Mon 3/30/2026 11:00 AM CDT - House Hearing Room I, House Government Operations Committee

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

HB 2290 (SB 2461)

R. Williams

Sponsors: Ryan Williams, Paul Bailey

Cosponsors: William Slater, 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. House Health Committee amendment 1 (016138) sets standards for fertility clinics related to Society for Assistent Reproductive Technology (SART), and provides that the standards may be altered or expanded if another entity similar to SART that may come into existence in the future.

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. A proposed amendment would require fertility clinics to be members of the Society for Assisted Reproductive Technology (SART) or an equivalent organization, mandate clinical directors to have specific board certifications and fellowship training, and require adherence to evidence-based genetic testing guidelines, with certification renewed biennially. 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 Government Operations Committee on Mar 30, 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 Government Operations Committee (March 30, 2026, 11:00 AM, House Hearing Room I)

10. **- Step therapy for cancer treatments.** State Website

HB 1956 (SB 2081)

R. Alexander

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, Michele Carringer, Mark Cochran, Tandy Darby, Clay Doggett, Andrew Farmer, Bob Freeman, Ron Gant, John Gillespie, David Hawk, Esther Helton-Haynes, Dan Howell, Renea Jones, William Lamberth, Susan Lynn, Aron Maberry, Debra Moody

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 Government Operations Committee on Mar 30, 2026.; **SB 2081** Senate Commerce & Labor Committee deferred to 03/17/2026.
Upcoming Schedules: House Government Operations Committee (March 30, 2026, 11:00 AM, House Hearing Room I)

16. **- Allows healthcare quality improvement committees to assess security measures for patient and staff safety.** State Website
HB 2415 (SB 2406)
R. Stevens
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, House Health 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.
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: Evaluation of security measures to ensure patient and staff safety is added as a required component in healthcare facility assessments under Tennessee Code Annotated Section 68-11-272(b)(4). A proposed amendment to HB 2415 would establish a hospital security grant program administered by the commissioner of health to fund hospitals hiring off-duty law enforcement officers as security personnel. The program would require grant distribution 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 Government Operations Committee on Mar 30, 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 Government Operations Committee (March 30, 2026, 11:00 AM, House Hearing Room I)

Tue 3/31/2026 8:30 AM CDT - Senate Hearing Room I, Senate Finance, Ways and Means Committee

7. **- Tennessee Medicaid Modernization and Access Act of 2025.** State Website
SB 334 (HB 372)
R. Crowe
Sponsors: Rusty Crowe, Bud Hulsey
Cosponsors: David Hawk, Larry Miller, Aftyn Behn
Description: Enacts the "Tennessee Medicaid Modernization and Access Act of 2025," which aligns TennCare's current Medicaid reimbursement rates for key services, meaning obstetrics/gynecology, primary care, outpatient mental health, and substance use disorder treatment with the Medicare fee schedule or average commercial rates, whichever is higher. Requires the department of health to consult with the bureau of TennCare to conduct an annual review to ensure TennCare reimbursement rates align with changes in the Medicare fee schedule and average commercial rates and with the CMS 2024 final rule. Defines CMS annual rule to mean the May 2024 guidelines set by CMS updating Medicaid reimbursement rates. Provides healthcare provider of key services that is entitled to receive TennCare reimbursement to submit a written request for an administrative hearing following an allegation of a delay in payment or receipt of erroneous reimbursement. Provides that the general assembly must appropriate funds under the general appropriations act.
AI Summary: TennCare reimbursements for key services including OB/GYN, primary care, outpatient mental health, and substance use disorder are updated to match the higher of the Medicare fee schedule or average commercial rates starting in 2025, with annual reviews and potential phased implementation. Incentive payments are established for providers based on quality of care and improved access, particularly in rural and underserved areas, supported by state and federal funding efforts. Annual reporting on fiscal impacts, provider participation, access improvements, and outcomes is mandated, and rulemaking authority is granted to implement these provisions under HB 372/SB 334 (Tennessee).

Fiscal Impact: (Dated February 15, 2025) STATE GOVERNMENT EXPENDITURES General Fund FY25-26 & Subsequent Years $604,126,000 FEDERAL GOVERNMENT EXPENDITURES FY25-26 & Subsequent Years $1,089,194,500 HB 372 - SB 334
Latest Action: **SB 334** Set for Senate Finance, Ways and Means Committee on Mar 31, 2026.; **HB 372** House Finance, Ways & Means Subcommittee deferred to final calendar 2. on Mar. 18, 2026
Upcoming Schedules: Senate Finance, Ways and Means Committee (March 31, 2026, 8:30 AM, Senate Hearing Room I)

