TENNESSEE PHARMACISTS ASSOCIATION

TPA Calendar Report Week of 4/6/26

Apr 02, 2026

STATE AFFAIRS

Mon 4/6/2026 11:00 AM CDT - House Hearing Room I, House Government Operations Committee

1. **- Fee schedules for health insurance carriers.** State Website

HB 2503 (SB 2557)
C. Sexton

Sponsors: Cameron Sexton, Shane Reeves
Cosponsors: Ryan Williams
Amendment Summary: House Insurance Committee amendment 2 (016821) institutes a trigger law which allows insurance entities in Tennessee to offer short-term limited duration health insurance plans and hospital indemnity coverage on the ACA marketplace starting 30 days after an in-kind federal law or regulation goes into effect. Establishes coverage minimums, which insurers are allowed to exceed in terms of benefits and coverage. Allows insurers to institute eligibility requirements on the individual applying for coverage. Gives regulatory authority to DCI. Requires insurers to offer five tiers of deductible for hospital indemnity coverage.
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 original legislation amends Tennessee Code Annotated to reduce the timeframe for health insurance claim decisions from ten to nine business days. A proposed amendment would authorize health insurance entities to offer short-term limited-duration plans and hospital indemnity coverage on the federally facilitated marketplace, setting minimum coverage standards, deductible tiers, copay limits, and benefit maximums. It requires compliance with federal law, allows eligibility requirements, and mandates rulemaking by the Department of Commerce and Insurance. The amendment also provides for delayed effective dates contingent on federal authorization and requires notification to the legislature upon federal law changes.
Fiscal Impact: (Dated February 03, 2026) NOT SIGNIFICANT
Latest Action: **HB 2503** Set for House Government Operations Committee on Apr 6, 2026.; **SB 2557** Taken off notice in Senate Commerce & Labor Committee. on Mar. 10, 2026
Upcoming Schedules: House Government Operations Committee (April 6, 2026, 11:00 AM, House Hearing Room I)

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

HB 2539 (SB 2227)
W. Lamberth

Sponsors: William Lamberth, Jack Johnson
Cosponsors: Mark Cochran, Sabi Kumar
Amendment Summary: Senate Commerce and Labor Committee amendment 1 (012037) creates the Agency of Commissioner Issued Licenses (Agency) within the Department of Health's (DOH's) Division of Health-Related Boards (Division). Dissolves various health-related boards and committees and transfers their regulatory authorities over the issuance and renewal of licenses, certificates, and registrations to the Agency. Makes various administrative changes involving DOH and the Division.
Description: As introduced, removes provisions relative to a report that was due by December 15, 2022, from the department of health concerning remote use of the special supplemental food program for women, infants, and children. Broadly captioned.
AI Summary: Tennessee health-related professional licensure and regulatory structures are reorganized by consolidating multiple boards into an agency of commissioner-issued licenses, centralizing administrative, fiscal, and enforcement functions under the Department of Health. Licensure requirements, scopes of practice, and disciplinary procedures are updated for professions including psychology, hearing instrument specialists, massage therapists, athletic trainers, acupuncturists, art therapists, music therapists, polysomnographic technologists, respiratory care practitioners, and medical spas. Specific provisions address continuing education, temporary licenses, reciprocity, and exemptions. Reporting requirements for health data and program evaluations are enhanced. A proposed amendment would comprehensively revise licensure statutes, board compositions, and disciplinary processes, but has not yet been adopted. The act takes effect July 1, 2026.
Fiscal Impact: (Dated February 02, 2026) NOT SIGNIFICANT
Latest Action: **HB 2539** Set for House Government Operations Committee on Apr 6, 2026.; **SB 2227** Senate Government Operations recommended with amendment. Sent to Senate Calendar Committee. on Mar. 25, 2026

Upcoming Schedules: House Government Operations Committee (April 6, 2026, 11:00 AM, House Hearing Room I)

