Mon 3/23/2026 11:00 AM CDT - House Hearing Room I, House Government Operations Committee

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

HB 2145 (SB 2544)
B. Terry

Sponsors: Bryan Terry, Shane Reeves
Cosponsors: Torrey Harris
Description: As introduced, enacts the "Respiratory Care Interstate Compact Act." - Amends TCA Title 4 and Title 63.
AI Summary: An interstate compact is established to facilitate the practice of respiratory therapy across member states by allowing licensed respiratory therapists to obtain compact privileges to practice in multiple states while maintaining state regulatory authority. The compact creates a commission to oversee implementation, data sharing, adverse action reporting, rulemaking, and dispute resolution among member states. Provisions address active military members, license portability, enforcement mechanisms, and the conditions for state participation, withdrawal, and amendment of the compact.
Fiscal Impact: (Dated February 14, 2026) OTHER FISCAL IMPACT A precise fiscal impact cannot be determined, but expenditures to the Board of Respiratory Care are reasonably estimated to exceed $10,000 for participation once the Compact goes into effect. Pursuant to Tenn. Code Ann. § 4 -29-121, all health -related boards are required to be self -supporting over a two -year period. The Board of Respiratory Care had an annual deficit of $2,992 in FY23 -24, an annual deficit of $129,591 in FY24 -25, and a cumulativ e reserve balance of $936,442 on June 30, 2025.
Latest Action: **HB 2145** Set for House Government Operations Committee on Mar 23, 2026.; **SB 2544** Senate passed. on Mar. 09, 2026
Upcoming Schedules: House Government Operations Committee (March 23, 2026, 11:00 AM, House Hearing Room I)

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

HB 2619 (SB 2155)
D. Howell

Sponsors: Dan Howell, Bo Watson
Cosponsors: Cameron Sexton, Tim Hicks, John Crawford, Lowell Russell, Fred Atchley, David Hawk, Scott Cepicky, Mary Littleton, Clay Doggett, Jason Zachary, Greg Vital, Kevin Vaughan, Elaine Davis, Pat Marsh, Brock Martin, Greg Martin, Debra Moody, Kip Capley, Robert Stevens, Aron Maberry, Clark Boyd, Esther Helton-Haynes, Gary Hicks, Johnny Garrett, Andrew Farmer, Mark Cochran, Renea Jones, Jeremy Faison, Bryan Terry, Aftyn Behn, Bob Freeman, Yusuf Hakeem, Torrey Harris, Sabi Kumar, Sam McKenzie, Larry Miller, Kevin Raper, Rick Scarbrough, Paul Sherrell, Richard Briggs, Bobby Harshbarger, Adam Lowe, Randy McNally, Shane Reeves, Joey Hensley
Amendment Summary: House Insurance Committee amendment 2 (015618) removes the prohibition on dual ownership of insurers and providers, and instead requires disclosures to patients, the independent commission of insurance review created by the bill, and the Department of Commerce and Insurance. Amendment 2 also removes language from the bill requiring insurers to provide reimbursement equity to health care providers.
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 new Tennessee commission of insurance review is established to oversee and enforce regulations on health insurance entities, including prohibitions on downcoding, lasering, and the use of AI in claim reviews without human oversight. Health insurance entities must provide advance notice and negotiation opportunities before making material changes to provider contracts and disclose ownership interests in healthcare providers to covered individuals and regulatory bodies. Restrictions are imposed on ownership overlap between health insurance entities and healthcare providers starting July 1, 2026. A proposed amendment would require more detailed disclosure of ownership and control between insurers and providers to covered individuals and

regulatory authorities and would remove certain sections related to provider reimbursement and commission rule transfers.
Fiscal Impact: (Dated February 16, 2026) STATE GOVERNMENT EXPENDITURES General Fund FY26 -27 $1,773,100 FY27-28 & Subsequent Years $1,743,100 Total Positions Required: 10 OTHER FISCAL IMPACT Passage of this legislation will result in an increase in state, local, and federal government expenditures relating to TennCare and CoverKids and the State Group Insurance Plans. However, due to multiple variables and insufficient data, the exact increase cannot be reasonably determined.
Latest Action: **HB 2619** Set for House Government Operations Committee on Mar 23, 2026.; **SB 2155** Senate Commerce & Labor Committee deferred to 03/17/2026.
Upcoming Schedules: House Government Operations Committee (March 23, 2026, 11:00 AM, House Hearing Room I)

10.
HB 2046 (SB 2080)
R. Williams

- Allocates the first $150 million of HMO tax revenue from July 1, 2026, to enhance TennCare reimbursements for certain medical providers. State Website
Sponsors: Ryan Williams, Bo Watson
Cosponsors: Aftyn Behn, Rusty Crowe, Joey Hensley
Description: As introduced, directs the first $150 million of tax revenue generated by the health maintenance organization tax on or after July 1, 2026, to be utilized to draw down federal funds to reimburse a physician, advanced practice registered nurse, or physician assistant who is entitled to receive TennCare reimbursement for a CPT code for evaluation and management, obstetrics and gynecology, or anesthesia. Broadly captioned.
AI Summary: TennCare reimbursement rates for evaluation and management, obstetrics and gynecology, and anesthesia services are increased to up to 110% of the current Medicare rate, funded by the first $150 million of health maintenance organization tax revenue starting July 1, 2026. The tax revenue is designated to draw down federal funds to reimburse physicians, advanced practice registered nurses, and physician assistants for specified CPT codes. The Bureau of TennCare and Department of Commerce and Insurance are authorized to promulgate rules to implement these provisions.
Fiscal Impact: (Dated February 26, 2026) STATE GOVERNMENT REVENUE General Fund Division of TennCare FY26 -27 & Subsequent Years ($150,000,000) $150,000,000 EXPENDITURES Division of TennCare FY26 -27 & Subsequent Years $150,000,000 FEDERAL GOVERNMENT EXPENDITURES FY26 -27 & Subsequent Years $261,466,200
Latest Action: **HB 2046** Set for House Government Operations Committee on Mar 23, 2026.; **SB 2080** Senate Commerce & Labor Committee deferred to 03/17/2026.
Upcoming Schedules: House Government Operations Committee (March 23, 2026, 11:00 AM, House Hearing Room I)

Mon 3/23/2026 12:00 PM CDT - Senate Hearing Room I, Senate Judiciary Committee

13.
SB 2323 (HB 2101)
F. Haile

- Increases annual purchase limits for ephedrine and pseudoephedrine products and updates tracking and fee requirements. State Website
Sponsors: Ferrell Haile, Jeremy Faison
Amendment Summary: House Criminal Justice Subcommittee amendment 1 (015433) removes the requirement that a pharmacist or pharmacy intern must counsel with a person seeking to purchase an over-the-counter product containing pseudoephedrine or ephedrine as to the reasons for needing the product to determine if the sale is for a legitimate medical purpose. Removes references that specify that a pharmacist must utilize the National Precursor Log Exchange (NPLEx) administered by the National Association of Drug Diversion Investigators (NADDI) to keep records of sales of over-the-counter products containing pseudoephedrine or ephedrine. Establishes, instead, that pharmacists must use the electronic sales tracking system for such purpose. Establishes that the Tennessee Bureau of Investigation (TBI) must coordinate with the administrator of the electronic sales tracking system, rather than NADDI, with regard to electronic notifications of a person placed on the methamphetamine registry. Requires, beginning January 1, 2027, any manufacturer of an ephedrine or pseudoephedrine product that is sold in or into the state to pay fees to the administrator of the electronic sales tracking system on a monthly basis and as established by the administrator. Prohibits a seller from completing an online or remote sale of a product containing pseudoephedrine or ephedrine unless the purchaser provides a government-issued identification, and requires the seller to confirm the government-issued identification through an online electronic sales tracking system. Requires the seller to submit the online or remote transaction to the electronic sales tracking system prior to completing the sale to determine whether the purchase would exceed the applicable daily, thirty-day, or yearly limits. Establishes that a pseudoephedrine or ephedrine product sold through an online or remote transaction may only be shipped or delivered to the residential address listed on the purchaser's government-issued identification.
Description: As introduced, increases the amount of products containing ephedrine or pseudoephedrine a person may purchase in a year from 43.2 grams to 61.2 grams. Changes references to the "National Precursor Log Exchange" (NPLEx) to the "electronic sales tracking

system." Requires manufacturers of ephedrine products sold in Tennessee to, on a monthly basis, pay fees to the administrator of the electronic sales tracking system.
AI Summary: Requirements are imposed on pharmacies in Tennessee to use an electronic sales tracking system for monitoring over-the-counter sales of ephedrine and pseudoephedrine products, including mandatory equipment installation by January 1, 2012, and stop-sale alerts for restricted purchasers. The allowable purchase limit of these products is increased from 43.2 grams to 61.2 grams, and manufacturers are required to pay monthly fees to support the tracking system starting in 2027. The Tennessee Bureau of Investigation is tasked with updating the methamphetamine registry to prevent sales to prohibited individuals, and liability protections are provided for pharmacies complying with the system.
Fiscal Impact: (Dated March 05, 2026) NOT SIGNIFICANT
Latest Action: **SB 2323** Set for Senate Judiciary Committee on Mar 23, 2026.; **HB 2101** Set for House Judiciary Committee on Mar 23, 2026.
Upcoming Schedules: Senate Judiciary Committee (March 23, 2026, 12:00 PM, Senate Hearing Room I)

17.
SB 291
(HB 465)
P. Bailey

- Denial of license application due to prior criminal conviction. State Website
Sponsors: Paul Bailey, Esther Helton-Haynes
Description: Changes, from 30 days to 60 days, the amount of time an individual, applicant, licensee, certificate holder, or registrant has to file a petition after receiving written notice of a denial of an application due to past criminal history.
AI Summary: The timeframe for healthcare providers to respond under Tennessee Code Annotated Section 63-1-130(c) is extended from thirty to sixty business days. This amendment applies to the state of Tennessee and takes effect on July 1, 2025.
Fiscal Impact: (Dated January 25, 2025) NOT SIGNIFICANT
Latest Action: **SB 291** Set for Senate Judiciary Committee on Mar 23, 2026.; **HB 465** Set for House Criminal Justice Subcommittee on Mar 25, 2026.
Upcoming Schedules: Senate Judiciary Committee (March 23, 2026, 12:00 PM, Senate Hearing Room I)

50.
SJR 620
J. Hensley

- Constitutional Amendment - prohibits the state from forcing medical treatment on individuals, even during emergencies. State Website
Sponsors: Joey Hensley
Description: Proposes an amendment to Article I of the Constitution of Tennessee to prohibit the state from compelling a person to undergo medical treatment, even in the case of a declared state emergency. -
AI Summary: An amendment to the Tennessee Constitution is proposed 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 granted authority to enact legislation to enforce this provision.
Fiscal Impact: (Dated January 23, 2026) NOT SIGNIFICANT
Latest Action: Set for Senate Judiciary Committee on Mar 23, 2026.
Upcoming Schedules: Senate Judiciary Committee (March 23, 2026, 12:00 PM, Senate Hearing Room I)

89.
SB 2440
(HB 2525)
H. Campbell

- "Pot for Potholes Act" State Website
Sponsors: Heidi Campbell, Aftyn Behn
Description: As introduced, enacts the "Pot for Potholes Act," which establishes a regulatory structure for the cultivation, processing, and retail sale of marijuana and marijuana products in this state to be administered by the department of agriculture. (39pp.) Broadly captioned.
AI Summary: Adult use, possession, cultivation, and retail sale of marijuana are authorized with regulatory oversight by the Tennessee Department of Agriculture under HB 2525/SB 2440, the "Pot for Potholes Act." Licensing priorities and classes, including micro-licenses for small businesses and disadvantaged groups, are established, along with safety, packaging, advertising, and testing standards; a 15% marijuana tax is imposed with revenues allocated primarily to the state highway fund and community reinvestment. Criminal penalties related to marijuana are reduced, certain convictions are expunged, and immediate release is mandated for eligible incarcerated individuals, while local governments may regulate but not ban marijuana operations without a supermajority vote.
Latest Action: **SB 2440** Set for Senate Judiciary Committee on Mar 23, 2026.; **HB 2525** Set for House Criminal Justice Subcommittee on Mar 25, 2026.
Upcoming Schedules: Senate Judiciary Committee (March 23, 2026, 12:00 PM, Senate Hearing Room I)

93.
SB 1768
(HB 1774)
L. Lamar

- Advisory ballot question on legalizing a regulated medical cannabis program in the 2026 general election. State Website
Sponsors: London Lamar, Bob Freeman
Cosponsors: Andrew Farmer, Jesse Chism, Torrey Harris, Jason Powell, Sam McKenzie, Yusuf Hakeem, Shaundelle Brooks, Joe Towns Jr, Aftyn Behn, Ronnie Glynn, Larry Miller, Johnny Shaw,

Karen Camper, Gloria Johnson, John Ray Clemmons, Bo Mitchell, Caleb Hemmer, Jay Reedy, Ron Travis, Gabby Salinas, Vincent Dixie, Harold Love, Jr., Justin Pearson

Description: As introduced, requires the secretary of state to place an advisory ballot question on the November general election ballot in 2026 regarding the legalization of a regulated medical cannabis program. Broadly captioned.