25. **- "Helping Open Pathways to Effective (HOPE) Treatment Act."** State Website
SB 2149 (HB 2075)
P. Walley
Sponsors: Page Walley, Bryan Terry
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 SB2149/HB2075 establishes the Helping Open Pathways to Effective (HOPE) Treatment Act, creating a council to authorize and oversee participation in multistate ibogaine clinical trial consortia for treating opioid use disorder, PTSD, and other mental health conditions. Funding mechanisms, intellectual property revenue sharing, and an innovation fund are created to support research, training, and public education on ibogaine and emerging behavioral health treatments. Medical supervision requirements and protections from controlled substances liability are imposed for clinical trial administration, with implementation contingent on FDA approval and federal waivers.
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: **SB 2149** Set for Senate Finance, Ways and Means Committee on Mar 31, 2026.; **HB 2075** Set for House Health Committee on Mar 31, 2026.
Upcoming Schedules: Senate Finance, Ways and Means Committee (March 31, 2026, 8:30 AM, Senate Hearing Room I)

Tue 3/31/2026 10:30 AM CDT - House Hearing Room III, House Insurance Committee

1. **- Fee schedules for health insurance carriers.** State Website
HB 2503 (SB 2557)
C. Sexton
Sponsors: Cameron Sexton, Shane Reeves
Cosponsors: Ryan Williams
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 Committee on Mar 31, 2026.; **SB 2557** Taken off notice in Senate Commerce & Labor Committee. on Mar. 10, 2026
Upcoming Schedules: House Insurance Committee (March 31, 2026, 10:30 AM, House Hearing Room III)

2. **- Allows electronic filing of annual reports for not-for-profit healthcare corporations under the Memphis Plan Act.** State Website
HB 2170 (SB 2186)
R. Travis
Sponsors: Ron Travis, John Stevens
Description: As introduced, authorizes electronic filing of the annual report by a sponsoring not-for-profit corporation providing healthcare services to low income individuals pursuant to the Memphis Plan Act of 1991, with the commissioner of commerce and insurance.
AI Summary: The definition of annual report filing under Tennessee Code Annotated Section 56-7-2003(7) is amended to allow electronic submission. HB 2170 (Tennessee) modifies reporting requirements for health care entities to include electronic filing options. The act takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 02, 2026) NOT SIGNIFICANT
Latest Action: **HB 2170** Set for House Insurance Committee on Mar 31, 2026.; **SB 2186** Senate Commerce & Labor Committee deferred to final calendar. on Mar. 10, 2026
Upcoming Schedules: House Insurance Committee (March 31, 2026, 10:30 AM, House Hearing Room III)

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

HB 1711 (SB 2108)

E. Davis

Sponsors: Elaine Davis, Dawn White

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

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

AI Summary: Requirements are imposed on Tennessee law enforcement agencies and local governmental entities to submit quarterly reports to a centralized immigration enforcement division regarding illegal activities, ordinance violations, and public benefits usage by individuals not lawfully present in the United States. Annual cost reports on state expenditures for public services provided to such individuals must be submitted to the governor and legislative leaders beginning in 2026. Failure of employees or officials to report as required is classified as a Class A misdemeanor.

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

Latest Action: **HB 1711** Set for House State & Local Government Committee on 03/31/26.; **SB 2108** Senate State & Local Government deferred to 03/31/2026.

Upcoming Schedules: House State & Local Government Committee (March 31, 2026, 11:00 AM, House Hearing Room I)

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

HB 1710 (SB 1915)

D. Powers

Sponsors: Dennis Powers, Ed Jackson

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

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 03/31/26.; **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 31, 2026, 11:00 AM, House Hearing Room I)

Tue 3/31/2026 1:00 PM CDT - House Hearing Room I, House Health Committee

1. **- 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: Section 68-1-144(b) of the Tennessee Code Annotated is repealed, removing the specified subsection related to health regulations. A proposed amendment to SB 2227/HB 2539 would require applicants under §§ 63-11-107(b)(3) and 63-33-103(b)(4) to be either U.S. citizens or qualified aliens as defined in § 4-58-102. This amendment has been proposed but not yet adopted. The act takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 02, 2026) NOT SIGNIFICANT
Latest Action: **HB 2539** Set for House Health Committee on Mar 31, 2026.; **SB 2227** Senate Government Operations recommended with amendment. Sent to Senate Calendar Committee. on Mar. 25, 2026
Upcoming Schedules: House Health Committee (March 31, 2026, 1:00 PM, House Hearing Room I)

4. **- 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
HB 2136 (SB 2556)
B. Terry
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 31, 2026.; **SB 2556** Set for Senate Health and Welfare Committee on Apr 1, 2026.

Upcoming Schedules: House Health Committee (March 31, 2026, 1:00 PM, House Hearing Room I)

5.
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 Judiciary Committee 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 over-the-counter sales of products containing pseudoephedrine or ephedrine, with mandatory real-time submission of sales data and stop-sale alerts for flagged purchasers. The system must be provided free of charge to pharmacies, and manufacturers of these products must pay monthly fees to support its administration starting in 2027. The methamphetamine registry is integrated with the tracking system to prevent sales to prohibited individuals. The allowable purchase limit of pseudoephedrine is increased from 43.2 grams to 61.2 grams. A proposed amendment has not been adopted and is unrelated to the bill’s substance.