7.
HB 2290
(SB 2461)
R. Williams

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

Sponsors: Ryan Williams, Paul Bailey

Cosponsors: William Slater, Becky Massey

Amendment Summary: Senate Health & Welfare Committee amendment 1 (014612) requires each fertility clinic operating in the state to obtain a certificate from the Department of Health (DOH) to perform assisted reproductive technology (ART) services. Authorizes DOH to promulgate rules to implement the legislation. Establishes that, to receive a certificate, a fertility clinic must submit the following information: (1) Verification of the fertility clinic's Society for Assisted Reproductive Technology (SART) membership; (2) An emergency plan for the transfer of embryos should the clinic close permanently for any reason; and (3) Proof of passing the most recent laboratory inspection from either the College of American Pathologists or the Joint Commission on Accreditation of Healthcare Organizations. Establishes that, in order for a fertility clinic to operate in the state, the clinical director must meet the following requirements: (1) Be licensed to practice medicine or osteopathic medicine; (2) Be board certified in obstetrics and gynecology by a member board of the American Board of Medical Specialties; (3) Have successfully completed a fellowship in reproductive endocrinology and infertility accredited by the Accreditation Council for Graduate Medical Education or possess equivalent training and experience; (4) Demonstrate substantial clinical experience in assisted reproductive technology procedures; and (5) Maintain continuing medical education relevant to reproductive endocrinology, infertility, and assisted reproductive technology. Establishes the intent of the General Assembly that fertility clinics 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. Takes effect January 1, 2027. Senate Health & Welfare Committee amendment 2 (016014) requires each fertility clinic operating in the state to obtain a certificate from the Department of Health (DOH) to perform assisted reproductive technology (ART) services. Authorizes DOH to promulgate rules to implement the legislation. Requires DOH to issue a certificate to a fertility clinic that has submitted the following information: (1) Verification of the fertility clinic's Society for Assisted Reproductive Technology (SART) membership; (2) An emergency plan for the transfer of embryos should the clinic close permanently for any reason; and (3) Proof of passing the most recent laboratory inspection from either the College of American Pathologists or the Joint Commission on Accreditation of Healthcare Organizations. Establishes that, in order for a fertility clinic to operate in the state, the clinical director must meet the following requirements: (1) Be licensed to practice medicine or osteopathic medicine; (2) Be board certified in obstetrics and gynecology by a member board of the American Board of Medical Specialties; (3) Have successfully completed a fellowship in reproductive endocrinology and infertility accredited by the Accreditation Council for Graduate Medical Education or possess equivalent training and experience; (4) Demonstrate substantial clinical experience in assisted reproductive technology procedures; and (5) Maintain continuing medical education relevant to reproductive endocrinology, infertility, and assisted reproductive technology. Takes effect January 1, 2027. House Health Committee amendment 1 (016138) requires each fertility clinic operating in the state to obtain a certificate from the Department of Health (DOH) to perform assisted reproductive technology (ART) services. Authorizes DOH to promulgate rules to implement the legislation. Establishes that, to receive a certificate, a fertility clinic must submit the following information: (1) Verification of the fertility clinic's Society for Assisted Reproductive Technology (SART) membership, or an equivalent organization subject to the approval of DOH; (2) An emergency plan for the transfer of embryos should the clinic close permanently for any reason; and (3) Proof of passing the most recent laboratory inspection from either the College of American Pathologists or the Joint Commission on Accreditation of Healthcare Organizations. Establishes that, in order for a fertility clinic to operate in the state, the clinical director must meet the following requirements: (1) Be licensed to practice medicine or osteopathic medicine; (2) Be board certified in obstetrics and gynecology by a member board of the American Board of Medical Specialties; (3) Have successfully completed a fellowship in reproductive endocrinology and infertility accredited by the Accreditation Council for Graduate Medical Education or possess equivalent training and experience; (4) Demonstrate substantial clinical experience in assisted reproductive technology procedures; and (5) Maintain continuing medical education relevant to reproductive endocrinology, infertility, and assisted reproductive technology. Establishes the intent of the General Assembly that fertility clinics 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. Takes effect January 1, 2027.

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 Apr 6, 2026.; **SB 2461** Set for Senate Floor on Apr 2, 2026.

Upcoming Schedules: House Government Operations Committee (April 6, 2026, 11:00 AM, House Hearing Room I)

8.
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

Amendment Summary: House Health Subcommittee recommended with amendment 1 (014393), which would prohibit MCOs from including provisions in their contracts that allows for the closure of a nursing home without cause.

Description: As introduced, prohibits a managed care organization from suspending, denying, refusing to review, terminating, or otherwise taking action resulting in the actual or constructive termination of a qualified nursing facility contract except under certain listed circumstances. Specifies that the bureau of TennCare has the exclusive authority to determine whether a qualified nursing facility may be terminated from participating in the TennCare program and makes other related changes.

AI Summary: Requirements are imposed on managed care organizations (MCOs) participating in Tennessee's TennCare program to contract with qualified nursing facilities under uniform terms, excluding reimbursement rates. MCOs are prohibited from imposing participation or termination criteria beyond those established by the TennCare bureau, which retains exclusive authority to terminate nursing facility contracts. Termination by MCOs without cause or specified grounds is prohibited, and contract templates must be reviewed and approved by the bureau. A proposed amendment would clarify that MCO contracts cannot permit termination without cause or specified grounds and require joint review of contract templates by the bureau and the Department of Commerce and Insurance; this amendment has not yet been adopted. The provisions take effect July 1, 2026.

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 Government Operations Committee on Apr 6, 2026.; **SB 1797** Set for Senate Commerce and Labor Committee on Apr 7, 2026.

Upcoming Schedules: House Government Operations Committee (April 6, 2026, 11:00 AM, House Hearing Room I)

11.
HB 2246
(SB 2586)
C. Hurt

- Regulates the retrieval, manufacture, storage, and use of stem cells for therapy. State Website

Sponsors: Chris Hurt, Ed Jackson

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: Requirements are imposed on physicians in Tennessee performing stem cell therapies, allowing use of FDA-unapproved treatments within their scope of practice for orthopedics, wound care, or pain management, provided stem cells come from FDA-registered and accredited facilities. Physicians must obtain informed consent, include specific FDA-approval disclaimers in advertisements, and use products meeting viability and manufacturing standards. Violations may lead to disciplinary action or felony charges for certain prohibited activities. A proposed amendment would expand definitions to include regenerative medicine therapies, add detailed product validation and storage requirements, mandate adverse event reporting, and exempt certain hospitals and therapies under the Right to Try Act; this amendment has not yet been adopted.

Fiscal Impact: (Dated February 08, 2026) NOT SIGNIFICANT
Latest Action: **HB 2246** Set for House Government Operations Committee on Apr 6, 2026.; **SB 2586** Senate Health & Welfare recommended with amendment 1 (016888), which prohibits the use of aborted fetal cells for stem cell research, cell viability reporting requirements, and certain storage requirements. Sent to Senate Calendar. on Apr. 01, 2026
Upcoming Schedules: House Government Operations Committee (April 6, 2026, 11:00 AM, House Hearing Room I)

14.
HB 2415
(SB 2406)
R. Stevens

- Allows healthcare quality improvement committees to assess security measures for patient and staff safety. State Website
Sponsors: Robert Stevens, Dawn White
Amendment Summary: Senate Health & Welfare Committee Amendment 1 (014653) requires the commissioner of health to develop a hospital security grant program to award grants to hospitals for the purpose of hiring off-duty law enforcement officers to serve as hospital security. House Health Subcommittee amendment 1, 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 Apr 6, 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 (April 6, 2026, 11:00 AM, House Hearing Room I)