AI Summary: An advisory ballot question is mandated for the November 2026 general election in Tennessee to authorize a regulated medical cannabis program for qualifying patients. A portion of cannabis tax revenue is designated to support after-school programs, mental health services, law enforcement training, and community cannabis education. The act emphasizes product safety, protection of minors, and aims to limit illegal trade while supporting Tennessee farms and businesses.

Fiscal Impact: (Dated January 21, 2026) LOCAL GOVERNMENT EXPENDITURES Mandatory FY26 -27 $9,400 Article II, Section 24 of the Tennessee Constitution provides that: no law of general application shall impose increased exp enditure requirements on cities or counties unless the General Assembly shall provide that the state share in the cost.

Latest Action: **SB 1768** Set for Senate Judiciary Committee on Mar 23, 2026.; **HB 1774** Referred to House Elections Subcommittee. on Feb. 04, 2026

Upcoming Schedules: Senate Judiciary Committee (March 23, 2026, 12:00 PM, Senate Hearing Room I)

Mon 3/23/2026 2:15 PM CDT - House Hearing Room I, House Judiciary Committee

2. **HB 1872 (SB 2031)** J. Zachary

- Civil cause of action against healthcare professionals for injuries caused by medical procedures performed under coercion. State Website

Sponsors: Jason Zachary, Adam Lowe

Cosponsors: Ed Jackson, Bobby Harshbarger, Jessie Seal, Ken Yager, Paul Bailey, Rusty Crowe, Joey Hensley, Bo Watson, Shane Reeves, Brent Taylor, Page Walley, Richard Briggs, John Stevens, Jack Johnson, Ferrell Haile, Todd Gardenhire, Dawn White, Paul Rose, Tom Hatcher, Becky Massey, Kerry Roberts

Amendment Summary: Senate Judiciary Committee amendment 1 (014443) establishes that a person may bring a civil action against a healthcare professional for an injury that is a result of a medical procedure, if: (1) The medical procedure was for the purpose of enabling the person to identify with, or live as, a purported identity inconsistent with the person's sex or treating purported discomfort or distress from a discordance between the person's sex and asserted identity; and (2) The person consented, or if the person was a minor at the time of the medical procedure, the person's parent, guardian, or legal representative consented, in whole or in part, due to an act of coercion by the healthcare professional. Establishes that the statute of limitations for such a civil action to be brought is 18 years after the later of: the date the pertinent medical procedure occurred; or the date the person first obtained knowledge of the injury that resulted from the medical procedure. Does not apply to therapies to treat a minor's congenital defect, precocious puberty, disease, or physical injury.

Description: As introduced, creates a civil cause of action against a healthcare professional by a person who suffered an injury that resulted from certain medical procedures if the reason the person, or the person's parent, guardian, or legal representative, consented to the medical procedure was due in whole or in part to coercion by the healthcare professional.

AI Summary: A civil cause of action is created allowing individuals to sue healthcare professionals for injuries resulting from medical procedures intended to enable a person to live as a gender inconsistent with their sex or to treat gender dysphoria, if consent was obtained through coercion. "Medical procedure" is defined to include surgeries and administration of puberty blockers or hormones, excluding treatments for congenital defects, precocious puberty, disease, or physical injury in minors. The statute of limitations permits claims to be filed within 18 years of the procedure or discovery of injury. Coercion is defined by reference to existing criminal law, and the law applies to causes of action arising on or after its effective date. (SB 2031/HB 1872, Tennessee)

Fiscal Impact: (Dated January 23, 2026) NOT SIGNIFICANT

Latest Action: **HB 1872** Set for House Judiciary Committee on Mar 23, 2026.; **SB 2031** Senate Judiciary recommended with amendment 1 (014443), which establishes that a person may bring a civil action against a healthcare professional for an injury that is a result of a medical procedure, if: (1) The medical procedure was for the purpose of enabling the person to identify with, or live as, a purported identity inconsistent with the person's sex or treating purported discomfort or distress from a discordance between the person's sex and asserted identity; and (2) The person consented, or if the person was a minor at the time of the medical procedure, the person's parent, guardian, or legal representative consented, in whole or in part, due to an act of coercion by the healthcare professional. Establishes that the statute of limitations for such a civil action to be brought is 18 years after the later of: the date the pertinent medical procedure occurred; or the date the person first obtained knowledge of the injury that resulted from the medical procedure. Does not apply to therapies to treat a minor's congenital defect, precocious puberty, disease, or physical injury. Sent to

Calendar Committee. on Mar. 10, 2026
Upcoming Schedules: House Judiciary Committee (March 23, 2026, 2:15 PM, House Hearing Room I)

66.
HB 2101 (SB 2323)
J. Faison

- Increases annual purchase limits for ephedrine and pseudoephedrine products and updates tracking and fee requirements. State Website
Sponsors: Jeremy Faison, Ferrell Haile
Amendment Summary: House Criminal Justice Subcommittee amendment 1 (015433) removes the requirement that a pharmacist or pharmacy intern must counsel with a person seeking to purchase an over-the-counter product containing pseudoephedrine or ephedrine as to the reasons for needing the product to determine if the sale is for a legitimate medical purpose. Removes references that specify that a pharmacist must utilize the National Precursor Log Exchange (NPLEx) administered by the National Association of Drug Diversion Investigators (NADDI) to keep records of sales of over-the-counter products containing pseudoephedrine or ephedrine. Establishes, instead, that pharmacists must use the electronic sales tracking system for such purpose. Establishes that the Tennessee Bureau of Investigation (TBI) must coordinate with the administrator of the electronic sales tracking system, rather than NADDI, with regard to electronic notifications of a person placed on the methamphetamine registry. Requires, beginning January 1, 2027, any manufacturer of an ephedrine or pseudoephedrine product that is sold in or into the state to pay fees to the administrator of the electronic sales tracking system on a monthly basis and as established by the administrator. Prohibits a seller from completing an online or remote sale of a product containing pseudoephedrine or ephedrine unless the purchaser provides a government-issued identification, and requires the seller to confirm the government-issued identification through an online electronic sales tracking system. Requires the seller to submit the online or remote transaction to the electronic sales tracking system prior to completing the sale to determine whether the purchase would exceed the applicable daily, thirty-day, or yearly limits. Establishes that a pseudoephedrine or ephedrine product sold through an online or remote transaction may only be shipped or delivered to the residential address listed on the purchaser's government-issued identification.
Description: As introduced, increases the amount of products containing ephedrine or pseudoephedrine a person may purchase in a year from 43.2 grams to 61.2 grams. Changes references to the "National Precursor Log Exchange" (NPLEx) to the "electronic sales tracking system." Requires manufacturers of ephedrine products sold in Tennessee to, on a monthly basis, pay fees to the administrator of the electronic sales tracking system.
AI Summary: Requirements are imposed on pharmacies in Tennessee to use an electronic sales tracking system for monitoring over-the-counter sales of ephedrine and pseudoephedrine products, including mandatory real-time data submission and stop-sale alerts for individuals on the methamphetamine registry. The allowable purchase limit of these products is increased from 43.2 grams to 61.2 grams, and manufacturers are required to pay monthly fees to support the tracking system starting in 2027. Provisions also establish immunity for pharmacies acting in good faith, define the roles of the system administrator and law enforcement, and mandate system interoperability with the Tennessee Methamphetamine Information System if the current system becomes unavailable.
Fiscal Impact: (Dated March 05, 2026) NOT SIGNIFICANT
Latest Action: **HB 2101** Set for House Judiciary Committee on Mar 23, 2026.; **SB 2323** Set for Senate Judiciary Committee on Mar 23, 2026.
Upcoming Schedules: House Judiciary Committee (March 23, 2026, 2:15 PM, House Hearing Room I)

Tue 3/24/2026 8:30 AM CDT - Senate Hearing Room I, Senate Finance, Ways and Means Committee

3.
SB 2040 (HB 1959)
B. Harshbarger

- "Freedom, Access, and Integrity in Registered Pharmacy (FAIR Rx) Act." State Website
Sponsors: Bobby Harshbarger, Rick Scarbrough
Cosponsors: Ferrell Haile, Shane Reeves, Randy McNally, Tom Hatcher, Adam Lowe, Bo Watson, Ken Yager, Joey Hensley, Steve Southerland, Fred Atchley, Rush Bricken, Ed Butler, Kip Capley, Mark Cochran, John Crawford, Tandy Darby, Jeremy Faison, Rusty Grills, Gary Hicks, Tim Hicks, Sabi Kumar, Justin Lafferty, Pat Marsh, Kevin Raper, Jay Reedy, Lowell Russell, Cameron Sexton, Paul Sherrell, Mike Sparks, Tom Stinnett, Ryan Williams, Rebecca Alexander, Debra Moody, Michele Carringer, Esther Helton-Haynes
Amendment Summary: Senate Health & Welfare Committee amendment 1 (013168) prohibits the simultaneous owning or controlling of a licensed pharmacy and a pharmacy benefit management (PBM) entity. House Insurance Committee Amendment 2 (014996), which specifies health insurance issuers as being the entity that an individual or business cannot have a controlling stake in concurrent with a controlling stake in a pharmacy; 5% pharmacy ownership threshold for health insurance issuers; exempts medicines subject to an FDA Risk Evaluation and Mitigation Strategy (REMS) or medicines designated by the FDA as orphan drugs with limited distribution; exempts entities that own a pharmacy and operate a pharmacy benefits program for its own employees; and

exempts pharmacy contracts with the Department of Defense (DOD), Department of Veterans' Affairs (VA), Indian Health Service (HIS), or the Office of Personnel Management (OPM) House Insurance Committee Amendment 3 (015297), which expands the scope of the employee benefit exemption to include dependents and retirees.

Description: As introduced, enacts the "Freedom, Access, and Integrity in Registered Pharmacy (FAIR Rx) Act," which requires that a pharmacy benefits manager shall not, directly or indirectly, acquire, hold, control, or otherwise possess any ownership or beneficial interest in, or exercise control over, a pharmacy license or a pharmacy license holder, whether through ownership, contract, or any other arrangement, including through management, staffing, leasing, supply, franchise, service, formulary, or revenue-sharing agreements, or any other arrangement that transfers operational control or economic benefit to the pharmacy benefits manager. Allows the board of pharmacy to issue a limited-use pharmacy license for certain rare, orphan, or FDA-designated limited-distribution drugs. Broadly captioned.

AI Summary: Ownership or control of pharmacies by pharmacy benefits managers (PBMs) is prohibited in Tennessee under HB 1959/SB 2040, effective January 1, 2027, to prevent conflicts of interest and protect patient access and pharmacy independence. Requirements are imposed for disclosure of ownership and control interests to the Tennessee Board of Pharmacy, with enforcement provisions including civil penalties and license revocation for violations. Limited-use pharmacy licenses for rare or orphan drugs are authorized with specific conditions, and the Board is tasked with oversight, enforcement, and annual reporting.

