STATE AFFAIRS

Mon 4/20/2026 1:00 PM CDT - Senate Hearing Room I, Senate Finance, Ways and Means Committee

280.
SB907 (HB767)
F. Haile

- Exemption - receipts from the sale of certain prescription drugs or medicines. State Website

Sponsors: Ferrell Haile, Gary Hicks

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 sales tax are expanded to include prescription drugs and patent medicines not otherwise exempt, specifically excluding prescription drugs or medicines with a thirty-day supply cost exceeding the Medicare Part D specialty tier cost threshold for 2025. Services related to the preparation, storage, handling, administration, patient education, or post-sale monitoring of these exempt drugs are also exempted from tax. These changes are enacted in Tennessee under HB 767/SB 907, 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: **SB907** Set for Senate Finance, Ways and Means Committee on Apr 20, 2026.; **HB767** House Finance, Ways & Means Subcommittee deferred to final calendar 2. on Apr. 01, 2026

Upcoming Schedules: Senate Finance, Ways and Means Committee (April 20, 2026, 1:00 PM, Senate Hearing Room I)

345.
SB422 (HB406)
S. Reeves

- Promulgation of rules regarding oversight of facilities that manufacture, warehouse, and distribute medical devices. State Website

Sponsors: Shane Reeves, Brock Martin

Cosponsors: Raumesh Akbari, Ken Yager, Tom Leatherwood, Esther Helton-Haynes, Greg Martin, Debra Moody, Sabi Kumar, Kevin Raper, Renea Jones, Mike Sparks, Michele Reneau, Jake McCalmon

Amendment Summary: House Insurance Subcommittee amendment 1 (004430) requires a health insurer, beginning July 1, 2025, to provide coverage for prosthetic and custom orthotic devices in a manner that: (1) equals or exceeds the levels of coverage for such devices under the federal Medicare program; and (2) is no more restrictive than coverage of other medical devices provided under the health benefit plan. Requires coverage for prosthetic or custom orthotic devices to include: (1) a prosthetic or custom orthotic device determined by the covered person's healthcare provider to be the most appropriate model that adequately meets the medical needs of the covered person for purposes of completing activities of daily living or essential job-related activities; (2) a prosthetic or custom orthotic device determined by the covered person's healthcare provider to be the most appropriate model that meets the medical needs of the covered person for purposes of performing physical activities, including, but not limited to, running, cycling, swimming, and strength training, or to maximize the covered person's whole-body health and lower or upper limb function; (3) all materials and components necessary to use the prosthetic or custom orthotic device; (4) instruction to the enrollee on using the prosthetic or custom orthotic device; and (5) repair or replacement of the prosthetic or custom orthotic device. Requires a health insurer that issues a health benefit plan to consider coverage benefits for prosthetic and custom orthotic devices as habilitative or rehabilitative benefits for purposes of any state or federal requirement for coverage of essential health benefits. Prohibits a health insurer from imposing cost-sharing requirements on prosthetic or custom orthotic devices unless the cost-sharing requirements do not exceed the cost-sharing requirements applicable to the health benefit plan's coverage for inpatient physician and surgical services. Requires a health insurer to ensure access to medically necessary clinical care and to prosthetic and custom orthotic devices and technology from not less than two distinct prosthetic and custom orthotic device providers in the health benefit plan's provider network, or, if medically necessary covered prosthetic and custom orthotic devices are not available from an in-network provider, then provide a process by which the covered person is referred to an out-of-network provider and fully reimburse the out-of-network provider at a mutually agreed upon rate less any cost-sharing requirement as determined on an in-network basis. Requires a health insurer to provide reimbursement for the replacement of a covered prosthetic or custom orthotic device or for any part of such devices, without

regard to continuous use or useful lifetime restrictions, if an ordering healthcare provider determines that the provision of a replacement device, or a replacement part of such device, is necessary. Establishes that a violation of the legislation is subject to sanctions by the Commissioner of the Department of Commerce and Insurance (DCI). Requires, by January 15, 2026 and each January 15 thereafter, health insurers that provide coverage of prosthetic or custom orthotic devices to report to DCI data regarding coverage of prosthetic and custom orthotic devices under the legislation for the previous calendar year. Requires DCI to submit a report of aggregated and de-identified data to the Chairs of certain legislative committees and the Legislative Librarian by January 31, 2026, and by each January 31 thereafter.
Description: Lowers from every three years to every two years, the time within which the advisory committee composed of medical device industry representatives and a representative of the department of economic and community development must review rules regarding the board of pharmacy's oversight of facilities that manufacture, warehouse, and distribute medical devices in order to review the advancements of new medical device technologies. Broadly captioned.
AI Summary: Coverage for prosthetic and custom orthotic devices is mandated for health benefit plans covering individuals up to 21 years of age, with requirements to match or exceed federal Medicare levels and ensure nondiscriminatory, medically necessary access. Utilization reviews must apply current evidence-based criteria, and insurers must provide access to multiple in-network providers or reimburse out-of-network providers when necessary, while limiting cost-sharing to levels comparable to inpatient physician and surgical services. Reporting requirements on coverage data are imposed annually, and the provisions exclude TennCare, CoverKids, and certain state-managed plans; the act also shortens the renewal period for medical licenses from three to two years.
Fiscal Impact: (Dated February 1, 2025) NOT SIGNIFICANT
Latest Action: **SB422** Set for Senate Finance, Ways and Means Committee on Apr 20, 2026.; **HB406** Taken off notice in House Finance, Ways & Means Subcommittee. on Apr. 15, 2026
Upcoming Schedules: Senate Finance, Ways and Means Committee (April 20, 2026, 1:00 PM, Senate Hearing Room I)