15.
HB 1887
(SB 1936)
R. Stevens

- Creates a licensure process for prescribed pediatric extended care programs. State Website
Sponsors: Robert Stevens, Shane Reeves
Amendment Summary: House Health Subcommittee Amendment 1 (014244) creates a three-year pilot project to establish one prescribed pediatric extended care center in counties that have a population between 341,400 and 341,500) House Health Subcommittee Amendment 2 (015753) adds prescribed pediatric extended care centers to the list of services and facilities the department may license House Insurance Committee, House Health Committee amendment 1 (16111) creates a three-year pilot program to allow the establishment of one prescribed pediatric extended care center (PPECC) in Rutherford County, subject to selection by the Department of Disability and Aging (DDA). Authorizes DDA to license the provision of services by a PPECC in accordance with the legislation. Establishes that DDA may require that the chosen applicant obtain a license for the PPECC, and if necessary, require the chosen applicant to submit a license fee. Requires DDA to inspect a proposed PPECC location prior to choosing an applicant to ensure compliance with the legislation. Establishes that a minor who is medically dependent or technologically dependent may be admitted to the PPECC if the minor's prescribing physician issues a prescription ordering care at the PPECC and the minor's parent or legal guardian consents to the minor's admission. Prohibits the PPECC from providing services to a minor for more than 12 hours within a 24-hour period, and prohibits the PPECC from providing services other than those provided to medically dependent or technologically dependent minors. Establishes that admission to the PPECC is not intended to supplant the right to a Medicaid private duty nursing benefit, when medically necessary. Authorizes DDA to limit the maximum amount of authorized services provided to a minor who receives services at the PPECC. Requires the Division of TennCare (Division) to provide coverage and benefits for an enrollee for services rendered at the PPECC, subject to federal approval. Requires the Director of TennCare to submit a request for any federal waiver necessary to effectuate the legislation to the federal Centers for Medicare and Medicaid Services no later than December 31, 2026. Requires DDA to promulgate rules to establish minimum standards for operating the PPECC for purposes of the pilot program and minimum standards for transportation services for minors. Authorizes DDA to inspect the PPECC, including its records, at any reasonable time as necessary to ensure compliance with the legislation. Authorizes DDA to revoke or suspend the PPECC's license, if a license is issued, and to impose an administrative fine to the PPECC or an employee of up to $500 per violation of the legislation or

applicable rules. For the purposes of promulgating rules and requiring the Division to seek federal approval, the legislation takes effect upon becoming a law. For all other purposes, takes effect January 1, 2027. Terminates the pilot program on January 1, 2030.

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

AI Summary: Licensure and regulatory standards are established for prescribed pediatric extended care centers in Tennessee, defining these centers as facilities providing nonresidential basic services to medically or technologically dependent minors. Requirements include licensing, background checks, inspections, administrative fines, and limitations on service hours and patient capacity. TennCare coverage for services at these centers is authorized, subject to federal approval. A proposed amendment would replace the original provisions with a three-year pilot program to establish one such center in a specified county, including similar licensing and operational standards, and would repeal the pilot program by 2030. The amendment remains proposed and has not been adopted.

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

Latest Action: **HB 1887** Set for House Government Operations Committee on Apr 6, 2026.; **SB 1936** Set for Senate Commerce and Labor Committee on Apr 7, 2026.

Upcoming Schedules: House Government Operations Committee (April 6, 2026, 11:00 AM, House Hearing Room I)

Tue 4/7/2026 12:00 PM CDT - House Hearing Room I, House Judiciary Committee

Tennessee Court of Criminal Appeals, Eastern Section, Confirmation Hearing, Judge Stacy Street

1. HB 2136 (SB 2556) B. Terry

- Directs the department of health to submit a report of each medication approved by the FDA for the purpose of women's health. State Website

Sponsors: Bryan Terry, Shane Reeves

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

Description: As introduced, directs the department of health to submit a report of each medication approved by the FDA for the purpose of women's health to the speaker of the senate and the speaker of the house of representatives on or before January 1, 2027.

AI Summary: A report on FDA-approved medications for women's health must be submitted by the Tennessee Department of Health by January 1, 2027. A proposed amendment to HB 2136 would revise Tennessee’s controlled substances scheduling to automatically align state schedules with

FDA-approved drugs designated by the DEA, allowing healthcare prescribers to prescribe newly scheduled drugs immediately if they are FDA-approved and not Schedule I. The amendment also clarifies that such prescribing must comply with existing state and federal laws and does not alter prescribers' scope of practice. This amendment has been proposed but not yet adopted.
Fiscal Impact: (Dated February 03, 2026) NOT SIGNIFICANT
Latest Action: **HB 2136** Set for House Judiciary Committee on Apr 7, 2026.; **SB 2556** Senate Health & Welfare recommended with amendment 1 (016270), which establishes that the federal schedule of a drug determined by the FDA shall by default be considered the status of the drug in Tennessee until the state issues its own schedule, law, or other action. Sent to Senate Calendar. on Apr. 01, 2026
Upcoming Schedules: House Judiciary Committee (April 7, 2026, 12:00 PM, House Hearing Room I)