Fiscal Impact: (Dated March 05, 2026) NOT SIGNIFICANT
Latest Action: **HB 2101** Set for House Health Committee on Mar 31, 2026.; **SB 2323** Senate Judiciary recommended with amendment. Sent to Calendar Committee. on Mar. 23, 2026
Upcoming Schedules: House Health Committee (March 31, 2026, 1:00 PM, House Hearing Room I)

8.
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 amendment 1, 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 31, 2026.; **SB 502** Senate passed 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. on Mar. 26, 2026
Upcoming Schedules: House Health Committee (March 31, 2026, 1:00 PM, House Hearing Room I)

9.
HB 1972 (SB 1603)
A. Farmer

- TACIR study on state and local readiness to support a medical marijuana program. State Website
Sponsors: Andrew Farmer, Ferrell Haile
Amendment Summary: Senate amendment 1 (015699) establishes that, if marijuana is rescheduled or deleted as a controlled substance under federal law, the Commissioner of Mental Health and Substance Abuse Services shall not reschedule or delete marijuana as a controlled substance unless the General Assembly has already established a regulatory framework for marijuana and has authorized the Commissioner to reschedule or delete marijuana as a controlled substance.
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 Committee on Mar 31, 2026.; **SB 1603** Senate passed with amendment 1 (015699), which establishes that, if marijuana is rescheduled or deleted as a controlled substance under federal law, the Commissioner of Mental Health and Substance Abuse Services shall not reschedule or delete marijuana as a controlled substance unless the General Assembly has already established a regulatory framework for marijuana and has authorized the Commissioner to reschedule or delete marijuana as a controlled substance. on Mar. 26, 2026
Upcoming Schedules: House Health Committee (March 31, 2026, 1:00 PM, House Hearing Room I)

11. **- Regulates the retrieval, manufacture, storage, and use of stem cells for therapy.**

HB 2246 State Website

(SB 2586)

C. Hurt

Sponsors: Chris Hurt, Ed Jackson

Cosponsors: Susan Lynn

Amendment Summary: House Health Subcommittee Amendment 1 (015827) allows Tennessee physicians to provide certain stem cell and regenerative medicine therapies even if the FDA has not approved them, so long as the treatment is within the physician's scope of practice and the products meet detailed sourcing, storage, testing, and documentation standards. It requires clear advertising disclosures, signed patient consent, and reporting of adverse events.

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 31, 2026.; **SB 2586** Set for Senate Health and Welfare Committee on Apr 1, 2026.

Upcoming Schedules: House Health Committee (March 31, 2026, 1:00 PM, House Hearing Room I)

16. **- 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 Committee on Mar 31, 2026.; **SB 2431** Set for Senate Health and Welfare Committee on Apr 1, 2026.

Upcoming Schedules: House Health Committee (March 31, 2026, 1:00 PM, House Hearing Room I)

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

HB 2569

(SB 1584)

S. Kumar

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 31, 2026.; **SB 1584** Set for Senate Health and Welfare Committee on Apr 1, 2026.

Upcoming Schedules: House Health Committee (March 31, 2026, 1:00 PM, House Hearing Room I)

19. **- 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 31, 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 31, 2026, 1:00 PM, House Hearing Room I)

20.
HB 2093
(SB 1797)
R. Williams

- Restrictions on managed care organizations regarding termination of qualified nursing facility contracts under TennCare. State Website
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 Committee on Mar 31, 2026.; **SB 1797** Senate Commerce & Labor Committee deferred to final calendar. on Mar. 10, 2026

Upcoming Schedules: House Health Committee (March 31, 2026, 1:00 PM, House Hearing Room I)

21.
HB 2259
(SB 2413)
E. Helton-Haynes

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

Sponsors: Esther Helton-Haynes, Bo Watson

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

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

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

Latest Action: **HB 2259** Set for House Health Committee on Mar 31, 2026.; **SB 2413** Set for Senate Health and Welfare Committee on Apr 1, 2026.

Upcoming Schedules: House Health Committee (March 31, 2026, 1:00 PM, House Hearing Room I)

24.
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 31, 2026.; **SB 2149** Set for Senate Finance, Ways and Means Committee on Mar 31, 2026.

Upcoming Schedules: House Health Committee (March 31, 2026, 1:00 PM, House Hearing Room I)

Wed 4/1/2026 10:30 AM CDT - House Hearing Room I, House Finance, Ways, and Means Subcommittee

11. **- 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, Kelly Keisling, Jessie Seal, Kerry Roberts, Richard Briggs, Adam Lowe, Shane Reeves, Paul Bailey, Janice Bowling, Rusty Crowe, Tom Hatcher, Paul Rose, John Stevens

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 establishes that Tennessee occupational licensing boards must issue licenses to active or retired military members, their spouses, or dependents based on valid licenses held in other states or military occupational specialties, provided certain criteria are met, including good standing and no disqualifying criminal record. Licenses must be issued within ten business days, and licensees remain subject to Tennessee laws and board jurisdiction. A proposed amendment would align the act with federal definitions and requirements under 50 U.S.C. § 4025a, mandating licensing authorities to recognize covered licenses held by servicemembers or spouses relocating to Tennessee under military orders, with exceptions for interstate compacts and professions regulated by the state supreme court. The amendment has not been adopted.