407. **SB2067 (HB1930)** B. Watson

- Report on coverage for mental health, alcoholism, and drug dependency. State Website
Sponsors: Bo Watson, Kevin Vaughan
Cosponsors: Ken Yager, Shane Reeves, Esther Helton-Haynes, Timothy Hill, Brock Martin
Amendment Summary: Senate Commerce and Labor Committee amendment 1 (014294) requires DCI to review and approve adequacy and compliance of a new health care insurance plan at least 30 days before the plan is offered to the public, and requires the insurer to alert DCI to any changes to the plan. Establishes that the focus of the DCI review is to assess whether a plan has a adequate number of contracted health care providers in-network pursuant to 2023 law. Requires findings on network adequacy to be published by DCI. House Insurance Committee amendment 1 (014294) requires DCI to review and approve adequacy and compliance of a new health care insurance plan at least 30 days before the plan is offered to the public, and requires the insurer to alert DCI to any changes to the plan. Establishes that the focus of the DCI review is to assess whether a plan has a adequate number of contracted health care providers in-network pursuant to 2023 law.
Description: As introduced, revises requirement for the department of commerce and insurance to report on coverage for mental health, alcoholism, and drug dependency. Broadly captioned.
AI Summary: Tennessee SB 2067 amends health insurance regulations to require health insurers offering health benefit plans to maintain network adequacy by ensuring sufficient numbers and types of participating providers, including primary care, specialty, and hospital services, within reasonable distance and travel time. The Department of Commerce and Insurance is tasked with approving networks, monitoring compliance, investigating material changes or complaints, and enforcing corrective actions and penalties for noncompliance. Proposed amendments expand definitions, establish detailed network adequacy standards, require annual reporting, and provide for public transparency and enforcement mechanisms, with the amendment still pending adoption.
Fiscal Impact: (Dated January 22, 2026) NOT SIGNIFICANT
Latest Action: **SB2067** Set for Senate Finance, Ways and Means Committee on Apr 20, 2026.; **HB1930** Taken off notice in House Finance, Ways & Means Subcommittee. on Apr. 15, 2026
Upcoming Schedules: Senate Finance, Ways and Means Committee (April 20, 2026, 1:00 PM, Senate Hearing Room I)

408. **SB2080 (HB2046)** B. Watson

- Allocates the first $150 million of HMO tax revenue from July 1, 2026, to enhance TennCare reimbursements for certain medical providers. State Website
Sponsors: Bo Watson, Ryan Williams
Cosponsors: Rusty Crowe, Joey Hensley, Aftyn Behn
Description: As introduced, directs the first $150 million of tax revenue generated by the health maintenance organization tax on or after July 1, 2026, to be utilized to draw down federal funds to reimburse a physician, advanced practice registered nurse, or physician assistant who is entitled to receive TennCare reimbursement for a CPT code for evaluation and management, obstetrics and gynecology, or anesthesia. Broadly captioned.
AI Summary: TennCare reimbursement rates for evaluation and management, obstetrics and

gynecology, and anesthesia services are increased to up to 110% of the current Medicare rate, funded by the first $150 million of tax revenue collected under the health maintenance organization tax starting July 1, 2026. Physicians, advanced practice registered nurses, and physician assistants eligible for TennCare reimbursement are covered under this provision. The Bureau of TennCare and Department of Commerce and Insurance are authorized to promulgate rules to implement these changes.

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: **SB2080** Set for Senate Finance, Ways and Means Committee on Apr 20, 2026.; **HB2046** Taken off notice in House Finance, Ways & Means Subcommittee. on Apr. 15, 2026

Upcoming Schedules: Senate Finance, Ways and Means Committee (April 20, 2026, 1:00 PM, Senate Hearing Room I)

413.
SB2406
(HB2415)
D. White

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

Sponsors: Dawn White, Robert Stevens

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: An act amends Tennessee Code Annotated to require evaluation of security measures ensuring patient and staff safety in healthcare facilities. A proposed amendment 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, with grants distributed across urban and rural areas in all three grand divisions of Tennessee. The grant program funding would be subject to legislative appropriation, and the commissioner would be authorized to promulgate rules to implement the program. The amendment has been proposed but not yet adopted.