8. **- TACIR study on state and local readiness to support a medical marijuana program.**
HB 1972 (SB 1603)
A. Farmer
State Website
Sponsors: Andrew Farmer, Ferrell Haile
Cosponsors: Todd Gardenhire, Ken Yager
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 to be conducted by the Tennessee Advisory Commission on Intergovernmental Relations (TACIR), focusing on 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 HB1972 would prevent the Commissioner of Mental Health and Substance Abuse Services from rescheduling or deleting marijuana as a controlled substance under state law unless the General Assembly establishes a regulatory framework and authorizes such action, contingent on federal rescheduling or descheduling of marijuana. This amendment has not yet been adopted.
Fiscal Impact: (Dated January 21, 2026) NOT SIGNIFICANT
Latest Action: **HB 1972** Set for House Judiciary Committee on Apr 7, 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 Judiciary Committee (April 7, 2026, 12:00 PM, House Hearing Room I)

Tue 4/7/2026 1:00 PM CDT - Senate Hearing Room I, Senate Commerce and Labor Committee

3. **- Disclosure of maximum allowable cost lists - destruction of shared information.**
SB 604 (HB 614)
P. Bailey
State Website
Sponsors: Paul Bailey, Ron Travis
Description: Requires a pharmacy services administrative organization or similar entity that receives maximum allowable cost list or related information from a contracted pharmacy to destroy the shared information within five business days of receipt of a written request for destruction from the sharing pharmacy. Broadly captioned.
AI Summary: Confidential pharmacy information shared with pharmacy services administrative organizations must not be disclosed to third parties and must be destroyed within five business days upon the pharmacy's written request. Amendments to Tennessee Code Annotated Section 56-7-3111 impose these restrictions on information sharing. HB 614/SB 604 (Tennessee) takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 8, 2025) NOT SIGNIFICANT
Latest Action: **SB 604** Set for Senate Commerce and Labor Committee on Apr 7, 2026.; **HB 614** Assigned to s/c Insurance Subcommittee on Feb. 05, 2025
Upcoming Schedules: Senate Commerce and Labor Committee (April 7, 2026, 1:00 PM, Senate Hearing Room I)

5. **- Removes outdated reimbursement rules for anatomic pathology services billed by gastroenterologists.** State Website

SB 2457
(HB 2576)
P. Bailey

Sponsors: Paul Bailey, Sabi Kumar
Description: As introduced, removes an obsolete reference to reimbursement requirements related to anatomic pathology services applying to anatomic pathology services billed by gastroenterologists only applying on and after July 1, 2014. Broadly captioned.
AI Summary: A provision in Tennessee Code Annotated Section 56-7-1015(j) related to healthcare billing is repealed. The amendment removes specific regulatory language within Title 56 concerning healthcare billing practices. The change takes effect immediately upon becoming law.
Fiscal Impact: (Dated February 03, 2026) NOT SIGNIFICANT
Latest Action: **SB 2457** Set for Senate Commerce and Labor Committee on Apr 7, 2026.; **HB 2576** Taken off notice in House Insurance Subcommittee. on Mar. 18, 2026
Upcoming Schedules: Senate Commerce and Labor Committee (April 7, 2026, 1:00 PM, Senate Hearing Room I)

8.
SB 2010
(HB 1866)
S. Kyle

- Regulate Artificial Intelligence (AI) In Health Care Act. State Website
Sponsors: Sara Kyle, Justin Jones
Description: As introduced, creates the "Regulate Artificial Intelligence (AI) In Health Care Act." Specifies that a health insurance issuer that uses an artificial intelligence, algorithm, or other software tool for the purpose of utilization review or utilization management functions, based in whole or in part on medical necessity, or that contracts with or otherwise works through an entity that uses an artificial intelligence, algorithm, or other software tool for the purpose of utilization review or utilization management functions, based in whole or in part on medical necessity, shall not deny, delay, or modify healthcare services based, in whole or in part, on medical necessity unless the request for prior authorization for such healthcare services is reviewed by a licensed healthcare professional or healthcare provider. Specifies that a violation is an unfair claims practice. Authorizes the department of commerce and insurance to promulgate rules to effectuate this section.
AI Summary: Requirements are imposed on health insurance issuers in Tennessee under HB 1866/SB 2010 to ensure that any denial, delay, or modification of healthcare services based on medical necessity involving artificial intelligence or algorithmic tools must be reviewed and approved by a licensed healthcare professional. Violations are classified as unfair claims practices subject to penalties and allow for private causes of action with potential awards of actual and punitive damages plus attorney fees. The Department of Commerce and Insurance is authorized to promulgate rules to implement these provisions, effective July 1, 2026.
Fiscal Impact: (Dated February 04, 2026) NOT SIGNIFICANT
Latest Action: **SB 2010** Set for Senate Commerce and Labor Committee on Apr 7, 2026.; **HB 1866** Taken off notice in House Insurance Subcommittee. on Mar. 11, 2026
Upcoming Schedules: Senate Commerce and Labor Committee (April 7, 2026, 1:00 PM, Senate Hearing Room I)

11.
SB 1796
(HB 1955)
S. Reeves

- Annual report on pharmacy benefits managers' alleged violations and penalties for reimbursement delays. State Website
Sponsors: Shane Reeves, Esther Helton-Haynes
Cosponsors: Bobby Harshbarger, Mike Sparks, Tom Stinnett
Description: As introduced, directs the commissioner of commerce and insurance to publish and submit to the general assembly on or before October 1, 2026, a report containing data on alleged statutory violations by pharmacy benefits managers during the previous fiscal year for failing to meet requirements for timely reimbursements to pharmacies. Requires the report to include data on the number of alleged violations reported, the commissioner's findings from any ensuing investigations, and any penalties imposed for findings of violations. Broadly captioned.
AI Summary: A report on violations of pharmacy benefits manager regulations under § 56-7-3124 is required to be published by the Tennessee commissioner of commerce and insurance by October 1, 2026. The report must include the number of violations reported, investigation findings, and penalties imposed, and be submitted to legislative officials. The act takes effect immediately upon becoming law.
Fiscal Impact: (Dated January 20, 2026) NOT SIGNIFICANT
Latest Action: **SB 1796** Set for Senate Commerce and Labor Committee on Apr 7, 2026.; **HB 1955** Introduced in the House. on Feb. 02, 2026
Upcoming Schedules: Senate Commerce and Labor Committee (April 7, 2026, 1:00 PM, Senate Hearing Room I)

