessee Bureau of Investigation must comply with §§ 38-6-103 and 38-6-109. These provisions take effect July 1, 2026, and apply to renewal applications submitted on or after that date.

8. HB 2100 (SB 2281) - 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.

14. HB 1160 (SB 1064) - List of psychotropic medications and side effects of each medication. State Website
Sponsors: Susan Lynn, Paul Bailey
Cosponsors: 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 is established by Senate Bill 1064 and House Bill 1160 in Tennessee.
Fiscal Impact: (Dated February 8, 2025) NOT SIGNFICANT

22. HB 2166 (SB 1947) - Blood bank to comply with physician's order for autologous blood donation. State Website
Sponsors: Jody Barrett, Janice Bowling
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.

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

28. HB 853 (SB 259) - Review of a child's health and medical records by parent or legal guardian. State Website
Sponsors: Michele Reneau, Mark Pody
Description: Clarifies that a child's parent, legal guardian, or legal custodian may access and review all health and medical records of the child, including those records related to treatments available to unemancipated minors without parental consent. Allows an employee of a local education agency to provide bandages, gauze, or ice packs for the treatment of minor cuts, scrapes, bumps, and bruises. Broadly captioned.
AI Summary: Parental access to all mental health, medical, rehabilitation, and prescription records of unemancipated minors is expanded and required to be provided by healthcare providers, even for treatments given without parental consent. Informed consent from a parent or legal guardian is mandated before administering vaccinations or medical treatment to minors, except in emergency situations where physicians may act without consent. Definitions for "medical procedure" and "medical treatment" are clarified, and provisions for minor first aid by local education agency employees are specified.
Fiscal Impact: (Dated January 24, 2025) NOT SIGNIFICANT

30. HB 2572 (SB 2279) - Requires public posting of pain management clinic inspection criteria on Department of Health website. State Website
Sponsors: Sabi Kumar, Richard Briggs
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.

31. HB 658 (SB 502) - 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
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

34. HB 398 (SB 343) - Licensing board response to inquiry regarding prescriber identified as high-risk prescriber. State Website
Sponsors: Ryan Williams, Rusty Crowe
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

38. HB 1770 (SB 1753) - Expands terms indicating medical practice. State Website
Sponsors: Brock Martin, Ferrell Haile
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.
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.

Wed 3/4/2026 1:00 PM CST - Senate Hearing Room I, Senate Health and Welfare Committee

Department of Mental Health and Substance Abuse Services and Department of Children's Services Budget Hearings

3. SB 2149 (HB 2075) - "Helping Open Pathways to Effective (HOPE) Treatment Act." State Website
Sponsors: Page Walley, Bryan Terry
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: Clinical trials for ibogaine as a treatment for opioid use disorder, co-occurring substance use disorders, and other neurological or mental health conditions are authorized and funded through a state-selected cohort comprising drug developers, research institutions, and hospitals. A detailed proposal process, funding mechanisms including state and matching funds, intellectual property revenue sharing, and the creation of a Tennessee mental health innovation fund to support ibogaine therapy training are established. Implementation is contingent on FDA approval of ibogaine, with provisions for medical supervision, federal compliance, and a start date for proposal acceptance by September 1, 2026.

8. SB 2548 (HB 2044) - Delegation of medication administration to certified medical assistants and medications they can administer. State Website
Sponsors: Shane Reeves, Pat Marsh
Description: As introduced, allows a physician assistant to delegate medication administration to a certified medical assistant. Adds categories of medications to the list of medications that a certified medical assistant is authorized to administer or prepare, and makes other related changes.
AI Summary: Authorization is expanded for physician assistants in Tennessee to delegate tasks to certified medical assistants under collaborative agreements with licensed physicians. Certification requirements for medical assistants are updated to include specific recognized bodies, and detailed provisions are established for the administration of various medications and anesthetic agents by certified medical assistants under delegated authority. Rules governing delegation and medication

administration are assigned to the board of physician assistants, with limitations placed on delegation of tasks requiring professional judgment.

19. SB 1039 (HB 1102) - 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

22. SB 1584 (HB 2569) - Hospitals must offer flu and pneumococcal immunizations to patients aged 50 or older before discharge. State Website
Sponsors: Ferrell Haile, Sabi Kumar
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.

25. SB 2549 (HB 1954) - Buprenorphine products for inmates. State Website
Sponsors: Shane Reeves, Esther Helton-Haynes
Description: As introduced, adds that a healthcare provider who subcontracts through the contracted healthcare vendor with the department of correction may prescribe a buprenorphine product for the treatment of opioid use disorder if other certain listed criteria are met. Broadly captioned.
AI Summary: The definition of healthcare providers eligible to prescribe buprenorphine products is expanded to include those employed by, contracting with, or subcontracting through healthcare vendors contracted by the Tennessee Department of Correction or county and municipal jails. Tennessee Code Annotated Section 53-11-311(j)(2)(B) is amended accordingly. The change takes effect immediately upon becoming law.