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 Finance, Ways, and Means Subcommittee on Apr 1, 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 Finance, Ways, and Means Subcommittee (April 1, 2026, 10:30 AM, House Hearing Room I)

26. **- 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 Finance, Ways, and Means Subcommittee on Apr 1, 2026.; **SB 2155** Senate Commerce & Labor Committee deferred to 03/17/2026.

Upcoming Schedules: House Finance, Ways, and Means Subcommittee (April 1, 2026, 10:30 AM, House Hearing Room I)

38.
HB 2145
(SB 2544)
B. Terry

- Respiratory Care Interstate Compact Act. State Website

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 Finance, Ways, and Means Subcommittee on Apr 1, 2026.; **SB 2544** Senate passed. on Mar. 09, 2026

Upcoming Schedules: House Finance, Ways, and Means Subcommittee (April 1, 2026, 10:30 AM, House Hearing Room I)

46.
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, House Education Committee 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 for treating allergic reactions when a student's personal epinephrine is unavailable or for first-time reactions. Schools may keep epinephrine in at least two unlocked, secure locations, and a physician may prescribe epinephrine in the name of the school or LEA. School nurses or trained personnel may administer this epinephrine under a standing physician protocol without liability unless there is intentional disregard for safety. Terminology is updated to refer to "epinephrine" rather than "epinephrine auto-injector." A proposed amendment would delay the effective date of these provisions to July 1, 2026, but this change has not been adopted.
Fiscal Impact: (Dated February 07, 2026) LOCAL GOVERNMENT EXPENDITURES Permissive FY26-27 & Subsequent Years NET $202,500
Latest Action: **HB 1550** Set for House Finance, Ways, and Means Subcommittee on Apr 1, 2026.; **SB 1716** Senate Education recommended with amendment 1 (013538). Sent to Senate Finance, Ways & Means. on Feb. 18, 2026
Upcoming Schedules: House Finance, Ways, and Means Subcommittee (April 1, 2026, 10:30 AM, House Hearing Room I)

55.
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
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. Senate Finance Committee Amendment 1, House Insurance Committee Amendment 2 (014996) 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) Senate Finance Committee Amendment 2, House Insurance Committee Amendment 3 (015297) 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 Apr 1, 2026.; **SB 2040** Senate Finance, Ways & Means recommended with amendment 1 (014996) and amendment 2 (015297). Sent to Senate Calendar Committee. on Mar. 24, 2026
Upcoming Schedules: House Finance, Ways, and Means Subcommittee (April 1, 2026, 10:30 AM, House Hearing Room I)

60.
HB 767
(SB 907)
G. Hicks

- Exemption - receipts from the sale of certain prescription drugs or medicines. State Website
Sponsors: Gary Hicks, Ferrell Haile
Amendment Summary: House Finance Subcommittee amendment 1 (004079) makes bill applicable to tax years ending on or after December 31, 2025.
Description: Exempts from business tax, receipts from the sale of a prescription drug or medicine with a cost for a 30-day equivalent supply that exceeds the Medicare cost threshold for 2025 plan years and services necessary for proper preparation, storage, handling, administration, patient education, or post-sale monitoring of such exempted drugs or medicines.
AI Summary: Exemptions from state sales tax are expanded to include prescription drugs and medicines with a thirty-day supply cost exceeding the Medicare Part D specialty tier threshold for 2025, as defined by CMS. Tax exemption is also extended to services related to the preparation, storage, handling, administration, patient education, or post-sale monitoring of these high-cost drugs. These changes are enacted in Tennessee under HB 767, effective July 1, 2025.
Fiscal Impact: (Dated February 26, 2025) STATE GOVERNMENT REVENUE General Fund FY25-26 & Subsequent Years ($2,872,400) LOCAL GOVERNMENT REVENUE Mandatory FY25-26 & Subsequent Years ($3,371,900)
Latest Action: **HB 767** Set for House Finance, Ways, and Means Subcommittee on Apr 1, 2026.; **SB 907** Placed on Senate Finance, Ways, and Means Committee calendar for 4/21/2025
Upcoming Schedules: House Finance, Ways, and Means Subcommittee (April 1, 2026, 10:30 AM, House Hearing Room I)

67.
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 Finance, Ways, and Means Subcommittee on Apr 1, 2026.; **SB 2080** Senate Commerce & Labor Committee deferred to 03/17/2026.
Upcoming Schedules: House Finance, Ways, and Means Subcommittee (April 1, 2026, 10:30 AM, House Hearing Room I)