12.
SB 1936
(HB 1887)
S. Reeves

- Creates a licensure process for prescribed pediatric extended care programs. State Website
Sponsors: Shane Reeves, Robert Stevens
Amendment Summary: House Health Subcommittee Amendment 1 (014244) creates a three-year pilot project to establish one prescribed pediatric extended care center in counties that have a population between 341,400 and 341,500) House Health Subcommittee Amendment 2 (015753) adds prescribed pediatric extended care centers to the list of services and facilities the department may license House Insurance Committee, House Health Committee amendment 1 (16111) creates a three-year pilot program to allow the establishment of one prescribed pediatric extended care center

(PPECC) in Rutherford County, subject to selection by the Department of Disability and Aging (DDA). Authorizes DDA to license the provision of services by a PPECC in accordance with the legislation. Establishes that DDA may require that the chosen applicant obtain a license for the PPECC, and if necessary, require the chosen applicant to submit a license fee. Requires DDA to inspect a proposed PPECC location prior to choosing an applicant to ensure compliance with the legislation. Establishes that a minor who is medically dependent or technologically dependent may be admitted to the PPECC if the minor's prescribing physician issues a prescription ordering care at the PPECC and the minor's parent or legal guardian consents to the minor's admission. Prohibits the PPECC from providing services to a minor for more than 12 hours within a 24-hour period, and prohibits the PPECC from providing services other than those provided to medically dependent or technologically dependent minors. Establishes that admission to the PPECC is not intended to supplant the right to a Medicaid private duty nursing benefit, when medically necessary. Authorizes DDA to limit the maximum amount of authorized services provided to a minor who receives services at the PPECC. Requires the Division of TennCare (Division) to provide coverage and benefits for an enrollee for services rendered at the PPECC, subject to federal approval. Requires the Director of TennCare to submit a request for any federal waiver necessary to effectuate the legislation to the federal Centers for Medicare and Medicaid Services no later than December 31, 2026. Requires DDA to promulgate rules to establish minimum standards for operating the PPECC for purposes of the pilot program and minimum standards for transportation services for minors. Authorizes DDA to inspect the PPECC, including its records, at any reasonable time as necessary to ensure compliance with the legislation. Authorizes DDA to revoke or suspend the PPECC's license, if a license is issued, and to impose an administrative fine to the PPECC or an employee of up to $500 per violation of the legislation or applicable rules. For the purposes of promulgating rules and requiring the Division to seek federal approval, the legislation takes effect upon becoming a law. For all other purposes, takes effect January 1, 2027. Terminates the pilot program on January 1, 2030.

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

AI Summary: Licensure and regulatory standards are established for prescribed pediatric extended care centers in Tennessee, which provide nonresidential basic services to medically or technologically dependent minors. Requirements include licensing, background checks, inspections, administrative fines, and limitations on service hours and patient capacity. TennCare coverage for services at these centers is authorized, subject to federal approval. A proposed amendment would replace the statewide licensing framework with a three-year pilot program limited to one center in a specified county, including similar regulatory provisions and a repeal date of January 1, 2030; this amendment has not yet been adopted.

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

Latest Action: **SB 1936** Set for Senate Commerce and Labor Committee on Apr 7, 2026.; **HB 1887** Set for House Government Operations Committee on Apr 6, 2026.

Upcoming Schedules: Senate Commerce and Labor Committee (April 7, 2026, 1:00 PM, Senate Hearing Room I)

13.
SB 2186
(HB 2170)
J. Stevens

- Allows electronic filing of annual reports for not-for-profit healthcare corporations under the Memphis Plan Act. State Website

Sponsors: John Stevens, Ron Travis

Amendment Summary: House Insurance Subcommittee amendment 1 (016400) enacts the Patient Financial Protection Act. Prohibits a healthcare provider from referring, assigning, or selling a medical debt to a collections agency unless the healthcare provider has provided notice to the patient. Established various requirements and violations for providers and collection agencies and various rights of a patient. Enacts the Healthcare Billing Integrity Act. Prohibits a healthcare provider from submitting a claim or bill for healthcare services that were not actually provided to a patient. Specifies that a healthcare provider that engages in systematic upcoding or unbundling is subject to civil penalties and licensing board disciplinary action. Establishes protections for employees that report violations of this Act. Requires a healthcare provider that identifies a pattern of potentially fraudulent billing practices within its organization to report such pattern the Tennessee Bureau of Investigation (TBI) Medicaid Fraud Control Unit. Prohibits a healthcare provider from requiring predetermined quotas or productivity targets that compromise safety, services, standards, or healthcare practitioner's medical judgment. Prohibits a healthcare provider from: implementing staffing levels or policies that jeopardize patient safety; prioritizing financial performance over patient health; and from retaliating against a healthcare practitioner for refusing medically unnecessary services, advocating for adequate staffing or resources, or reporting concerns. Enacts the Pharmaceutical Pricing Transparency Act. Requires a pharmaceutical manufacturer that increases the wholesale acquisition