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

Latest Action: **SB 2040** Set for Senate Finance, Ways and Means Committee on Mar 24, 2026.; **HB 1959** Set for House Finance, Ways, and Means Subcommittee on Mar 25, 2026.

Upcoming Schedules: Senate Finance, Ways and Means Committee (March 24, 2026, 8:30 AM, Senate Hearing Room I)

Tue 3/24/2026 10:30 AM CDT - House Hearing Room III, House Insurance Committee

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

- Study of neighboring states' innovations in health insurance coverage for substance use disorder and report to the General Assembly. State Website

Sponsors: Iris Rudder, Ed Jackson

Cosponsors: Esther Helton-Haynes

Amendment Summary: Senate amendment 1 (013835) requires the Commissioner of the Department of Commerce and Insurance to conduct a study of neighboring states' recent innovations in addressing substance use disorder through new health insurance coverage and reimbursement methods, strategies, or models, including coverage and reimbursement for recovery housing. Requires the Commissioner to compile the findings and legislative recommendations developed from the study into a report, which must be transmitted to the Chief Clerks of the Senate and House of Representatives and to the Legislative Librarian by December 31, 2026. House Insurance Subcommittee amendment 1 (013835) directs the DCI to conduct a study of addiction recovery housing programs in neighboring states.

Description: As introduced, directs the commissioner to use existing resources to study recent innovations by neighboring states to address substance use disorder through new health insurance coverage and reimbursement methods, strategies, or models. Requires the commissioner to compile the findings and any recommendations from the study into a report for transmission to the general assembly no later than December 31, 2026. Broadly captioned.

AI Summary: A study is mandated for the Tennessee commissioner of commerce and insurance to examine neighboring states' recent innovations in addressing substance use disorder through health insurance coverage and reimbursement methods, including coverage for recovery housing. Findings and legislative recommendations must be compiled into a report and submitted by December 31, 2026. The act takes effect immediately upon becoming law.

Fiscal Impact: (Dated January 23, 2026) NOT SIGNIFICANT

Latest Action: **HB 1756** Set for House Insurance Committee on Mar 24, 2026.; **SB 1803** Senate passed with amendment 1 (013835). on Mar. 09, 2026

Upcoming Schedules: House Insurance Committee (March 24, 2026, 10:30 AM, House Hearing Room III)

2. **- TennCare actuarial study and related comments to be submitted electronically to legislative committees.** State Website

HB 2162
(SB 2554)
I. Rudder

Sponsors: Iris Rudder, Shane Reeves
Cosponsors: Elaine Davis, Bryan Terry
Amendment Summary: Amendment 1 (014370). Requires health care insurers to submit reports to DCI regarding prior authorization, approval / denial / appeal rates, patient timelines, and certain other metrics.
Description: As introduced, authorizes the comptroller of the treasury to submit the annual actuarial study of the TennCare program and participating managed care organizations, along with any related oral and written comments, to the designated legislative committees and offices in an electronic format. Broadly captioned.
AI Summary: Electronic submission of the final study and accompanying oral and written comments to legislative committees is authorized by amending Tennessee Code Annotated, Section 71-5-188(a). HB 2162 (Tennessee) modifies reporting procedures related to insurance studies to allow electronic formats. The act takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 02, 2026) NOT SIGNIFICANT
Latest Action: **HB 2162** Set for House Insurance Committee on Mar 24, 2026.; **SB 2554** Senate Commerce & Labor Committee deferred to final calendar. on Mar. 10, 2026
Upcoming Schedules: House Insurance Committee (March 24, 2026, 10:30 AM, House Hearing Room III)

6.
HB 1956
(SB 2081)
R. Alexander

- Step therapy for cancer treatments. State Website
Sponsors: Rebecca Alexander, Bo Watson
Cosponsors: Kevin Raper, Clark Boyd, Jeremy Faison, Rusty Grills, Gary Hicks, Tim Hicks, Mary Littleton, Pat Marsh, Brock Martin, Jake McCalmon, Iris Rudder, Lowell Russell, Rick Scarbrough, William Slater, Ron Travis, Greg Vital, Mark White, Ryan Williams, Jason Zachary
Description: As introduced, expands the prohibition, from stage 4 advanced metastatic cancer or metastatic blood cancer to any cancer, against a health benefit plan that provides coverage for cancer requiring the use of a step therapy protocol before the health benefit plan provides coverage for an approved prescription drug to an enrollee who has received a diagnosis of cancer. Broadly captioned.
AI Summary: Step therapy protocols are prohibited for health benefit plans covering cancer treatment, requiring coverage of approved prescription drugs without prior step therapy for any cancer diagnosis. Definitions related to cancer in the step therapy context are broadened by removing references to specific advanced or metastatic cancer stages. Rulemaking authority is granted to the commissioners of commerce and insurance and health to implement these provisions, effective January 1, 2027, for applicable policies.
Fiscal Impact: (Dated January 28, 2026) NOT SIGNIFICANT
Latest Action: **HB 1956** Set for House Insurance Committee on Mar 24, 2026.; **SB 2081** Senate Commerce & Labor Committee deferred to 03/17/2026.
Upcoming Schedules: House Insurance Committee (March 24, 2026, 10:30 AM, House Hearing Room III)

9.
HB 2243
(SB 2070)
B. Martin

- Stopping Health Insurers from Excluding Legal Decisions (SHIELD) Act. State Website
Sponsors: Brock Martin, Bo Watson
Cosponsors: Debra Moody, Michele Reneau, Michael Hale, Timothy Hill, Kip Capley, Rusty Grills, John Stevens
Amendment Summary: Senate Commerce & Labor Committee amendment 1 (014409) enacts the Stopping Health Insurers from Excluding Legal Decisions (SHIELD) Act. Prohibits a health insurance entity from calculating a final quality measure, quality rating, incentive payment, or reimbursement tier for a healthcare provider at the end of each measurement period that is used to calculate provider payments by including an exempt patient documented by a healthcare provider to have declined a specific vaccination or series of vaccinations in the denominator of a vaccination-related metric. Requires a health insurance entity to exclude an exempt patient from the final calculations of vaccine-related quality metrics at the end of a measurement period if a healthcare provider documents the patient's exempt status in the patient's medical record and submits an electronic claim containing a standard diagnosis code indicating the immunization was not carried out. Prohibits a health insurance entity from terminating a healthcare provider from a network, reducing a provider's reimbursement rate, or withholding an incentive payment solely because the provider retains exempt patients in the provider's practice. Establishes that, for purposes of timely reimbursement, a claim for reimbursement that is denied, reduced, or recouped by a health insurance entity in violation of the legislation is a clean claim and is subject to the same interest penalties and remediation requirements as other prompt payment violations by health insurance entities. Establishes that, if a healthcare provider submits documentation to a health insurance entity indicating that a patient is an exempt patient, the health insurance entity must exclude the patient from the calculation of the provider's vaccination rate performance or any other quality metric derived from vaccination status. Prohibits a health insurance entity health insurance entity from downcoding a claim or reduce a reimbursement level solely because: (1) the patient is an exempt patient; or (2) a preventative care standard was not met due to the patient's exempt status.
Description: As introduced, prohibits health insurance entities from calculating a quality measure,

quality rating, incentive payment, or reimbursement tier for a healthcare provider by including any exempt patient in the denominator of any vaccination-related metric. Prohibits a health insurance entity from terminating a healthcare provider from a network, reduce a provider's reimbursement rate, or withhold an incentive payment solely because the provider retains exempt patients in the provider's practice.

AI Summary: SB 2070/HB 2243 (Tennessee) prohibits health insurance entities from including patients who decline vaccinations in vaccination-related quality measures used to determine provider reimbursement, incentives, or network status. Providers must document exempt patients in medical records and submit claims with appropriate diagnosis codes to exclude these patients from quality metric calculations. Health insurers are barred from penalizing providers by reducing reimbursement, withholding incentives, or terminating network participation solely for retaining exempt patients, with violations subject to timely reimbursement penalties.

Fiscal Impact: (Dated February 27, 2026) STATE GOVERNMENT EXPENDITURES General Fund FY26 -27 $1,913, 900 FY27 -28 & Subsequent Years $546,8 00 FEDERAL GOVERNMENT EXPENDITURES FY26 -27 $3,336,1 00 FY27 -28 & Subsequent Years $953, 200

Latest Action: **HB 2243** Set for House Insurance Committee on Mar 24, 2026.; **SB 2070** Senate deferred to 03/26/26.

Upcoming Schedules: House Insurance Committee (March 24, 2026, 10:30 AM, House Hearing Room III)

10. **- Extends insurer response time to the department from 30 days to 30 business days for complaint information requests.** State Website

HB 1477 (SB 1694)

Y. Hakeem

Sponsors: Yusuf Hakeem, Raumesh Akbari

Description: As introduced, extends from 30 days to 30 business days the period of time within which an insurer must respond to the department of commerce and insurance's request for information in regard to a complaint filed against the insurer. Broadly captioned.

AI Summary: The timeframe for certain insurance-related actions is modified by changing the period from thirty calendar days to thirty business days in Tennessee Code Annotated Section 56-1-106(a)(2)(A). This amendment applies to the state of Tennessee and takes effect immediately upon becoming law.

Fiscal Impact: (Dated January 07, 2026) NOT SIGNIFICANT

Latest Action: **HB 1477** Set for House Insurance Committee on Mar 24, 2026.; **SB 1694** P2C, referred to Senate Commerce & Labor Committee. on Jan. 22, 2026

Upcoming Schedules: House Insurance Committee (March 24, 2026, 10:30 AM, House Hearing Room III)

Tue 3/24/2026 10:30 AM CDT - Senate Hearing Room I, Senate State and Local Government Committee

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

SB 2108 (HB 1711)

D. White

Sponsors: Dawn White, Elaine Davis

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

Description: As introduced, requires reporting by law enforcement agencies and local governmental entities and officials regarding persons not lawfully present in the United States. Requires the department of finance and administration to report the annual cost incurred by this state for public schools, including public higher education institutions, prisons, hospitals, and social services agencies to provide benefits and services to persons not lawfully present in the United States.

AI Summary: Requirements are imposed on Tennessee law enforcement agencies and local governments to submit quarterly reports to a centralized immigration enforcement division regarding illegal activities, ordinance violations, and public benefits usage by individuals not lawfully present in the United States. The Department of Finance and Administration is mandated to report annually on the state's costs for public services provided to these individuals. Failure by employees or officials to report as required is classified as a Class A misdemeanor, with the act effective July 1, 2026.

Fiscal Impact: (Dated February 12, 2026) STATE GOVERNMENT EXPENDITURES General Fund FY26 -27 $131,100 FY27 -28 & Subsequent Years $127,900 Total Positions Required: 1

Latest Action: **SB 2108** Set for Senate State and Local Government Committee on Mar 24, 2026.; **HB 1711** Set for House State & Local Government Committee on Mar 24, 2026.

Upcoming Schedules: Senate State and Local Government Committee (March 24, 2026, 10:30 AM, Senate Hearing Room I)

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

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

Sponsors: Richard Briggs, Jeremy Faison

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

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

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

Latest Action: **SB 2281** Set for Senate State and Local Government Committee on Mar 24, 2026.; **HB 2100** Set for House Finance, Ways, and Means Subcommittee on Mar 25, 2026.

Upcoming Schedules: Senate State and Local Government Committee (March 24, 2026, 10:30 AM, Senate Hearing Room I)

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

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

Sponsors: Sara Kyle, Gloria Johnson

Cosponsors: Aftyn Behn

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

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

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

Latest Action: **SB 2497** Set for Senate State and Local Government Committee on Mar 24, 2026.; **HB 2249** Failed in House Department & Agencies Subcommittee. on Mar. 17, 2026

Upcoming Schedules: Senate State and Local Government Committee (March 24, 2026, 10:30 AM, Senate Hearing Room I)

Tue 3/24/2026 12:00 PM CDT - House Hearing Room I, House Education Committee

15. **HB 1550 (SB 1716)** E. Davis

- 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.