26. SB 2544 (HB 2145) - Respiratory Care Interstate Compact Act. State Website
Sponsors: Shane Reeves, Bryan Terry
Description: As introduced, enacts the "Respiratory Care Interstate Compact Act." - Amends TCA Title 4 and Title 63.
AI Summary: An interstate compact is established to facilitate the practice of respiratory therapy across member states by allowing licensed respiratory therapists to obtain compact privileges to practice in other states while maintaining state regulatory authority. The compact creates a commission to oversee implementation, data sharing, adverse action reporting, rulemaking, and dispute resolution among member states. Provisions address licensure requirements, military member accommodations, enforcement mechanisms, and the process for states to join, withdraw, or amend the compact.

27. SB 502 (HB 658) - Expands the scope of practice for athletic trainers. State Website
Sponsors: Ferrell Haile, Tim Hicks
Cosponsors: Paul Bailey
Description: Expands the scope of practice for athletic trainers by authorizing them to treat conditions that limit or prevent a person's participation in certain physical activities rather than just treating injuries that limit or prevent such participation. Clarifies the description of athletic trainers to include healthcare providers and establishes new procedures that may be utilized by athletic trainers in the delivery of health care.
AI Summary: Licensure requirements and definitions for athletic trainers are revised in Tennessee under Senate Bill 502, including expanded definitions of athletic injuries and healthcare procedures authorized for athletic trainers. Certification by the Board of Certification and approval by the state board are mandated for licensure, with updated provisions for out-of-state applicants and student athletic trainers under supervision. The act authorizes athletic trainers to perform specified manual techniques and healthcare procedures within their competency and requires passing a jurisprudence examination for licensure.
Fiscal Impact: (Dated March 4, 2025) NOT SIGNIFICANT

Wed 3/4/2026 1:30 PM CST - House Hearing Room I, House State & Local Government Committee

13. HB 1711 (SB 2108) - Requires reporting on undocumented individuals and the state's annual costs for public services provided to them. State Website
Sponsors: Elaine Davis, Dawn White
Cosponsors: Cameron Sexton, Jeremy Faison, Jason Zachary, William Lamberth, Pat Marsh, Johnny Garrett, Mark Cochran, Gino Bulso, Justin Lafferty, Rusty Grills, Mark White, Dan Howell, Gary Hicks, Chris Todd, Kevin Vaughan, Andrew Farmer, Debra Moody, Dennis Powers, Michael Hale, Lee Reeves, Sabi Kumar, Rick Scarbrough, Kip Capley, Tim Rudd, Lowell Russell, Mary Littleton, David Hawk, Scott Cepicky, Michele Carringer, Clay Doggett, Tom Leatherwood, Monty Fritts, Dave Wright, Todd Warner, Tom Stinnett, Tandy Darby, Jake McCalmon, Greg Martin, Jerome Moon, Rebecca Alexander, Clark Boyd, Aron Maberry, Paul Sherrell, Renea Jones, William Slater, Tim Hicks, Michael Lankford, John Crawford, Rick Eldridge, Ron Gant, Timothy Hill, Brock Martin, Iris Rudder, Rush Bricken, Ed Butler, Esther Helton-Haynes, Fred Atchley, Kelly Keisling, Kevin Raper, Robert Stevens
Description: As introduced, requires reporting by law enforcement agencies and local governmental entities and officials regarding persons not lawfully present in the United States. Requires the department of finance and administration to report the annual cost incurred by this state for public schools, including public higher education institutions, prisons, hospitals, and social services agencies to provide benefits and services to persons not lawfully present in the United States.
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.

14. HB 1710 (SB 1915) - Requires local governments to verify citizenship or lawful presence for public benefits and authorizes investigations of violations. State Website
Sponsors: Dennis Powers, Ed Jackson
Cosponsors: Cameron Sexton, Jeremy Faison, Jason Zachary, William Lamberth, Pat Marsh, Johnny Garrett, Mark Cochran, Gino Bulso, Justin Lafferty, Mark White, Dan Howell, Chris Todd, Gary Hicks, Kevin Vaughan, Andrew Farmer, Debra Moody, Sabi Kumar, Rusty Grills, Tim Rudd, Rick Scarbrough, Elaine Davis, Lowell Russell, Mary Littleton, David Hawk, Scott Cepicky, Michael Hale, Michele Carringer, Lee Reeves, Clay Doggett, Tom Leatherwood, Monty Fritts, Rebecca Alexander, Dave Wright, Todd Warner, Tandy Darby, Jake McCalmon, Brock Martin, Greg Martin, Jerome Moon, Clark Boyd, Aron Maberry, Paul Sherrell, Renea Jones, Timothy Hill, Tim Hicks, John Crawford, William Slater, Michael Lankford, Rick Eldridge, Ron Gant, Rush Bricken, Esther Helton-Haynes, Iris Rudder, Ed Butler, Fred Atchley, Tom Stinnett, Kelly Keisling, Kevin Raper, Robert Stevens
Description: As introduced, adds local governments to the entities that must verify that each applicant for public benefits is a United States citizen or lawfully present in the United States. Authorizes the attorney general and reporter to investigate violations of requirements for verification of citizenship or presence for public benefits; requires certain reporting related to such verification for benefits.
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.