Wed 4/1/2026 10:30 AM CDT - House Hearing Room I, House Judiciary Committee

31.
HB 2013
(SB 2088)
M. Littleton

- Testing for psychotropic drugs for person that is believed to have committed a mass shooting. State Website
Sponsors: Mary Littleton, Rusty Crowe
Amendment Summary: Senate Judiciary Committee amendment 1, House Criminal Justice Subcommittee amendment 1 (015388) expands the definition of "mass shooting," for the purposes of requiring a decedent's blood to be tested for the presence of psychotropic drugs, to include: (1) any shooting resulting in four or more individuals sustaining an injury; or (2) a shooting in which a reasonable person would conclude that the decedent attempted to kill four or more individuals. Authorizes a law enforcement officer who has probable cause to believe that a person has committed

a mass shooting to ask if the person consents a blood or urine test for the purpose of determining the presence of any drugs, including therapeutic levels of psychotropic drugs. If the person consents to a blood or urine test, requires the law enforcement officer to cause to be administered such test by a qualified practitioner at a hospital. Establishes that only a minor's parent or guardian may consent to a blood or urine test for a minor. Requires the hospital where the blood or urine sample was procured and tested to send the results of the drug test, to the University of Tennessee's Health Science Center (HSC) to study the drug interactions between the psychotropic drugs and any other drugs that were present in the person's blood or urine, using available drug interaction software. Requires the HSC to include any data collected from such samples in their quarterly reports submitted to the Chief Clerks of the Senate and House of Representatives.
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 Judiciary Committee on Apr 1, 2026.; **SB 2088** Senate Judiciary recommended with amendment 1 (015388). Sent to Calendar Committee. on Mar. 17, 2026
Upcoming Schedules: House Judiciary Committee (April 1, 2026, 10:30 AM, House Hearing Room I)

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

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

- Removes outdated task force on preventing cardiovascular disease, hypertension, and diabetes. State Website
Sponsors: Jack Johnson, Jeremy Faison
Cosponsors: John Gillespie
Description: As introduced, deletes an obsolete section regarding the creation of a task force to study methods on how to best prevent cardiovascular disease, hypertension, and diabetes in this state. Broadly captioned.
AI Summary: Section 68-5-114 of the Tennessee Code Annotated is repealed, removing the provisions contained therein. The act takes effect immediately upon becoming law to address public welfare needs. No amendments have been proposed or adopted.
Fiscal Impact: (Dated February 03, 2026) NOT SIGNIFICANT
Latest Action: **SB 2594** Set for Senate Health and Welfare Committee on Apr 1, 2026.; **HB 2473** P2C, caption bill, held on desk - pending amdt. on Feb. 05, 2026
Upcoming Schedules: Senate Health and Welfare Committee (April 1, 2026, 1:00 PM, Senate Hearing Room I)

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

- Hospitals must offer flu and pneumococcal immunizations to patients aged 50 or older before discharge. State Website
Sponsors: Ferrell Haile, Sabi Kumar
Description: As introduced, lowers the age of an inpatient from 65 to 50 or older when a hospital, each year from October 1 through March 1, must offer immunization against influenza disease prior to discharge. Requires a hospital to offer immunization against pneumococcal disease to an inpatient aged 50 or older prior to discharge. Broadly captioned.
AI Summary: Immunization requirements are imposed on Tennessee hospitals to offer influenza and pneumococcal vaccines to inpatients aged 50 or older prior to discharge, following CDC advisory committee recommendations and subject to vaccine availability. The influenza vaccine must be offered annually between October 1 and March 1. These provisions take effect July 1, 2026.
Fiscal Impact: (Dated January 12, 2026) NOT SIGNIFICANT
Latest Action: **SB 1584** Set for Senate Health and Welfare Committee on Apr 1, 2026.; **HB 2569** Set for House Health Committee on Mar 31, 2026.
Upcoming Schedules: Senate Health and Welfare Committee (April 1, 2026, 1:00 PM, Senate Hearing Room I)

5.

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

SB 2413 (HB 2259)
B. Watson

Sponsors: Bo Watson, Esther Helton-Haynes
Description: As introduced, specifies that a good faith disclosure of information related to an activity of a quality improvement committee (QIC) made by a healthcare provider or healthcare organization to a patient or a family member of a patient is not a waiver of the privilege and confidentiality protections provider under current law and makes other related changes.
AI Summary: Amendments to Tennessee Code Annotated Title 68, Chapter 11, establish definitions for "adverse healthcare incident" and "open discussion" related to quality improvement committees (QICs). Protections are imposed to maintain confidentiality and privilege of QIC proceedings and documentation, while allowing good faith disclosures and voluntary open discussions with patients or families without waiving privilege or admitting liability. Procedures for conducting open discussions, including participant rights, confidentiality waivers, and immunity from liability for good faith communications, are regulated to encourage transparency and resolution following adverse healthcare incidents.
Fiscal Impact: (Dated March 05, 2026) NOT SIGNIFICANT
Latest Action: **SB 2413** Set for Senate Health and Welfare Committee on Apr 1, 2026.; **HB 2259** Set for House Health Committee on Mar 31, 2026.
Upcoming Schedules: Senate Health and Welfare Committee (April 1, 2026, 1:00 PM, Senate Hearing Room I)