Fiscal Impact: (Dated February 07, 2026) LOCAL GOVERNMENT EXPENDITURES Permissive FY26-27 & Subsequent Years NET $202,500

Latest Action: **HB 1550** Set for House Education Committee on Mar 24, 2026.; **SB 1716** Senate Education recommended with amendment 1 (013538). Sent to Senate Finance, Ways & Means. on Feb. 18, 2026

Upcoming Schedules: House Education Committee (March 24, 2026, 12:00 PM, House Hearing Room I)

23. **HB 1711 (SB 2108)** E. Davis

- 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.

Fiscal Impact: (Dated February 12, 2026) STATE GOVERNMENT EXPENDITURES General Fund FY26 -27 $131,100 FY27 -28 & Subsequent Years $127,900 Total Positions Required: 1

Latest Action: **HB 1711** Set for House State & Local Government Committee on Mar 24, 2026.; **SB 2108** Set for Senate State and Local Government Committee on Mar 24, 2026.

Upcoming Schedules: House State & Local Government Committee (March 24, 2026, 12:00 PM, House Hearing Room I)

24. **HB 1710 (SB 1915)** D. Powers

- 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, Paul Rose

Amendment Summary: Senate State & Local Government Committee amendment 1 (015237) requires local governmental entities to verify that an individual who is 18 years of age or older and applies for a federal, state, or local public benefit is a United States (U.S.) citizen or otherwise lawfully present in the U.S. Requires local government entities, upon the first reprinting of forms or updating of the phone systems after July 1, 2026, to include on all forms and all automated phone systems a statement: (1) that an applicant for public benefits must attest to the applicant's status as either a U.S. citizen or is lawfully present in the U.S.; and (2) describing the penalties associated with violating applicable laws. Clarifies that both state and local governmental entities are subject to the laws, and the liability associated with the violation of such laws, governing the verification of the citizenship of persons applying for federal, state, or local public benefits. Requires each state governmental entity, local governmental entity, and local health department to report individuals who are not U.S. citizens or are not lawfully present in the U.S. and who receive federal, state, or local public benefits from the entity or health department to the Centralized Immigration Enforcement Division (CIED) of the Department of Safety (DOS), unless the entity or health department is required to report Supplemental Nutrition Assistance Program recipients discovered to be in the U.S. unlawfully to the U.S. Citizenship and Immigration Services pursuant to federal code and regulations. Establishes that an employee's or official's intentional failure to report such information is a Class A misdemeanor. Establishes that the Department of Children's Services (DCS) is exempt from providing any of the aforementioned information that would identify a child or family receiving services from the department. Authorizes the Attorney General and Reporter (AG) to investigate credible allegations or complaints that a local governmental entity or local health department is not verifying the citizenship of persons applying for public benefits in accordance with the law. Authorizes

the AG, if the AG concludes the local governmental entity or health department is not in compliance, to withhold all funds of the state allocated to the local governmental entity or local health department via grant, contract, or statute including, but not limited to, state-shared taxes.
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 requirements are expanded to include local governmental entities, requiring them to confirm that applicants aged 18 or older for federal, state, or local public benefits are U.S. citizens or lawfully present under federal immigration law. Local entities must implement these requirements upon updating forms or systems after July 1, 2026. Reporting obligations are imposed on state and local entities to notify a centralized immigration enforcement division of individuals found ineligible, with failure to report classified as a Class A misdemeanor. Enforcement provisions authorize the attorney general to investigate violations by local entities and withhold state funds for noncompliance. A proposed amendment would clarify reporting exemptions for the Department of Children's Services and specify that reporting is not required when mandated by certain federal regulations; this amendment has not yet been adopted.
Fiscal Impact: (Dated February 14, 2026) STATE GOVERNMENT EXPENDITURES General Fund FY26 -27 $131,100 FY27 -28 & Subsequent Years $127,900 Total Positions Required: 1
Latest Action: **HB 1710** Set for House State & Local Government Committee on Mar 24, 2026.; **SB 1915** Senate State & Local Government recommended with amendment 1 (015237). Sent to Senate Calendar Committee. on Mar. 17, 2026
Upcoming Schedules: House State & Local Government Committee (March 24, 2026, 12:00 PM, House Hearing Room I)

Tue 3/24/2026 1:30 PM CDT - House Hearing Room I, House Health Committee

1.
HB 2136
(SB 2556)
B. Terry

- Directs the department of health to submit a report of each medication approved by the FDA for the purpose of women's health. State Website
Sponsors: Bryan Terry, Shane Reeves
Amendment Summary: House Health Subcommittee amendment 1 (014073) establishes that, if a compound, mixture, or preparation containing a drug or substance that has been classified as a Schedule I substance by the Commissioner of the Department of Mental Health and Substance Abuse Services (DMHSAS) is approved by the federal Food and Drug Administration (FDA) and is designated or rescheduled by the federal Drug Enforcement Administration (DEA) in a schedule other than Schedule I, then that compound, mixture, or preparation is automatically deemed scheduled in the same schedule in the state that the compound, mixture, or preparation is scheduled under the federal schedules of controlled substances. Establishes that such designation or rescheduling is effective 30 days after the effective date of the federal designation or rescheduling, unless the Commissioner of DMHSAS objects within the 30-day period. Authorizes the Commissioner of DMHSAS, upon the agreement of the Commissioner of the Department of Health (DOH), to issue an objection to the automatic designation or rescheduling of the compound, mixture, or preparation, as outlined in the legislation. Requires the notice of objection to include a concise statement of the basis for the objection and to be posted on a publicly accessible website on the same day it is issued. Establishes that, upon the issuance of a notice of objection, the Commissioner of DMHSAS to conduct a public hearing no later than 60 days following the effective date of the applicable federal designation or rescheduling and to issue a final determination adopting, modifying, or rejecting conformity with the federal designation or rescheduling no later than 90 days after the effective date. Establishes that, if the Commissioner of DMHSAS does not issue a final determination within the 90-day period, then the compound, mixture, or preparation is deemed scheduled in the same schedule that the compound, mixture, or preparation is scheduled under the federal schedules of controlled substances, and such designation or rescheduling is effective as of the 91st day after the effective date of the federal designation or rescheduling. Establishes that a licensed healthcare prescriber who is authorized to prescribe controlled substances may prescribe a drug product that has been deemed scheduled or rescheduled pursuant to the legislation immediately upon the effective date of such scheduling or rescheduling, if it is within the healthcare prescriber's lawful scope of practice, and if the drug product is approved by the FDA and deemed scheduled by DMHSAS in a schedule other than Schedule I.
Description: As introduced, directs the department of health to submit a report of each medication approved by the FDA for the purpose of women's health to the speaker of the senate and the speaker of the house of representatives on or before January 1, 2027.
AI Summary: A report detailing each FDA-approved medication for women's health, including a synopsis of each, is required to be submitted by the Tennessee Department of Health to the speakers of the senate and house by January 1, 2027. The act amends Tennessee Code Annotated Titles 39, 53, 63, and 68 to include this reporting requirement. The act takes effect immediately upon

becoming law.
Fiscal Impact: (Dated February 03, 2026) NOT SIGNIFICANT
Latest Action: **HB 2136** Set for House Health Committee on Mar 24, 2026.; **SB 2556** Senate Health & Welfare Committee deferred to Final Calendar. on Mar. 18, 2026
Upcoming Schedules: House Health Committee (March 24, 2026, 1:30 PM, House Hearing Room I)

12. **- Report on remote use of the WIC program by the Department of Health.** State Website
HB 2539
(SB 2227)
W. Lamberth
Sponsors: William Lamberth, Jack Johnson
Cosponsors: Mark Cochran, Sabi Kumar
Amendment Summary: Senate Commerce and Labor Committee amendment 1 (012037) creates the Agency of Commissioner Issued Licenses (Agency) within the Department of Health's (DOH's) Division of Health-Related Boards (Division). Dissolves various health-related boards and committees and transfers their regulatory authorities over the issuance and renewal of licenses, certificates, and registrations to the Agency. Makes various administrative changes involving DOH and the Division.
Description: As introduced, removes provisions relative to a report that was due by December 15, 2022, from the department of health concerning remote use of the special supplemental food program for women, infants, and children. Broadly captioned.
AI Summary: Tennessee Code Annotated Section 68-1-144(b) is repealed, removing specific health-related provisions. A proposed amendment to SB 2227/HB 2539 would extensively revise health regulatory statutes by deleting numerous sections, updating board and licensing references, transferring rulemaking authority, and consolidating administrative functions under the Division of Health Related Boards. The amendment also proposes to eliminate certain boards and advisory committees, adjust licensure and supervision standards for alcohol and drug abuse counselors, and reserve parts of Title 63, Chapter 33. These changes aim to streamline health professional regulation and oversight but have not yet been adopted.
Fiscal Impact: (Dated February 02, 2026) NOT SIGNIFICANT
Latest Action: **HB 2539** Set for House Health Committee on Mar 24, 2026.; **SB 2227** Set for Senate Government Operations Committee on Mar 25, 2026.
Upcoming Schedules: House Health Committee (March 24, 2026, 1:30 PM, House Hearing Room I)

14. **- Requires public posting of pain management clinic inspection criteria on Department of Health website.** State Website
HB 2572
(SB 2279)
S. Kumar
Sponsors: Sabi Kumar, Richard Briggs
Amendment Summary: Senate Health and Welfare Committee amendment 1, House Health Subcommittee amendment 1 (015170) requires the Department of Health (DOH) to determine the criteria for identifying a provider as a high-risk prescriber and to make the criteria for identifying a prescriber as a high-risk prescriber publicly available on the department's website. Requires DOH to expunge the identification of a prescriber as a high-risk prescriber and notify the prescriber in writing of the expungement upon receiving proof that the prescriber has completed the required course regarding the risks, complications, and consequences of opioid addiction, and when either: (1) none of the patient overdoses that formed the basis for the prescriber's identification as a high-risk prescriber involved a substance prescribed by the prescriber; or (2) DOH does not identify the prescriber as a high-risk prescriber for the next two consecutive years. Authorizes a pain management specialist to provide coverage for and serve as medical director of a pain management clinic in place of a medical director who is temporarily unable to fulfill their duties because of illness, vacation, or other unavailability. Establishes that such coverage may be provided on a temporary, short-term basis, without a physical presence at the clinic if the specialist is immediately available by telephone, and that the temporary service does not count toward the limit of four pain management clinics at which a pain management specialist may serve as medical director. Prohibits DOH from requiring a medical director to notify the department of the identity of another pain management specialist serving as medical director on a temporary basis during the medical director's absence. Changes the minimum time that a medical director must be onsite at a pain management clinic, from 20 percent of a clinics weekly operating hours to 20 percent of the clinics quarterly operating hours. Requires DOH to make all inspection criteria required for compliance by licensed pain management clinics publicly available on the department's website. Authorizes the Commissioner of DOH to issue an advisory private letter ruling to any affected licensee that requests a ruling on a matter relating to pain management clinics. Establishes that a private letter ruling only affects only the licensee that requested the ruling and has no precedential value for any other inquiry or a future contested case.
Description: As introduced, requires the department of health to make available to the public on its website all inspection criteria required for compliance by pain management clinics. Makes other changes relative to pain management. Broadly captioned.
AI Summary: High-risk prescribers are identified annually based on clinical outcomes, including patient overdoses, with criteria publicly available; such prescribers are subject to chart review and investigation. Pain management specialists are exempt from high-risk prescriber identification and may provide temporary medical director coverage without in-person presence or notification