cost of a prescription drug by more than 10 percent in any 12 month period or by more than 25 percent over any 36-month period, to provide written notice to the Commissioner of the Department of Commerce and Insurance (DCI) at least 60 days prior to the effective date of the price increase. Prohibits a pharmaceutical manufacturer from increasing the wholesale acquisition cost of a prescription drug by more than the consumer price index for all urban consumers (CPI-U) plus three percentage points in any one-month period. Establishes various requirements of pharmaceutical manufacturers in regards to advertising and reporting. Requires a pharmacy services administrative organization (PSAO) to register with the Commissioner of DCI annually and disclose and provide specific information. Establishes various requirements of PSAOs in regards to contracts and disclosures. Requires a pharmacy to inform a patient if a prescription drug retail price is lower than the patient's cost-sharing obligation under their health insurance. Authorizes the Commissioner of DCI to enforce these Acts and assess civil and monetary penalties against an entity that violates them. Authorizes a patient who suffers actual damages as a result of a violation of these Acts to bring a civil action. Requires the Commissioner of DCI to submit an annual report to the General Assembly, Chief Clerks of the Senate and House of Representatives, and the Legislative Librarian by January 31 of each year regarding the enforcement of these acts. Takes effect upon becoming law for the purpose of rule promulgation, and for all other purposes takes effect January 1, 2027.

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 requirement for annual reports filed under Tennessee Code Annotated, Section 56-7-2003(7), is amended to allow electronic filing. The amendment modifies the reporting process for health care-related filings within Title 56, Chapter 7. The change takes effect immediately upon becoming law.

Fiscal Impact: (Dated February 02, 2026) NOT SIGNIFICANT

Latest Action: **SB 2186** Set for Senate Commerce and Labor Committee on Apr 7, 2026.; **HB 2170** House Insurance Committee re-referred to House Insurance Subcommittee. on Mar. 31, 2026

Upcoming Schedules: Senate Commerce and Labor Committee (April 7, 2026, 1:00 PM, Senate Hearing Room I)

14.
SB 2044
(HB 1990)
B. Taylor

- Study on health concerns of persons whose biological sex is female. State Website

Sponsors: Brent Taylor, Aron Maberry

Cosponsors: Rusty Crowe

Description: As introduced, directs the department of health to conduct a study on health concerns of, and identifying obstacles for receiving better care for, persons whose biological sex is female. Requires the department to submit a report to the members of the general assembly on the results of the study on or before January 1, 2027. Broadly captioned.

AI Summary: A study on health concerns and obstacles to better care for persons whose biological sex is female is mandated to be conducted by the Tennessee Department of Health. A report on the study's findings must be submitted to the General Assembly by January 1, 2027. The act takes effect immediately upon becoming law.

Fiscal Impact: (Dated January 28, 2026) NOT SIGNIFICANT

Latest Action: **SB 2044** Set for Senate Commerce and Labor Committee on Apr 7, 2026.; **HB 1990** Introduced in the House. on Feb. 02, 2026

Upcoming Schedules: Senate Commerce and Labor Committee (April 7, 2026, 1:00 PM, Senate Hearing Room I)

21.
SB 1694
(HB 1477)
R. Akbari

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

Sponsors: Raumesh Akbari, Yusuf Hakeem

Cosponsors: Karen Camper, Jesse Chism, Larry Miller

Amendment Summary: House amendment 1 (010995) prohibits the Department of Commerce and Insurance (DCI) from treating as confidential information that relates to substantiated violations of insurance claims-handling laws in specific instances. Requires DCI to publish information relating to substantiated violations of insurance claims-handling laws on or after October 1, 2026, in a publicly accessible location and searchable format on its website, updated at least every three months. Requires DCI, by January 15, 2027, and every January 15 thereafter, to publish in a publicly accessible location on DCI's website an annual report summarizing claims and complaints against insurers.

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

AI Summary: The existing law in Tennessee is amended to change the timeframe for certain insurance-related actions from "thirty (30) days" to "thirty (30) business days." A proposed amendment would require the Department of Commerce and Insurance to publicly disclose substantiated violations of insurance claims-handling laws involving untimely investigations, misrepresentations, unfair settlement practices, or violations affecting elderly and vulnerable policyholders. The amendment mandates quarterly updates and annual reports on such violations,

excluding personally identifying information and trade secrets, to increase transparency and accountability. The amendment has not yet been adopted and would take effect July 1, 2026.
Fiscal Impact: (Dated January 07, 2026) NOT SIGNIFICANT
Latest Action: **SB 1694** Set for Senate Commerce and Labor Committee on Apr 7, 2026.; **HB 1477** House passed with amendment 1 (010995), which prohibits the Department of Commerce and Insurance (DCI) from treating as confidential information that relates to substantiated violations of insurance claims-handling laws in specific instances. Requires DCI to publish information relating to substantiated violations of insurance claims-handling laws on or after October 1, 2026, in a publicly accessible location and searchable format on its website, updated at least every three months. Requires DCI, by January 15, 2027, and every January 15 thereafter, to publish in a publicly accessible location on DCI's website an annual report summarizing claims and complaints against insurers.
Upcoming Schedules: Senate Commerce and Labor Committee (April 7, 2026, 1:00 PM, Senate Hearing Room I)