6.
SB 2556 (HB 2136)
S. Reeves

- Directs the department of health to submit a report of each medication approved by the FDA for the purpose of women's health. State Website
Sponsors: Shane Reeves, Bryan Terry
Amendment Summary: House Health Subcommittee amendment 1 (014073) establishes that, if a compound, mixture, or preparation containing a drug or substance that has been classified as a Schedule I substance by the Commissioner of the Department of Mental Health and Substance Abuse Services (DMHSAS) is approved by the federal Food and Drug Administration (FDA) and is designated or rescheduled by the federal Drug Enforcement Administration (DEA) in a schedule other than Schedule I, then that compound, mixture, or preparation is automatically deemed scheduled in the same schedule in the state that the compound, mixture, or preparation is scheduled under the federal schedules of controlled substances. Establishes that such designation or rescheduling is effective 30 days after the effective date of the federal designation or rescheduling, unless the Commissioner of DMHSAS objects within the 30-day period. Authorizes the Commissioner of DMHSAS, upon the agreement of the Commissioner of the Department of Health (DOH), to issue an objection to the automatic designation or rescheduling of the compound, mixture, or preparation, as outlined in the legislation. Requires the notice of objection to include a concise statement of the basis for the objection and to be posted on a publicly accessible website on the same day it is issued. Establishes that, upon the issuance of a notice of objection, the Commissioner of DMHSAS to conduct a public hearing no later than 60 days following the effective date of the applicable federal designation or rescheduling and to issue a final determination adopting, modifying, or rejecting conformity with the federal designation or rescheduling no later than 90 days after the effective date. Establishes that, if the Commissioner of DMHSAS does not issue a final determination within the 90-day period, then the compound, mixture, or preparation is deemed scheduled in the same schedule that the compound, mixture, or preparation is scheduled under the federal schedules of controlled substances, and such designation or rescheduling is effective as of the 91st day after the effective date of the federal designation or rescheduling. Establishes that a licensed healthcare prescriber who is authorized to prescribe controlled substances may prescribe a drug product that has been deemed scheduled or rescheduled pursuant to the legislation immediately upon the effective date of such scheduling or rescheduling, if it is within the healthcare prescriber's lawful scope of practice, and if the drug product is approved by the FDA and deemed scheduled by DMHSAS in a schedule other than Schedule I.
Description: As introduced, directs the department of health to submit a report of each medication approved by the FDA for the purpose of women's health to the speaker of the senate and the speaker of the house of representatives on or before January 1, 2027.
AI Summary: A report detailing each FDA-approved medication for women's health, including a synopsis of each, is required to be submitted by the Tennessee Department of Health to the state legislative leaders by January 1, 2027. This requirement is established under HB 2136/SB 2556 (Tennessee). The act takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 03, 2026) NOT SIGNIFICANT
Latest Action: **SB 2556** Set for Senate Health and Welfare Committee on Apr 1, 2026.; **HB 2136** Set for House Health Committee on Mar 31, 2026.
Upcoming Schedules: Senate Health and Welfare Committee (April 1, 2026, 1:00 PM, Senate Hearing Room I)

7.
HB 1205 (SB 1153)
S. Kumar

- Prohibits physicians from treating themselves or their immediate family. State Website
Sponsors: Sabi Kumar, Rusty Crowe
Cosponsors: Mark Pody
Amendment Summary: Senate Health & Welfare Committee amendment 1 (006227) authorizes a

physician, including an osteopathic physician, or podiatrist to prescribe, dispense, or administer medication for, or otherwise treat, the physician's or podiatrist's own self in short-term, minor, or acute emergency situations. Authorizes a physician to prescribe, dispense, or administer medication for, or otherwise treat, immediate family within the physician's regular scope of practice if there is no other physician offering healthcare services at a location within 30 miles of the physician's primary practice site. Authorizes a physician or podiatrist to prescribe, dispense, or administer a scheduled drug to their own self or for immediate family only in acute, emergency situations. Authorizes a supervisee to prescribe, dispense, or administer medication for, or otherwise treat, a supervising or collaborating physician or podiatrist in acute or emergency situations, if there is an established provider-patient relationship between the supervising or collaborating physician or podiatrist and the supervisee. Authorizes a supervisee to prescribe, dispense, or administer medication for, or otherwise treat, a supervising or collaborating physician's or podiatrist's immediate family in acute or emergency situations. Requires a physician, podiatrist, or supervisee to keep records of any treatment provided to their own self, their immediate family, their supervisor or collaborator, or their supervisor's or collaborator's family. House amendment 1 (006582) Allows a physician or podiatrist to treat a physician's or podiatrist's immediate family only if there is a supervisee, and there is an established provider-patient relationship, including charts, and it is an acute or emergency situation. Prevents a supervisee from prescribing, despising, administering scheduled medication, or otherwise caring for a supervising or collaborating physician or podiatrist or the supervising or collaborating physician's or podiatrist's immediate family unless it is an acute or emergency situation.