requirements, and such coverage does not count toward clinic limits. Reporting frequency for pain management clinics is changed from weekly to quarterly. The commissioner may issue advisory private letter rulings to licensees, which are non-precedential. A proposed amendment would clarify expungement criteria for high-risk prescribers, refine temporary medical director provisions, and require public posting of inspection criteria. This applies to Tennessee under SB 2279/HB 2572.
Fiscal Impact: (Dated February 26, 2026) NOT SIGNIFICANT
Latest Action: **HB 2572** Set for House Health Committee on Mar 24, 2026.; **SB 2279** Senate Health & Welfare recommended with an amendment 1(015170), which requires the Department of Health (DOH) to determine the criteria for identifying a provider as a high-risk prescriber and to make the criteria for identifying a prescriber as a high-risk prescriber publicly available on the department's website. Requires DOH to expunge the identification of a prescriber as a high-risk prescriber and notify the prescriber in writing of the expungement upon receiving proof that the prescriber has completed the required course regarding the risks, complications, and consequences of opioid addiction, and when either: (1) none of the patient overdoses that formed the basis for the prescriber's identification as a high-risk prescriber involved a substance prescribed by the prescriber; or (2) DOH does not identify the prescriber as a high-risk prescriber for the next two consecutive years. Authorizes a pain management specialist to provide coverage for and serve as medical director of a pain management clinic in place of a medical director who is temporarily unable to fulfill their duties because of illness, vacation, or other unavailability. Establishes that such coverage may be provided on a temporary, short-term basis, without a physical presence at the clinic if the specialist is immediately available by telephone, and that the temporary service does not count toward the limit of four pain management clinics at which a pain management specialist may serve as medical director. Prohibits DOH from requiring a medical director to notify the department of the identity of another pain management specialist serving as medical director on a temporary basis during the medical director's absence. Changes the minimum time that a medical director must be onsite at a pain management clinic, from 20 percent of a clinics weekly operating hours to 20 percent of the clinics quarterly operating hours. Requires DOH to make all inspection criteria required for compliance by licensed pain management clinics publicly available on the department's website. Authorizes the Commissioner of DOH to issue an advisory private letter ruling to any affected licensee that requests a ruling on a matter relating to pain management clinics. Establishes that a private letter ruling only affects only the licensee that requested the ruling and has no precedential value for any other inquiry or a future contested case. Sent to Senate Calendar. on Mar. 17, 2026
Upcoming Schedules: House Health Committee (March 24, 2026, 1:30 PM, House Hearing Room I)

15.
HB 2569
(SB 1584)
S. Kumar

- Hospitals must offer flu and pneumococcal immunizations to patients aged 50 or older before discharge. State Website
Sponsors: Sabi Kumar, Ferrell Haile
Description: As introduced, lowers the age of an inpatient from 65 to 50 or older when a hospital, each year from October 1 through March 1, must offer immunization against influenza disease prior to discharge. Requires a hospital to offer immunization against pneumococcal disease to an inpatient aged 50 or older prior to discharge. Broadly captioned.
AI Summary: Immunization requirements are imposed on hospitals in Tennessee under SB 1584/HB 2569, mandating that inpatients aged 50 or older be offered influenza and pneumococcal vaccines prior to discharge, following CDC advisory committee recommendations and subject to vaccine availability. The influenza vaccine must be offered annually between October 1 and March 1. These provisions take effect on July 1, 2026.
Fiscal Impact: (Dated January 12, 2026) NOT SIGNIFICANT
Latest Action: **HB 2569** Set for House Health Committee on Mar 24, 2026.; **SB 1584** Senate Health & Welfare Committee deferred to 03/18/2026.
Upcoming Schedules: House Health Committee (March 24, 2026, 1:30 PM, House Hearing Room I)

18.
HB 853
(SB 259)
M. Reneau

- Review of a child's health and medical records by parent or legal guardian. State Website
Sponsors: Michele Reneau, Mark Pody
Amendment Summary: Senate Education Committee amendment 1 (014530) clarifies that parents have the right to access and review all health records and medical records of their unemancipated child, including mental health records, rehabilitation records, and prescription records. Establishes that, to the extent allowable by federal privacy laws and regulations, the parent, legal guardian, or legal custodian of an unemancipated minor age 16 or older with serious emotional disturbance or mental illness may access all medical records resulting from outpatient or inpatient mental health treatment for the child. Authorizes an unemancipated minor's parent, legal guardian, legal custodian, or other person with medical decision-making authority for the unemancipated minor to access, and be provided by a healthcare provider or healthcare facility, all medical records resulting from treatment of the minor, even if the treatment was provided to the unemancipated minor without parental consent. Prohibits a child's parent, legal guardian, or legal custodian from accessing an unemancipated minor's medical records if the treating professional is required to report abuse of the

unemancipated minor and the treating professional believes that access to the patient's records is reasonably likely to endanger the life or physical safety of the minor. Authorizes an employee of a local education agency (LEA) or public institution of higher education to provide a minor with bandages, gauze, or ice packs for the treatment of cuts, scrapes, bumps, and bruises without first obtaining the consent of a parent of the minor. Authorizes an employee of a public institution of higher education to act to control a minor's bleeding using a bleeding control kit without first obtaining consent from a parent of a minor. House Health Subcommittee Amendment 1 (13710) establishes that a child's parent, legal guardian, or legal custodian has the right to receive all medical records resulting from treatment provided to an unemancipated minor pursuant to this section.

Description: Clarifies that a child's parent, legal guardian, or legal custodian may access and review all health and medical records of the child, including those records related to treatments available to unemancipated minors without parental consent. Allows an employee of a local education agency to provide bandages, gauze, or ice packs for the treatment of minor cuts, scrapes, bumps, and bruises. Broadly captioned.

AI Summary: Parental access to medical, mental health, rehabilitation, and prescription records of unemancipated minors is expanded, with exceptions when access is deemed likely to endanger the minor's life or safety, particularly in cases involving abuse reporting. Informed consent from a parent or guardian is required before providing vaccinations or medical treatment to minors, except in emergencies. Definitions of medical treatment and procedures are clarified, and provisions for minor injury care by educational staff are specified.

Fiscal Impact: (Dated January 24, 2025) NOT SIGNIFICANT

Latest Action: **HB 853** Set for House Health Committee on Mar 24, 2026.; **SB 259** Senate Health & Welfare Committee deferred to Final Calendar. on Mar. 18, 2026

Upcoming Schedules: House Health Committee (March 24, 2026, 1:30 PM, House Hearing Room I)

20.
HB 658
(SB 502)
T. Hicks

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

Sponsors: Tim Hicks, Ferrell Haile

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

Amendment Summary: Senate Health & Welfare Committee amendment 1 (015579) requires an athletic trainer or a person performing any of the activities of an athletic trainer to obtain a license. Provides certain exceptions for out-of-state applicants. Defines an athletic trainer to be a healthcare provider who carries out the practice of prevention, recognition, evaluation, management, disposition, treatment, or rehabilitation of athletic injuries. House Health Subcommittee Amendment 1 (015579) requires an athletic trainer or a person performing any of the activities of an athletic trainer to obtain a license. Provides certain exceptions for out-of-state applicants. Defines an athletic trainer to be a healthcare provider who carries out the practice of prevention, recognition, evaluation, management, disposition, treatment, or rehabilitation of athletic injuries.

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 scope of practice for athletic trainers in Tennessee are updated, including definitions of athletic injury and authorized healthcare procedures such as manual techniques, physical modalities, and specific injections. Certification by the Board of Certification (BOC) and board approval are required for licensure, with provisions for out-of-state applicants. A proposed amendment would expand authorized healthcare procedures to include certain injections and intravenous administration under physician supervision, clarify the definition of athletic injury, and explicitly prohibit athletic trainers from practicing medicine or related professions. These changes aim to regulate athletic trainers' qualifications, practice boundaries, and supervision requirements.

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

Latest Action: **HB 658** Set for House Health Committee on Mar 24, 2026.; **SB 502** Senate Health & Welfare recommended with amendment 1 (015579), which requires an athletic trainer or a person performing any of the activities of an athletic trainer to obtain a license. Provides certain exceptions for out-of-state applicants. Defines an athletic trainer to be a healthcare provider who carries out the practice of prevention, recognition, evaluation, management, disposition, treatment, or rehabilitation of athletic injuries. Sent to Senate Calendar. on Mar. 18, 2026

Upcoming Schedules: House Health Committee (March 24, 2026, 1:30 PM, House Hearing Room I)

21.
HB 1887
(SB 1936)
R. Stevens

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

Sponsors: Robert Stevens, Shane Reeves

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

prescribed pediatric extended care program.
AI Summary: Licensure requirements and operational standards are established for prescribed pediatric extended care centers serving medically or technologically dependent minors in Tennessee under SB 1936/HB 1887. The legislation mandates background checks, inspection protocols, and administrative penalties for noncompliance, while limiting care to nonresidential services of up to twelve hours per day and capping patient capacity at sixty. TennCare coverage for services at these centers is authorized, contingent on federal approval, with rulemaking authority granted to the relevant department.
Fiscal Impact: (Dated February 26, 2026) STATE GOVERNMENT REVENUE General Fund FY27 -28 & Subsequent Years $4,500 EXPENDITURES General Fund FY26 -27 $34,200 FY27 -28 $7,013,500 FY28 -29 $13,9 58,600 FY29 -30 & Subsequent Years $20,9 03,700 Total Positions Required: 1 FEDERAL GOVERNMENT EXPENDITURES FY27 -28 $12,494,90 0 FY28 -29 $24,989,80 0 FY29 -30 & Subsequent Years $37,484,7 00
Latest Action: **HB 1887** Set for House Health Committee on Mar 24, 2026.; **SB 1936** Senate Commerce & Labor Committee deferred to final calendar. on Mar. 10, 2026
Upcoming Schedules: House Health Committee (March 24, 2026, 1:30 PM, House Hearing Room I)

22.
HB 2415
(SB 2406)
R. Stevens

- Allows healthcare quality improvement committees to assess security measures for patient and staff safety. State Website
Sponsors: Robert Stevens, Dawn White
Amendment Summary: Senate Health & Welfare Committee Amendment 1 (014653) requires the commissioner of health to develop a hospital security grant program to award grants to hospitals for the purpose of hiring off-duty law enforcement officers to serve as hospital security. House Health Subcommittee Amendment 1 (014653) requires the commissioner of health to develop a hospital security grant program to award grants to hospitals for the purpose of hiring off-duty law enforcement officers to serve as hospital security.
Description: As introduced, permits a healthcare organization's quality improvement committee to evaluate the security measures in place at a healthcare organization to ensure the safety of patients and staff. Broadly captioned.
AI Summary: An amendment to Tennessee Code Annotated Section 68-11-272(b)(4) requires evaluation of security measures to ensure patient and staff safety in healthcare facilities. A proposed amendment to SB 2406/HB 2415 would establish a hospital security grant program, administered by the commissioner of health, to fund hospitals hiring off-duty law enforcement officers for security purposes. Grants would be distributed across all three grand divisions of Tennessee, including urban and rural hospitals, with funding subject to legislative appropriation. The commissioner would be authorized to promulgate rules to implement the program. This amendment has been proposed but not yet adopted.
Fiscal Impact: (Dated February 08, 2026) NOT SIGNIFICANT
Latest Action: **HB 2415** Set for House Health Committee on Mar 24, 2026.; **SB 2406** Senate Health & Welfare recommended with amendment 1 (014653), which requires the commissioner of health to develop a hospital security grant program to award grants to hospitals for the purpose of hiring off-duty law enforcement officers to serve as hospital security. Sent to Senate Finance. on Mar. 18, 2026
Upcoming Schedules: House Health Committee (March 24, 2026, 1:30 PM, House Hearing Room I)

23.
HB 2246
(SB 2586)
C. Hurt

- Regulates the retrieval, manufacture, storage, and use of stem cells for therapy. State Website
Sponsors: Chris Hurt, Ed Jackson
Description: As introduced, establishes requirements for the retrieval, manufacture, storage, and use of stem cells used for stem cell therapy. Broadly captioned.
AI Summary: HB 2246 (Tennessee) imposes regulations on physicians performing stem cell therapies not approved by the FDA, limiting use to orthopedics, wound care, or pain management within their scope of practice. Requirements include sourcing stem cells from FDA-registered and accredited facilities, providing patient consent with detailed risk disclosures, and including specific advertising notices. Violations may result in disciplinary action or felony charges for unauthorized use of fetal or embryonic cells or illegal distribution of related products.
Fiscal Impact: (Dated February 08, 2026) NOT SIGNIFICANT
Latest Action: **HB 2246** Set for House Health Committee on Mar 24, 2026.; **SB 2586** Senate Health & Welfare Committee deferred to Final calendar. on Mar. 18, 2026
Upcoming Schedules: House Health Committee (March 24, 2026, 1:30 PM, House Hearing Room I)

26.
HB 2075
(SB 2149)
B. Terry

- "Helping Open Pathways to Effective (HOPE) Treatment Act." State Website
Sponsors: Bryan Terry, Page Walley
Cosponsors: Iris Rudder, Bob Freeman, Esther Helton-Haynes, Elaine Davis, Chris Hurt, Sabi Kumar, Paul Sherrell, Torrey Harris, Jeremy Faison, Jason Powell
Description: As introduced, enacts the "Helping Open Pathways to Effective (HOPE) Treatment Act,"

which improves mental health and substance abuse services. Advocates conducting ibogaine drug development clinical trials. (11pp.) Broadly captioned.