30.
SB 1901
(HB 1709)
P. Bailey

- Requires U.S. citizenship or qualified alien status for eligibility for various professional licenses and permits. State Website
Sponsors: Paul Bailey, Mark Cochran
Cosponsors: Cameron Sexton, Jeremy Faison, Jason Zachary, William Lamberth, Pat Marsh, Johnny Garrett, Gino Bulso, Justin Lafferty, Mark White, Dan Howell, Gary Hicks, Chris Todd, Kevin Vaughan, Andrew Farmer, Debra Moody, Dennis Powers, Sabi Kumar, Rusty Grills, Rick Scarbrough, Kip Capley, Tim Rudd, Elaine Davis, Lowell Russell, Mary Littleton, David Hawk, Scott Cepicky, Michael Hale, Michele Carringer, Clay Doggett, Lee Reeves, Tom Leatherwood, Monty Fritts, Rebecca Alexander, Dave Wright, Todd Warner, Tandy Darby, Jake McCalmon, Brock Martin, Greg Martin, Jerome Moon, Clark Boyd, Aron Maberry, Paul Sherrell, Renea Jones, William Slater, Tim Hicks, Timothy Hill, Michael Lankford, John Crawford, Rick Eldridge, Ron Gant, Rush Bricken, Esther Helton-Haynes, Iris Rudder, Ed Butler, Fred Atchley, Tom Stinnett, Kelly Keisling, Kevin Raper, Robert Stevens
Amendment Summary: House Commerce amendment 1 (014986) adds to the licensure requirements proof of legal status as a citizen or resident of the United States.
Description: As introduced, specifies in various provisions that for a person to be eligible for a particular license, certificate, permit, or authorization, the person must be a citizen of the United States or a qualified alien. Broadly captioned.
AI Summary: Requirements are imposed across numerous Tennessee professional licensing statutes mandating that applicants be U.S. citizens or qualified aliens as defined in § 4-58-102. Specific provisions include court reporters, aeronautics instructors, educators, health professionals, and various regulated occupations. Reciprocal licensing agreements must verify citizenship or qualified alien status. Exceptions allow valid J-1 or F-1 student visa holders eligibility for certain alcoholic beverage licenses. A proposed amendment to HB 1709/SB 1901 would clarify these citizenship requirements, encourage the Supreme Court to limit law practice licenses to citizens or qualified aliens, and establish automatic license revocation for noncompliance with immigration status verification, contingent on HB 1711/SB 2108 enactment.
Fiscal Impact: (Dated February 12, 2026) NOT SIGNIFICANT
Latest Action: **SB 1901** Set for Senate Commerce and Labor Committee on Apr 7, 2026.; **HB 1709** House Commerce recommended with amendment 2 (014986). Sent to House Calendar and Rules Committee. on Mar. 18, 2026
Upcoming Schedules: Senate Commerce and Labor Committee (April 7, 2026, 1:00 PM, Senate Hearing Room I)

42.
SB 1797
(HB 2093)
S. Reeves

- Restrictions on managed care organizations regarding termination of qualified nursing facility contracts under TennCare. State Website
Sponsors: Shane Reeves, Ryan Williams
Cosponsors: Randy McNally
Amendment Summary: House Health Subcommittee recommended with amendment 1 (014393), which would prohibit MCOs from including provisions in their contracts that allows for the closure of a nursing home without cause.
Description: As introduced, prohibits a managed care organization from suspending, denying, refusing to review, terminating, or otherwise taking action resulting in the actual or constructive termination of a qualified nursing facility contract except under certain listed circumstances. Specifies that the bureau of TennCare has the exclusive authority to determine whether a qualified nursing facility may be terminated from participating in the TennCare program and makes other related changes.
AI Summary: Requirements are imposed on managed care organizations (MCOs) participating in Tennessee's TennCare program to contract with qualified nursing facilities under the same terms and conditions offered to other similar providers, excluding reimbursement rates. MCOs are prohibited from imposing participation or termination criteria beyond those established by the TennCare bureau, which retains exclusive authority to terminate nursing facilities from the program. Termination by MCOs without cause or without bureau authorization is prohibited, and contract provisions allowing

termination without specified grounds are void. A proposed amendment would clarify that MCO contracts cannot permit termination without cause or specified grounds and require joint review and approval of contract templates by the bureau and the Department of Commerce and Insurance; this amendment has not yet been adopted. The act takes effect July 1, 2026.
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: **SB 1797** Set for Senate Commerce and Labor Committee on Apr 7, 2026.; **HB 2093** Set for House Government Operations Committee on Apr 6, 2026.
Upcoming Schedules: Senate Commerce and Labor Committee (April 7, 2026, 1:00 PM, Senate Hearing Room I)

52.
SB 420
(HB 870)
S. Reeves

- Pharmacy benefits. State Website
Sponsors: Shane Reeves, Iris Rudder
Cosponsors: Renea Jones, Aftyn Behn, Jason Powell
Description: Prohibits an insurer, pharmacy benefits manager, or third-party administrator from changing or conditioning the terms of health plan coverage based on availability of financial or other product assistance for a prescription drug. Establishes certain procedures for calculating an enrollee's contribution to an applicable cost sharing requirement. Broadly captioned.
AI Summary: Cost-sharing calculations for enrollees in Tennessee health plans are regulated to include amounts paid by or on behalf of the enrollee, with specific provisions for health savings account-qualified high deductible plans and exceptions for generic drugs. Insurers, pharmacy benefits managers, and third-party administrators are prohibited from altering health plan coverage terms based on the availability or amount of financial assistance for prescription drugs. These provisions apply to health plans entered into or renewed on or after January 1, 2026, under Senate Bill 420.
Fiscal Impact: (Dated January 31, 2025) NOT SIGNIFICANT
Latest Action: **SB 420** Set for Senate Commerce and Labor Committee on Apr 7, 2026.; **HB 870** Sponsor(s) Added. on Mar. 31, 2025
Upcoming Schedules: Senate Commerce and Labor Committee (April 7, 2026, 1:00 PM, Senate Hearing Room I)