Description: Prohibits physicians from prescribing, administering, or dispensing medication for, or otherwise treating, themselves or their immediate family except for minor, self-limited, short-term, or urgent, emergency situations. Prohibits physicians from treating themselves with or prescribing to family members a scheduled drug. Broadly captioned.

AI Summary: Restrictions are imposed on physicians, podiatrists, and their supervisees regarding prescribing, dispensing, or administering medications to themselves or immediate family members, limiting such actions to short-term, minor, acute, or emergency situations. Scheduled drugs may only be prescribed, dispensed, or administered in acute or emergency situations, and treatment within the regular scope of practice is allowed if no other provider is available within 30 miles. Recordkeeping requirements are established for all treatments provided under these provisions.

Fiscal Impact: (Dated February 22, 2025) NOT SIGNIFICANT

Latest Action: **HB 1205** Set for Senate Health and Welfare Committee on Apr 1, 2026.; **SB 1153** Re-refer to Senate Health & Welfare Committee on Apr. 21, 2025

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

10.
SB 259
(HB 853)
M. Pody

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

Sponsors: Mark Pody, Michele Reneau

Amendment Summary: Senate Education Committee amendment 1 (014530) clarifies that parents have the right to access and review all health records and medical records of their unemancipated child, including mental health records, rehabilitation records, and prescription records. Establishes that, to the extent allowable by federal privacy laws and regulations, the parent, legal guardian, or legal custodian of an unemancipated minor age 16 or older with serious emotional disturbance or mental illness may access all medical records resulting from outpatient or inpatient mental health treatment for the child. Authorizes an unemancipated minor's parent, legal guardian, legal custodian, or other person with medical decision-making authority for the unemancipated minor to access, and be provided by a healthcare provider or healthcare facility, all medical records resulting from treatment of the minor, even if the treatment was provided to the unemancipated minor without parental consent. Prohibits a child's parent, legal guardian, or legal custodian from accessing an unemancipated minor's medical records if the treating professional is required to report abuse of the unemancipated minor and the treating professional believes that access to the patient's records is reasonably likely to endanger the life or physical safety of the minor. Authorizes an employee of a local education agency (LEA) or public institution of higher education to provide a minor with bandages, gauze, or ice packs for the treatment of cuts, scrapes, bumps, and bruises without first obtaining the consent of a parent of the minor. Authorizes an employee of a public institution of higher education to act to control a minor's bleeding using a bleeding control kit without first obtaining consent from a parent of a minor. House Health Committee amendment 1, 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 for "medical procedure" and "medical treatment" are clarified, and provisions for minor injury care by educational employees are updated.
Fiscal Impact: (Dated January 24, 2025) NOT SIGNIFICANT
Latest Action: **SB 259** Set for Senate Health and Welfare Committee on Apr 1, 2026.; **HB 853** Set for House Calendar & Rules Committee on Mar 26, 2026.
Upcoming Schedules: Senate Health and Welfare Committee (April 1, 2026, 1:00 PM, Senate Hearing Room I)

11. **- Increases the maximum number of nonrelated residents allowed in tier 1 and tier 2 homes for the aged.** State Website
SB 2083 (HB 1899)
B. Watson
Sponsors: Bo Watson, William Slater
Description: As introduced, increases from three to five the maximum number of nonrelated persons in a home for the aged to be considered a tier 1 home for the aged. Increases from four to six the maximum number of nonrelated persons in a home for the aged to be considered a tier 2 home for the aged.
AI Summary: Definitions for "home for the aged" are revised in Tennessee Code Annotated, Title 68, Chapter 11, to categorize such homes into tier 1 and tier 2 based on the number of nonrelated residents, with tier 1 housing five or fewer and tier 2 housing six or more. The classification impacts regulatory distinctions for domiciliary care facilities providing room, board, and personal services to aged individuals. These changes take effect immediately upon enactment.
Fiscal Impact: (Dated February 13, 2026) STATE GOVERNMENT REVENUE Health Facilities Commission Department of Disability and Aging FY26 -27 & Subsequent Years ($1,200) $800
Latest Action: **SB 2083** Set for Senate Health and Welfare Committee on Apr 1, 2026.; **HB 1899** House Finance Subcommittee placed behind the budget. on Mar. 11, 2026
Upcoming Schedules: Senate Health and Welfare Committee (April 1, 2026, 1:00 PM, Senate Hearing Room I)