AI Summary: Tennessee authorizes and funds clinical trials for ibogaine, a Schedule I psychoactive compound, to treat opioid use disorder, co-occurring substance use disorders, and other neurological or mental health conditions upon FDA approval. A council on emerging behavioral health treatments is created to oversee participation in a multistate ibogaine research consortium, authorize qualified institutions, manage funding, and report progress to the legislature. Revenue from intellectual property or FDA-approved medications developed through trials is partially allocated to an innovation fund supporting behavioral health research, training, and public education. Medical supervision and compliance with federal law are required for ibogaine administration in clinical trials. A proposed amendment would replace the original cohort-based framework with a council-led multistate consortium model, add conflict of interest provisions, and expand the innovation fund's purposes; this amendment has not yet been adopted.

Fiscal Impact: (Dated February 21, 2026) OTHER FISCAL IMPACT To the extent that the federal Food and Drug Administration approves ibogaine for treatment of medical conditions there could be future increases in state expenditures and revenue associated with cohorts researching the use of ibogaine to treat opioid use disorder and other mental health condition s. Such increases are dependent on a number of unknown factors and cannot be reasonably estimated.

Latest Action: **HB 2075** Set for House Health Committee on Mar 24, 2026.; **SB 2149** Senate Health & Welfare recommended with amendment 014072. Sent to Senate Finance, Ways, and Means Committee. on Mar. 04, 2026

Upcoming Schedules: House Health Committee (March 24, 2026, 1:30 PM, House Hearing Room I)

31.
HB 398
(SB 343)
R. Williams

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

Sponsors: Ryan Williams, Paul Bailey

Cosponsors: Kelly Keisling

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

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 original legislation amends Tennessee Code Annotated Section 68-1-128(h)(2) to extend the timeframe from thirty to forty-five days. A proposed amendment to SB 343/HB 398 would authorize paramedics licensed under § 68-140-306 to make an actual determination and pronouncement of death after completing specified training and attempting resuscitation per emergency medical services board standards. The amendment prohibits paramedics from pronouncing death in hospital settings and allows physicians to direct cessation of resuscitative efforts. It also requires paramedics to complete death pronouncement training and mandates proof of such training for out-of-state license applicants. The amendment is proposed but not yet adopted.

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

Latest Action: **HB 398** Set for House Health Committee on Mar 24, 2026.; **SB 343** Senate Health & Welfare recommended with amendment 1 (014083), which allows a licensed paramedic to make an actual determination and pronouncement of death if the paramedic has successfully completed training in the determination and pronouncement of death and the paramedic has attempted to resuscitate the person in accordance with standards established by the emergency medical services board. Sent to Senate Calendar. on Mar. 18, 2026

Upcoming Schedules: House Health Committee (March 24, 2026, 1:30 PM, House Hearing Room I)

32.
HB 2290
(SB 2461)
R. Williams

- Certification requirements for assisted reproductive technology practitioners and fertility clinics. State Website
Sponsors: Ryan Williams, Paul Bailey
Cosponsors: Becky Massey
Amendment Summary: Senate Health & Welfare Committee Amendment 1 (14612) requires fertility clinics to obtain a certification to perform assisted reproductive technology services. Requires fertility clinics to submit verification of the fertility clinic's Society for Assisted Reproductive Technology membership, an emergency plan for the transfer of embryos should the clinic close permanently for any reason, and proof of passing the most recent laboratory inspection from either the College of American Pathologists or the Joint Commission on Accreditation of Healthcare Organizations. Requires fertility clinics to follow current clinical practice guidelines and professional standards for genetic testing issued by nationally recognized professional societies or organizations in the field of reproductive medicine or obstetrics and gynecology.
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 (ART) in Tennessee, including compliance with board-established standards and prohibitions on genetic testing of embryos except for chromosomal abnormalities or fatal fetal anomalies. Fertility clinics must obtain state certification, undergo annual inspections, post a bond for embryo storage, and report pregnancy success rates to both the CDC and the state Department of Health. Consent forms must include specific disclosures regarding genetic testing limitations and embryo custody. A proposed amendment would require fertility clinics to maintain membership in the Society for Assisted Reproductive Technology (SART), adhere to its standards, and have clinical directors with specialized board certification and fellowship training; this amendment has not yet been adopted. The effective date for most provisions is July 1, 2026, with the amendment proposing a January 1, 2027 effective date.
Fiscal Impact: (Dated February 14, 2026) STATE GOVERNMENT EXPENDITURES General Fund FY26 -27 $503,800 FY27 -28 & Subsequent Years $369,1 00 Total Positions Required: 3 SB 2461 - HB 2290 2
Latest Action: **HB 2290** Set for House Health Committee on Mar 24, 2026.; **SB 2461** Senate Health & Welfare recommended with Amendment 1 (14612), which requires fertility clinics to obtain a certification to perform assisted reproductive technology services. Requires fertility clinics to submit verification of the fertility clinic's Society for Assisted Reproductive Technology membership, an emergency plan for the transfer of embryos should the clinic close permanently for any reason, and proof of passing the most recent laboratory inspection from either the College of American Pathologists or the Joint Commission on Accreditation of Healthcare Organizations. Requires fertility clinics to follow current clinical practice guidelines and professional standards for genetic testing issued by nationally recognized professional societies or organizations in the field of reproductive medicine or obstetrics and gynecology. Sent to Senate Calendar. on Mar. 18, 2026
Upcoming Schedules: House Health Committee (March 24, 2026, 1:30 PM, House Hearing Room I)

Wed 3/25/2026 8:30 AM CDT - House Hearing Room II, House Criminal Justice Subcommittee

57.
HB 465
(SB 291)
E. Helton-Haynes

- Denial of license application due to prior criminal conviction. State Website
Sponsors: Esther Helton-Haynes, Paul Bailey
Description: Changes, from 30 days to 60 days, the amount of time an individual, applicant, licensee, certificate holder, or registrant has to file a petition after receiving written notice of a denial of an application due to past criminal history.
AI Summary: The timeframe for healthcare providers to respond under Tennessee Code Annotated Section 63-1-130(c) is extended from thirty to sixty business days. This amendment applies to the processing or handling of relevant healthcare provider matters as specified in the code. The change takes effect on July 1, 2025.
Fiscal Impact: (Dated January 25, 2025) NOT SIGNIFICANT
Latest Action: **HB 465** Set for House Criminal Justice Subcommittee on Mar 25, 2026.; **SB 291** Set for Senate Judiciary Committee on Mar 23, 2026.
Upcoming Schedules: House Criminal Justice Subcommittee (March 25, 2026, 8:30 AM, House Hearing Room II)

66.
HB 2525
(SB 2440)
A. Behn

- "Pot for Potholes Act" State Website
Sponsors: Aftyn Behn, Heidi Campbell
Description: As introduced, enacts the "Pot for Potholes Act," which establishes a regulatory structure for the cultivation, processing, and retail sale of marijuana and marijuana products in this state to be administered by the department of agriculture. (39pp.) Broadly captioned.
AI Summary: Senate Bill 2440 and House Bill 2525 establish a comprehensive regulatory framework for the cultivation, processing, sale, and use of marijuana in Tennessee, including licensing

requirements, consumer protections, and taxation with revenues allocated primarily to the state highway fund and community reinvestment. Personal possession and cultivation limits are set for adults 21 and older, protections against discrimination and legal penalties for authorized conduct are provided, and local governments are restricted from banning marijuana businesses except by a supermajority vote with time-limited bans. Provisions also mandate the release of certain incarcerated individuals convicted solely of marijuana offenses, require the Department of Agriculture to oversee licensing and enforcement, and create a fund to support communities disproportionately affected by prior marijuana laws.
Latest Action: **HB 2525** Set for House Criminal Justice Subcommittee on Mar 25, 2026.; **SB 2440** Set for Senate Judiciary Committee on Mar 23, 2026.
Upcoming Schedules: House Criminal Justice Subcommittee (March 25, 2026, 8:30 AM, House Hearing Room II)

74. **- Testing for psychotropic drugs for person that is believed to have committed a mass shooting.** State Website
HB 2013 (SB 2088)
M. Littleton
Sponsors: Mary Littleton, Rusty Crowe
Description: As introduced, requires a law enforcement officer to cause to be administered by a qualified practitioner at a hospital a blood or urine test on a person for the presence of a psychotropic drug if such officer has probable cause to believe that the person committed a mass shooting; directs the health science center to study the drug interactions between any drugs found in the person's blood or urine.
AI Summary: Requirements are imposed for drug testing individuals suspected of committing mass shootings in Tennessee, defined as shootings causing injury to or attempted killing of four or more people. Law enforcement officers with probable cause must cause qualified practitioners at hospitals to obtain and test blood or urine samples for drugs, including psychotropic drugs. Test results and samples are sent anonymously to a health science center for study of drug interactions, with findings reported quarterly to the legislature. A proposed amendment would change mandatory testing to testing only with the suspect's consent, allow parental consent for minors, remove the use of reasonable force to obtain samples, and limit liability protections accordingly. The provisions take effect July 1, 2026, applying to mass shootings thereafter.
Fiscal Impact: (Dated February 17, 2026) NOT SIGNIFICANT
Latest Action: **HB 2013** Set for House Criminal Justice Subcommittee on Mar 25, 2026.; **SB 2088** Senate Judiciary recommended with amendment 1 (015388). Sent to Calendar Committee. on Mar. 17, 2026
Upcoming Schedules: House Criminal Justice Subcommittee (March 25, 2026, 8:30 AM, House Hearing Room II)

Wed 3/25/2026 8:30 AM CDT - Senate Hearing Room I, Senate Government Operations Committee

1. **- Report on remote use of the WIC program by the Department of Health.** State Website
SB 2227 (HB 2539)
J. Johnson
Sponsors: Jack Johnson, William Lamberth
Cosponsors: Mark Cochran, Sabi Kumar
Amendment Summary: Senate Commerce and Labor Committee amendment 1 (012037) creates the Agency of Commissioner Issued Licenses (Agency) within the Department of Health's (DOH's) Division of Health-Related Boards (Division). Dissolves various health-related boards and committees and transfers their regulatory authorities over the issuance and renewal of licenses, certificates, and registrations to the Agency. Makes various administrative changes involving DOH and the Division.
Description: As introduced, removes provisions relative to a report that was due by December 15, 2022, from the department of health concerning remote use of the special supplemental food program for women, infants, and children. Broadly captioned.
AI Summary: Tennessee Code Annotated Section 68-1-144(b) is repealed, removing specific health-related provisions. A proposed amendment to SB2227 would delete multiple sections and revise numerous statutory references related to health professional licensure, including transferring regulatory authority for certain professions to the Department of Health and updating board oversight structures. The amendment also proposes consolidating administrative functions under the Division of Health Related Boards and revising licensure and regulatory provisions for alcohol and drug abuse counselors, occupational therapists, dietitians, and other health professionals. Several sections would be repealed or renumbered, and regulatory rules would be transferred to the Tennessee Compilation of Rules and Regulations. These changes remain proposed and have not yet been adopted.
Fiscal Impact: (Dated February 02, 2026) NOT SIGNIFICANT
Latest Action: **SB 2227** Set for Senate Government Operations Committee on Mar 25, 2026.; **HB 2539** Set for House Health Committee on Mar 24, 2026.
Upcoming Schedules: Senate Government Operations Committee (March 25, 2026, 8:30 AM, Senate Hearing Room I)