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

Latest Action: **SB2406** Set for Senate Finance, Ways and Means Committee on Apr 20, 2026.; **HB2415** Taken off notice in House Finance, Ways & Means Subcommittee. on Apr. 15, 2026

Upcoming Schedules: Senate Finance, Ways and Means Committee (April 20, 2026, 1:00 PM, Senate Hearing Room I)

432.
SB334
(HB372)
R. Crowe

- Tennessee Medicaid Modernization and Access Act of 2025. State Website

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: **SB334** Set for Senate Finance, Ways and Means Committee on Apr 20, 2026.; **HB372** House Finance, Ways & Means Subcommittee deferred to final calendar 2. on Mar. 18, 2026

Upcoming Schedules: Senate Finance, Ways and Means Committee (April 20, 2026, 1:00 PM, Senate Hearing Room I)

Mon 4/20/2026 4:00 PM CDT - House Chamber, House Floor

25. **HB1959 (SB2040)** 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: **HB1959** Set for House Floor on Apr 20, 2026.; **SB2040** 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 Floor (April 20, 2026, 4:00 PM, House Chamber)

32. **HB1710 (SB1915)** D. Powers

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

Sponsors: Dennis Powers, Ed Jackson

Cosponsors: Cameron Sexton, Jeremy Faison, Jason Zachary, William Lamberth, Pat Marsh, Johnny Garrett, Mark Cochran, Gino Bulso, Justin Lafferty, Mark White, Dan Howell, Chris Todd, Gary Hicks, Kevin Vaughan, Andrew Farmer, Debra Moody, Sabi Kumar, Rusty Grills, Tim Rudd, Rick Scarbrough, Elaine Davis, Lowell Russell, Mary Littleton, David Hawk, Scott Cepicky, Michael Hale, Michele Carringer, Lee Reeves, Clay Doggett, Tom Leatherwood, Monty Fritts, Rebecca Alexander, Dave Wright, Todd Warner, Tandy Darby, Jake McCalmon, Brock Martin, Greg Martin, Jerome Moon,

Clark Boyd, Aron Maberry, Paul Sherrell, Renea Jones, Timothy Hill, Tim Hicks, John Crawford, William Slater, Michael Lankford, Rick Eldridge, Ron Gant, Rush Bricken, Esther Helton-Haynes, Iris Rudder, Ed Butler, Fred Atchley, Tom Stinnett, Kelly Keisling, Kevin Raper, Robert Stevens, Paul Rose, Paul Bailey, Janice Bowling, Joey Hensley, John Stevens, Brent Taylor, Bo Watson, Dawn White

Amendment Summary: Senate 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. House State & Local Government Committee Amendment (016345) 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 to maintain a copy of all documentation submitted by an applicant for verification in a manner consistent with the state governmental entity's, local governmental entity's, or local health department's rules, regulations, or policies governing storage or preservation of such documentation.

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 alongside state entities and local health departments, mandating verification of U.S. citizenship or lawful presence for applicants aged 18 or older seeking federal, state, or local public benefits. Reporting obligations are imposed on these entities to notify a centralized immigration enforcement division of individuals not lawfully present who receive benefits, with failure to report classified as a Class A misdemeanor. Enforcement provisions authorize the attorney general to investigate violations and withhold state funds from noncompliant local entities. A proposed amendment would clarify exclusions for certain benefits, specify reporting details, exempt the Department of Children's Services from reporting identifying information, and adjust effective dates and administrative provisions; this amendment has not yet been adopted. Effective date for the act is July 1, 2026.

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: **HB1710** Set for House Floor on Apr 20, 2026.; **SB1915** Senate passed with amendment 1 (015237). on Mar. 30, 2026

Upcoming Schedules: House Floor (April 20, 2026, 4:00 PM, House Chamber)

45. **HB1677 (SB1692)** R. Eldridge

- Military Families Licensing Recognition Act. State Website

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: **HB1677** Set for House Floor on Apr 20, 2026.; **SB1692** 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 Floor (April 20, 2026, 4:00 PM, House Chamber)

Mon 4/20/2026 4:00 PM CDT - House Chamber, House Floor Consent

The following items will be heard on consent: hr197:199, hjr1475:1504, sjr1058:1078, sjr1080:1106

7. **HB1899 (SB2083)** W. Slater

- Increases the maximum number of nonrelated residents allowed in tier 1 and tier 2 homes for the aged. State Website

Sponsors: William Slater, Bo Watson

Description: As introduced, increases from three to five the maximum number of nonrelated persons in a home for the aged to be considered a tier 1 home for the aged. Increases from four to six the maximum number of nonrelated persons in a home for the aged to be considered a tier 2 home for the aged.

AI Summary: Definitions for "home for the aged" are revised in Tennessee Code Annotated, categorizing such homes into tier 1 for those housing five or fewer nonrelated persons and tier 2 for those housing six or more nonrelated persons. The classification impacts regulatory treatment of domiciliary care facilities providing room, board, and personal services to aged individuals. The changes take effect immediately upon enactment.

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: **HB1899** Set for House Floor Consent on Apr 20, 2026.; **SB2083** Senate passed. on Apr. 06, 2026
Upcoming Schedules: House Floor Consent (April 20, 2026, 4:00 PM, House Chamber)

16. HB2145 (SB2544)
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: **HB2145** Set for House Floor Consent on Apr 20, 2026.; **SB2544** Senate passed. on Mar. 09, 2026
Upcoming Schedules: House Floor Consent (April 20, 2026, 4:00 PM, House Chamber)