13. **- Allows certain psychologists to prescribe medication under specific conditions.** State Website
SB 2570 (HB 2315)
F. Haile
Sponsors: Ferrell Haile, Brock Martin
Cosponsors: Page Walley, Shane Reeves, Paul Sherrell, Jake McCalmon, Mark White, Ryan Williams
Description: As introduced, creates prescribing authority for certain psychologists if certain conditions and prerequisites are met. Broadly captioned.
AI Summary: Prescriptive authority is granted to licensed doctoral-level psychologists in Tennessee who complete specified education, training, and certification requirements, allowing them to prescribe psychotropic medications under defined conditions. Restrictions are imposed on prescribing narcotics, opiates, and treatment without concurrent care by a physician or primary care provider, and ongoing continuing education is mandated for certificate renewal. Relevant state laws are amended to recognize prescribing psychologists in controlled substance regulations, pharmacy notifications, and healthcare practice scopes, with the act effective July 1, 2026.
Fiscal Impact: (Dated March 06, 2026) NOT SIGNIFICANT
Latest Action: **SB 2570** Set for Senate Health and Welfare Committee on Apr 1, 2026.; **HB 2315** Taken off notice in House Health Subcommittee. on Mar. 25, 2026
Upcoming Schedules: Senate Health and Welfare Committee (April 1, 2026, 1:00 PM, Senate Hearing Room I)

17. **- Regulates the retrieval, manufacture, storage, and use of stem cells for therapy.** State Website
SB 2586 (HB 2246)
E. Jackson
Sponsors: Ed Jackson, Chris Hurt
Cosponsors: Susan Lynn
Amendment Summary: House Health Subcommittee Amendment 1 (015827) allows Tennessee physicians to provide certain stem cell and regenerative medicine therapies even if the FDA has not approved them, so long as the treatment is within the physician’s scope of practice and the products meet detailed sourcing, storage, testing, and documentation standards. It requires clear advertising disclosures, signed patient consent, and reporting of adverse events.
Description: As introduced, establishes requirements for the retrieval, manufacture, storage, and use of stem cells used for stem cell therapy. Broadly captioned.
AI Summary: Stem cell therapies using afterbirth placental perinatal stem cells or human cells, tissues, or cellular or tissue-based products are regulated to require physician use within their scope of practice for orthopedics, wound care, or pain management, with stem cells sourced from FDA-registered and accredited facilities. Physicians must provide informed consent including FDA approval status, risks, benefits, and alternatives, and include a clear advertisement notice about the unapproved status of the therapies. Violations, including use of fetal or embryonic cells post-abortion or unauthorized sale of related products, are subject to disciplinary action and felony penalties, with

rulemaking authority granted to medical and osteopathic boards; effective July 1, 2026.
Fiscal Impact: (Dated February 08, 2026) NOT SIGNIFICANT
Latest Action: **SB 2586** Set for Senate Health and Welfare Committee on Apr 1, 2026.; **HB 2246** Set for House Health Committee on Mar 31, 2026.
Upcoming Schedules: Senate Health and Welfare Committee (April 1, 2026, 1:00 PM, Senate Hearing Room I)

20. **SB 2431 (HB 2110)** E. Jackson

- Exempts non-diagnostic MRI and PET services from health facility licensing requirements. State Website
Sponsors: Ed Jackson, Clark Boyd
Description: As introduced, designates as not requiring a license from the health facilities commission as a regulated healthcare facility or service any magnetic resonance imaging or positron emission tomography that is not used for diagnostic purposes. Broadly captioned.
AI Summary: Magnetic resonance imaging (MRI) and positron emission tomography (PET) procedures not used for diagnostic purposes are exempted from licensing requirements under Tennessee health facility regulations. Subdivisions related to MRI and PET licensing are amended to exclude non-diagnostic uses from licensure. These changes apply to facilities regulated under Tennessee Code Annotated Title 33, Title 63, and Title 68, effective July 1, 2026. This applies specifically to HB 2110/SB 2431 in Tennessee.
Fiscal Impact: (Dated February 24, 2026) NOT SIGNIFICANT
Latest Action: **SB 2431** Set for Senate Health and Welfare Committee on Apr 1, 2026.; **HB 2110** Set for House Health Committee on Mar 31, 2026.
Upcoming Schedules: Senate Health and Welfare Committee (April 1, 2026, 1:00 PM, Senate Hearing Room I)

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

- List of psychotropic medications and side effects of each medication. State Website
Sponsors: Paul Bailey, Susan Lynn
Cosponsors: Rusty Crowe, Joey Hensley, Tim Hicks
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 takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 8, 2025) NOT SIGNFICANT
Latest Action: **SB 1064** Set for Senate Health and Welfare Committee on Apr 1, 2026.; **HB 1160** Failed in House Health Subcommittee. on Mar. 25, 2026
Upcoming Schedules: Senate Health and Welfare Committee (April 1, 2026, 1:00 PM, Senate Hearing Room I)