Wed 3/25/2026 9:00 AM CDT - House Hearing Room I, House Commerce Committee

7. **- Military Families Licensing Recognition Act.** State Website

HB 1677
(SB 1692)
R. Eldridge

Sponsors: Rick Eldridge, Becky Massey

Cosponsors: Antonio Parkinson, Yusuf Hakeem, Lowell Russell, Brock Martin, Michele Reneau, Fred Atchley, Rush Bricken, Clark Boyd, Michael Lankford, Jessie Seal, Kerry Roberts, Richard Briggs, Adam Lowe, Shane Reeves

Amendment Summary: Senate amendment 1 (014656) enacts the Military Families Licensing Recognition Act (Act), which requires licensing boards who regulate and license professional or occupational professions to recognize a covered license held by a service member or spouse of a service member who relocates to this state pursuant to military orders received by the servicemember or who relocates to a state contiguous to this state. Specifies that a covered license is a current license issued by another state, in good standing. Authorizes a licensing authority that receives an application for recognition of a covered license to require an applicant to submit to a background check. Specifies that licenses issued under the Act are valid only in this state and are subject to the laws of this state regulating the applicable licensed occupation. Specifies that this Act does not supersede, or invalidate a process, procedure, rule, or policy that a licensing authority has previously adopted to recognize, endorse, expedite, or otherwise grant licensure or license recognition to service members or their spouses. Directs the licensing boards to utilize the process that will allow a service member or the spouse of a service member to obtain a license in the shortest amount of time. Requires certain licensing authorities to display a specific notice on their websites, applications, and related communications, advertising that military families may qualify for in-state recognition of an occupational license issued in another state.

Description: As introduced, enacts the "Military Families Licensing Recognition Act ." Authorizes issuance of occupational licenses to persons from another state or in the military who currently hold such occupational license. Specifies requirements for issuance of license.

AI Summary: Military Families Licensing Recognition Act requires Tennessee licensing authorities to recognize occupational or professional licenses held by active or retired military members and their spouses from other states or the military, provided certain criteria are met, including good standing and similar scope of practice. Licenses must be issued within ten business days, and applicants must affirm compliance with state laws and licensing requirements. A proposed amendment would refine definitions, require proof of military orders, allow background checks, clarify applicability, and mandate licensing authorities to use the shortest licensure pathway available, but this amendment has not yet been adopted. The act takes effect July 1, 2026.

Fiscal Impact: (Dated February 21, 2026) STATE GOVERNMENT EXPENDITURES General Fund FY26-27 $32,100 OTHER FISCAL IMPACT The proposed legislation is estimated to increase licensure fee revenue for occupation al licensing board s; however , due to multiple unknown factors , such as the number of applicants and the specific board under which the applicant will seek licensure , the increase in revenue to any particular board cannot be determined with reasonable certainty.

Latest Action: **HB 1677** Set for House Commerce Committee on Mar 25, 2026.; **SB 1692** Senate passed with amendment 1 (014656), which enacts the Military Families Licensing Recognition Act (Act), which requires licensing boards who regulate and license professional or occupational professions to recognize a covered license held by a service member or spouse of a service member who relocates to this state pursuant to military orders received by the servicemember or who relocates to a state contiguous to this state. Specifies that a covered license is a current license issued by another state, in good standing. Authorizes a licensing authority that receives an application for recognition of a covered license to require an applicant to submit to a background check. Specifies that licenses issued under the Act are valid only in this state and are subject to the laws of this state regulating the applicable licensed occupation. Specifies that this Act does not supersede, or invalidate a process, procedure, rule, or policy that a licensing authority has previously adopted to recognize, endorse, expedite, or otherwise grant licensure or license recognition to service members or their spouses. Directs the licensing boards to utilize the process that will allow a service member or the spouse of a service member to obtain a license in the shortest amount of time. Requires certain licensing authorities to display a specific notice on their websites, applications, and related communications, advertising that military families may qualify for in-state recognition of an occupational license issued in another state. on Mar. 19, 2026

Upcoming Schedules: House Commerce Committee (March 25, 2026, 9:00 AM, House Hearing Room I)

Wed 3/25/2026 10:30 AM CDT - House Hearing Room I, House Finance, Ways, and Means Subcommittee

21. **- Report on coverage for mental health, alcoholism, and drug dependency.** State Website

HB 1930
(SB 2067)
K. Vaughan

Sponsors: Kevin Vaughan, Bo Watson

Cosponsors: Esther Helton-Haynes, Timothy Hill, Brock Martin, Ken Yager

Amendment Summary: House Insurance Committee recommended with amendment 1 (014294), requires DCI to review and approve adequacy and compliance of a new health care insurance plan

at least 30 days before the plan is offered to the public, and requires the insurer to alert DCI to any changes to the plan. Focus of DCI review is to assess whether a plan has a adequate number of contracted health care providers in-network pursuant to 2023 law.
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: Tennessee Code Annotated Section 56-7-2360(e) is amended to specify that certain health care reporting must occur by January 31 annually. A proposed amendment to HB 1930 would comprehensively regulate health benefit plan network adequacy by requiring health insurers to obtain department approval of provider networks, maintain updated provider directories, and report material changes within 15 days. The amendment establishes detailed network adequacy standards, mandates corrective actions and penalties for noncompliance, and requires annual reporting to the department and legislature. It also provides for examinations of network adequacy upon complaints and material changes, with transparency measures including public posting of penalties and corrective plans. This amendment remains proposed and has not been adopted.
Fiscal Impact: (Dated January 22, 2026) NOT SIGNIFICANT
Latest Action: **HB 1930** Set for House Finance, Ways, and Means Subcommittee on Mar 25, 2026.; **SB 2067** Senate Commerce & Labor Committee deferred to 03/17/2026.
Upcoming Schedules: House Finance, Ways, and Means Subcommittee (March 25, 2026, 10:30 AM, House Hearing Room I)

22.
HB 2100
(SB 2281)
J. Faison

- Removes certificate of need requirement for nonresidential opioid treatment centers starting July 1, 2026. State Website
Sponsors: Jeremy Faison, Richard Briggs
Description: As introduced, removes nonresidential substitution-based treatment centers for opiate addiction from the requirement of obtaining a certificate of need beginning July 1, 2026.
AI Summary: Certain certificate of need provisions under Tennessee Code Annotated Title 68, Chapter 11 are repealed, including specific subdivisions related to mental health and substance abuse services. Multiple sections and subsections governing certificate of need requirements and processes are deleted to streamline regulatory oversight. These changes take effect on July 1, 2026.
Fiscal Impact: (Dated February 28, 2026) STATE GOVERNMENT REVENUE Health Facilities Commission FY26 -27 & Subsequent Years >($11,500) OTHER FISCAL IMPACT The Health Facilities Commission is required to prescribe fees for the C ertificate of Need program in an amount that allows the program to be self -sufficient. Therefore, it is assumed that any decrease in revenue will be offset by fees assessed to other facilities and providers.
Latest Action: **HB 2100** Set for House Finance, Ways, and Means Subcommittee on Mar 25, 2026.; **SB 2281** Set for Senate State and Local Government Committee on Mar 24, 2026.
Upcoming Schedules: House Finance, Ways, and Means Subcommittee (March 25, 2026, 10:30 AM, House Hearing Room I)

29.
HB 1959
(SB 2040)
R. Scarbrough

- "Freedom, Access, and Integrity in Registered Pharmacy (FAIR Rx) Act." State Website
Sponsors: Rick Scarbrough, Bobby Harshbarger
Cosponsors: Fred Atchley, Rush Bricken, Ed Butler, Kip Capley, Mark Cochran, John Crawford, Tandy Darby, Jeremy Faison, Rusty Grills, Gary Hicks, Tim Hicks, Sabi Kumar, Justin Lafferty, Pat Marsh, Kevin Raper, Jay Reedy, Lowell Russell, Cameron Sexton, Paul Sherrell, Mike Sparks, Tom Stinnett, Ryan Williams, Rebecca Alexander, Debra Moody, Michele Carringer, Esther Helton-Haynes, Ferrell Haile, Shane Reeves, Randy McNally, Tom Hatcher, Adam Lowe, Bo Watson, Ken Yager, Joey Hensley, Steve Southerland
Amendment Summary: Senate Health & Welfare Committee amendment 1 (013168) prohibits the simultaneous owning or controlling of a licensed pharmacy and a pharmacy benefit management (PBM) entity. House Insurance Committee Amendment 2 (014996), which specifies health insurance issuers as being the entity that an individual or business cannot have a controlling stake in concurrent with a controlling stake in a pharmacy; 5% pharmacy ownership threshold for health insurance issuers; exempts medicines subject to an FDA Risk Evaluation and Mitigation Strategy (REMS) or medicines designated by the FDA as orphan drugs with limited distribution; exempts entities that own a pharmacy and operate a pharmacy benefits program for its own employees; and exempts pharmacy contracts with the Department of Defense (DOD), Department of Veterans' Affairs (VA), Indian Health Service (HIS), or the Office of Personnel Management (OPM) House Insurance Committee Amendment 3 (015297), which expands the scope of the employee benefit exemption to include dependents and retirees.
Description: As introduced, enacts the "Freedom, Access, and Integrity in Registered Pharmacy (FAIR Rx) Act," which requires that a pharmacy benefits manager shall not, directly or indirectly, acquire, hold, control, or otherwise possess any ownership or beneficial interest in, or exercise control over, a pharmacy license or a pharmacy license holder, whether through ownership, contract, or any other arrangement, including through management, staffing, leasing, supply, franchise, service, formulary, or revenue-sharing agreements, or any other arrangement that transfers operational control or economic benefit to the pharmacy benefits manager. Allows the board of pharmacy to issue a limited-use pharmacy license for certain rare, orphan, or FDA-designated

limited-distribution drugs. Broadly captioned.
AI Summary: Ownership or control of pharmacies by pharmacy benefits managers (PBMs) is prohibited in Tennessee beginning January 1, 2027, to prevent conflicts of interest and protect patient access, especially in rural areas. PBMs cannot hold any ownership or beneficial interest in pharmacies or exercise control through contracts or other arrangements, with strict disclosure and enforcement provisions by the Tennessee Board of Pharmacy. Limited-use pharmacy licenses for rare or orphan drugs are allowed temporarily, and violators face civil penalties and possible license revocation. A proposed amendment would clarify that employers may own or operate pharmacies solely for their own employees and dependents under employee benefit plans.
Fiscal Impact: (Dated February 23, 2026) OTHER FISCAL IMPACT The proposed legislation may result in increased expenditures to the Division of TennCare and the State Group Insurance Program as a result of increased drug acquisition costs , professional dispensing fees , and administrative costs associated with modifying or renegotiating pharmacy networks and reimbursement arrangements. Cost-saving s from reducing certain non -competitive busin ess practices may occur . Because the fiscal impact depends on business decisions, procurement responses, and evolving market conditions, the net impact on state expenditures cannot be reasonably determined. Impacts are anticipated to be most pronounced in the short - to mid -term periods following enactment, with stabilization expected as reimbursement benchmarks and pharmacy networks adjust over time .
Latest Action: **HB 1959** Set for House Finance, Ways, and Means Subcommittee on Mar 25, 2026.; **SB 2040** Set for Senate Finance, Ways and Means Committee on Mar 24, 2026.
Upcoming Schedules: House Finance, Ways, and Means Subcommittee (March 25, 2026, 10:30 AM, House Hearing Room I)

Wed 3/25/2026 10:30 AM CDT - House Hearing Room I, House Insurance Subcommittee

1. **- Fee schedules for health insurance carriers.** State Website
HB 2503
(SB 2557)
C. Sexton
Sponsors: Cameron Sexton, Shane Reeves
Description: As introduced, decreases, from 10 to nine business days, the time that a health insurance carrier has after receipt of a written request from a healthcare provider to deliver to the provider at the provider's dedicated email address that provider's fee schedule, free of charge, in either a partial or full version as requested by the provider, in a transferable industry standard spreadsheet, including Microsoft Excel or other comparable format. Broadly captioned.
AI Summary: The deadline for health insurance claim payment determinations is reduced from ten to nine business days under Tennessee Code Annotated Section 56-7-1013(f)(1). This amendment applies statewide and takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 03, 2026) NOT SIGNIFICANT
Latest Action: **HB 2503** Set for House Insurance Subcommittee on Mar 25, 2026.; **SB 2557** Taken off notice in Senate Commerce & Labor Committee. on Mar. 10, 2026
Upcoming Schedules: House Insurance Subcommittee (March 25, 2026, 10:30 AM, House Hearing Room I)

Wed 3/25/2026 12:00 PM CDT - House Hearing Room III, House Health Subcommittee

1. **- Protects good faith disclosures by healthcare providers from waiving quality improvement committee confidentiality.** State Website
HB 2259
(SB 2413)
E. Helton-Haynes
Sponsors: Esther Helton-Haynes, Bo Watson
Description: As introduced, specifies that a good faith disclosure of information related to an activity of a quality improvement committee (QIC) made by a healthcare provider or healthcare organization to a patient or a family member of a patient is not a waiver of the privilege and confidentiality protections provider under current law and makes other related changes.
AI Summary: Confidentiality and privilege protections are expanded for quality improvement committees (QICs) in Tennessee, including definitions of adverse healthcare incidents and open discussions. Healthcare providers and organizations are authorized to engage in voluntary, good faith communications with patients or families after adverse incidents without waiving privilege or incurring liability. Procedures for open discussions are established, including participant rights, confidentiality waivers, and limitations on discovery and use of communications in legal proceedings under HB 2259.
Fiscal Impact: (Dated March 05, 2026) NOT SIGNIFICANT
Latest Action: **HB 2259** Set for House Health Subcommittee on Mar 25, 2026.; **SB 2413** Senate Health & Welfare Committee deferred to Final Calendar. on Mar. 18, 2026
Upcoming Schedules: House Health Subcommittee (March 25, 2026, 12:00 PM, House Hearing Room III)

8. **- List of psychotropic medications and side effects of each medication.** State Website
HB 1160
(SB 1064)
Sponsors: Susan Lynn, Paul Bailey
Cosponsors: Tim Hicks, Rusty Crowe, Joey Hensley

S. Lynn

Amendment Summary: Senate Health & Welfare Committee Amendment 1 (014518) requires a prescriber, before issuing a new prescription for a psychotropic medication, or before prescribing a psychotropic medication not previously prescribed during the current treatment episode, to provide the patient, or if the patient is a minor or lacks decision-making capacity, the patient's parent, legal guardian, or authorized legal representative, a written warning that includes the FDA-approved labeling for the psychotropic medication. Requires prescribers to review the warning with the patient or authorized surrogate decision maker and provide opportunity for questions and obtain a signed, written acknowledgment confirming that the warning was received and reviewed. Requires a prescriber who becomes aware of a serious adverse event to submit a report to the federal MedWatch program, or a successor program, within 15 business days.
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
Latest Action: **HB 1160** Set for House Health Subcommittee on Mar 25, 2026.; **SB 1064** Senate Health & Welfare Committee deferred to 03/25/2026.
Upcoming Schedules: House Health Subcommittee (March 25, 2026, 12:00 PM, House Hearing Room III)

9. **- TACIR study on state and local readiness to support a medical marijuana program.**

HB 1972
(SB 1603)
A. Farmer

State Website

Sponsors: Andrew Farmer, Ferrell Haile
Description: As introduced, requires TACIR to conduct a study on the creation of a medical cannabis program in this state. Specifies that the study must include the process for implementing a medical cannabis program and the operational readiness of state and local governmental entities to support a medical marijuana program. Requires TACIR to report its findings to members of the general assembly by November 1, 2026. Broadly captioned.
AI Summary: A medical cannabis program study is mandated for Tennessee, requiring the Tennessee Advisory Commission on Intergovernmental Relations (TACIR) to evaluate implementation processes and the readiness of state and local agencies, with findings due by November 1, 2026. All relevant state departments must assist TACIR upon request. A proposed amendment to SB 1603 would prevent the Commissioner of Mental Health and Substance Abuse Services from rescheduling or declassifying marijuana under state law unless the General Assembly establishes a regulatory framework and authorizes such action, contingent on federal rescheduling or removal of marijuana as a controlled substance. This amendment has not yet been adopted.
Fiscal Impact: (Dated January 21, 2026) NOT SIGNIFICANT
Latest Action: **HB 1972** Set for House Health Subcommittee on Mar 25, 2026.; **SB 1603** Senate Judiciary recommended with amendment 1 (015699). Sent to Calendar Committee. on Mar. 17, 2026
Upcoming Schedules: House Health Subcommittee (March 25, 2026, 12:00 PM, House Hearing Room III)

10. **- Exempts non-diagnostic MRI and PET services from health facility licensing requirements.** State Website

HB 2110
(SB 2431)
C. Boyd

Sponsors: Clark Boyd, Ed Jackson
Description: As introduced, designates as not requiring a license from the health facilities commission as a regulated healthcare facility or service any magnetic resonance imaging or positron emission tomography that is not used for diagnostic purposes. Broadly captioned.
AI Summary: Licensing requirements for magnetic resonance imaging (MRI) and positron emission tomography (PET) facilities are modified by exempting those that do not use these technologies for diagnostic purposes from licensure under Tennessee Code Annotated Title 68, Chapter 11. Subdivisions related to MRI and PET licensing are amended to exclude non-diagnostic uses from the licensing requirement. These changes take effect on July 1, 2026. No amendments have been proposed or adopted.
Fiscal Impact: (Dated February 24, 2026) NOT SIGNIFICANT
Latest Action: **HB 2110** Set for House Health Subcommittee on Mar 25, 2026.; **SB 2431** Senate Health & Welfare Committee deferred to Final calendar. on Mar. 18, 2026
Upcoming Schedules: House Health Subcommittee (March 25, 2026, 12:00 PM, House Hearing Room III)

13. **- Restrictions on managed care organizations regarding termination of qualified nursing facility contracts under TennCare.** State Website

HB 2093
(SB 1797)
R. Williams

Sponsors: Ryan Williams, Shane Reeves
Cosponsors: Randy McNally
Description: As introduced, prohibits a managed care organization from suspending, denying, refusing to review, terminating, or otherwise taking action resulting in the actual or constructive termination of a qualified nursing facility contract except under certain listed circumstances. Specifies that the bureau of TennCare has the exclusive authority to determine whether a qualified nursing facility may be terminated from participating in the TennCare program and makes other related changes.
AI Summary: Contracting and termination authority over qualified nursing facilities in Tennessee's TennCare managed long-term care system are centralized under the TennCare bureau, prohibiting managed care organizations (MCOs) from independently terminating or imposing additional participation requirements beyond those set by the bureau. MCOs must contract with any qualified nursing facility willing to provide Medicaid services under equal terms, continue contracts during bureau investigations, and may only terminate contracts for cause as defined by bureau actions. Contract provisions allowing termination without cause by MCOs are void, and all MCO contract templates require bureau approval to ensure compliance.
Fiscal Impact: (Dated February 27, 2026) STATE GOVERNMENT EXPENDITURES General Fund FY26 -27 & Subsequent Years $205,100 Total Positions Required: 6 FEDERAL GOVERNMENT EXPENDITURES FY26 -27 & Subsequent Years $357,50 0
Latest Action: **HB 2093** Set for House Health Subcommittee on Mar 25, 2026.; **SB 1797** Senate Commerce & Labor Committee deferred to final calendar. on Mar. 10, 2026
Upcoming Schedules: House Health Subcommittee (March 25, 2026, 12:00 PM, House Hearing Room III)

14.
HB 2557
(SB 2242)
W. Lamberth

- Changes the annual reporting date for TennCare's pharmacist-provided medication therapy management pilot program. State Website
Sponsors: William Lamberth, Jack Johnson
Cosponsors: Mark Cochran, Charlie Baum, Shane Reeves
Amendment Summary: Senate Health & Welfare Committee Amendment 1 (014184) requires a pharmacists issuing a prescription or medical order to create and maintain, for not less than ten years from the date of the last contact with a patient, a medical record for each encounter between the patient and pharmacist.
Description: As introduced, changes from April 15 to October 15, the date in which the bureau of TennCare is directed to annually report to the senate health and welfare committee and the health committee of the house of representatives regarding program costs and patient outcomes related to incorporating the pharmacist-provided medication therapy management pilot program each year the pilot program is supported. Broadly captioned.
AI Summary: The effective date for certain pharmacy-related provisions in Tennessee Code Annotated Section 63-10-222 is extended from April 15 to October 15. A proposed amendment to SB 2242/HB 2557 would expand the definition of "practice of pharmacy" to allow pharmacists to issue prescriptions or medical orders based on review of a licensed practitioner's diagnosis, minor self-limiting conditions, CLIA-waived test results, or emergency situations threatening patient safety. It would require pharmacists to maintain detailed medical records for ten years and conduct consultations in private areas, while allowing patients to fill prescriptions at any pharmacy. The amendment also authorizes the Board of Pharmacy to promulgate rules to implement these provisions, with an effective date of January 1, 2027.
Fiscal Impact: (Dated February 02, 2026) NOT SIGNIFICANT
Latest Action: **HB 2557** Set for House Health Subcommittee on Mar 25, 2026.; **SB 2242** Senate Health & Welfare recommended with an amendment 1 (014184), which requires a pharmacists issuing a prescription or medical order to create and maintain, for not less than ten years from the date of the last contact with a patient, a medical record for each encounter between the patient and pharmacist. Sent to Senate Calendar. on Mar. 18, 2026
Upcoming Schedules: House Health Subcommittee (March 25, 2026, 12:00 PM, House Hearing Room III)

16.
HB 2315
(SB 2570)
B. Martin

- Allows certain psychologists to prescribe medication under specific conditions. State Website
Sponsors: Brock Martin, Ferrell Haile
Cosponsors: Paul Sherrell, Jake McCalmon, Mark White, Ryan Williams, Page Walley, Shane Reeves
Description: As introduced, creates prescribing authority for certain psychologists if certain conditions and prerequisites are met. Broadly captioned.
AI Summary: Prescriptive authority is granted to licensed doctoral-level psychologists who complete specified education, training, and certification requirements, allowing them to prescribe psychotropic medications under defined conditions. Restrictions are imposed prohibiting prescribing narcotics, opiates, or treatment without concurrent care by a physician, and requirements for record-keeping, renewal, and oversight are established. Relevant Tennessee statutes are amended to recognize prescribing psychologists in controlled substance regulations, pharmacy notifications, and healthcare

practice scopes effective July 1, 2026.
Fiscal Impact: (Dated March 06, 2026) NOT SIGNIFICANT
Latest Action: **HB 2315** Set for House Health Subcommittee on Mar 25, 2026.; **SB 2570** Senate Health & Welfare Committee deferred to Final Calendar. on Mar. 18, 2026
Upcoming Schedules: House Health Subcommittee (March 25, 2026, 12:00 PM, House Hearing Room III)