53.
SB 2554
(HB 2162)
S. Reeves

- TennCare actuarial study and related comments to be submitted electronically to legislative committees. State Website
Sponsors: Shane Reeves, Iris Rudder
Cosponsors: Elaine Davis, Bryan Terry
Amendment Summary: House Insurance Committee amendment 2 (014370) requires public reporting from insurers to the DCI on prior authorization, denial and appeal rates, recruitment, and customer service metrics.
Description: As introduced, authorizes the comptroller of the treasury to submit the annual actuarial study of the TennCare program and participating managed care organizations, along with any related oral and written comments, to the designated legislative committees and offices in an electronic format. Broadly captioned.
AI Summary: Requirements are imposed on health insurance entities in Tennessee to submit quarterly reports on prior authorizations, claims, appeals, recoupments, and customer service metrics, with data publicly posted excluding confidential information. Payment protections are established preventing insurers from reducing or adjusting payments to contracted providers based solely on patients receiving care from non-contracted providers. The Department of Commerce and Insurance is tasked with rulemaking and enforcement, including penalties for noncompliance. A proposed amendment would rename the act as the "Patients' Right to Know Act" and add detailed reporting and transparency provisions, with phased implementation starting in 2027; this amendment has not yet been adopted.
Fiscal Impact: (Dated February 02, 2026) NOT SIGNIFICANT
Latest Action: **SB 2554** Set for Senate Commerce and Labor Committee on Apr 7, 2026.; **HB 2162** Set for House Calendar & Rules Committee on Apr 2, 2026.
Upcoming Schedules: Senate Commerce and Labor Committee (April 7, 2026, 1:00 PM, Senate Hearing Room I)

55.
SB 2067
(HB 1930)
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: House Insurance Committee recommended with amendment 1 (014294), requires DCI to review and approve adequacy and compliance of a new health care insurance plan at least 30 days before the plan is offered to the public, and requires the insurer to alert DCI to any changes to the plan. Focus of DCI review is to assess whether a plan has a adequate number of contracted health care providers in-network pursuant to 2023 law.
Description: As introduced, revises requirement for the department of commerce and insurance to

report on coverage for mental health, alcoholism, and drug dependency. Broadly captioned.
AI Summary: Reporting deadlines for health insurers under Tennessee Code Annotated Section 56-7-2360(e) are modified to require annual submissions by January 31. A proposed amendment to HB 1930/SB 2067 would repeal and replace Section 56-7-2356 to impose comprehensive network adequacy standards on health insurers offering health benefit plans, including requirements for provider network approval, ongoing monitoring, timely reporting of material changes, and corrective actions. The amendment mandates detailed provider directories, public transparency of examinations and penalties, and annual compliance reporting to the state. It also establishes definitions, complaint procedures, and penalties for noncompliance, aiming to ensure enrollees have timely access to a sufficient range of participating providers and facilities. This amendment is proposed but not yet adopted.
Fiscal Impact: (Dated January 22, 2026) NOT SIGNIFICANT
Latest Action: **SB 2067** Set for Senate Commerce and Labor Committee on Apr 7, 2026.; **HB 1930** House Finance Subcommittee placed behind the budget. on Mar. 25, 2026
Upcoming Schedules: Senate Commerce and Labor Committee (April 7, 2026, 1:00 PM, Senate Hearing Room I)

56.
SB 2081
(HB 1956)
B. Watson

- Step therapy for cancer treatments. State Website
Sponsors: Bo Watson, Rebecca Alexander
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 and associated conditions before providing coverage for approved prescription drugs to enrollees diagnosed with cancer. Definitions related to cancer coverage are broadened by removing specific references to stage 4 advanced metastatic cancer and metastatic blood cancer. The commissioners of commerce and insurance and health are authorized to promulgate rules to implement these provisions effective January 1, 2027.
Fiscal Impact: (Dated January 28, 2026) NOT SIGNIFICANT
Latest Action: **SB 2081** Set for Senate Commerce and Labor Committee on Apr 7, 2026.; **HB 1956** Set for House Calendar & Rules Committee on Apr 2, 2026.
Upcoming Schedules: Senate Commerce and Labor Committee (April 7, 2026, 1:00 PM, Senate Hearing Room I)

57.
SB 2155
(HB 2619)
B. Watson

- Prohibits health insurers from using downcoding to reduce provider payments and establishes the Tennessee commission of insurance review. State Website
Sponsors: Bo Watson, Dan Howell
Cosponsors: Richard Briggs, Bobby Harshbarger, Adam Lowe, Randy McNally, Shane Reeves, Joey Hensley, 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
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, unilateral contract changes without negotiation, and lasering in stop-loss plans. Requirements are imposed for human review of AI-based claim coding, restrictions on sending medical data outside the U.S., and prohibitions on differential reimbursement based solely on provider licensure classification. Ownership disclosures between health insurance entities and healthcare providers are mandated. A proposed amendment would modify ownership disclosure requirements to include notifications to covered individuals and regulatory bodies and would remove provisions related to licensure-based reimbursement parity and certain rule transfers. The act takes effect July 1, 2026.
Fiscal Impact: (Dated February 16, 2026) STATE GOVERNMENT EXPENDITURES General Fund FY26 -27 $1,773,100 FY27-28 & Subsequent Years $1,743,100 Total Positions Required: 10 OTHER FISCAL IMPACT Passage of this legislation will result in an increase in state, local, and federal government expenditures relating to TennCare and CoverKids and the State Group Insurance Plans. However, due to multiple variables and insufficient data, the exact increase cannot be reasonably determined.
Latest Action: **SB 2155** Set for Senate Commerce and Labor Committee on Apr 7, 2026.; **HB 2619** House Finance Subcommittee placed behind the budget. on Apr. 01, 2026
Upcoming Schedules: Senate Commerce and Labor Committee (April 7, 2026, 1:00 PM, Senate Hearing Room I)

58. **- Allocates the first $150 million of HMO tax revenue from July 1, 2026, to enhance TennCare reimbursements for certain medical providers.** State Website
SB 2080 (HB 2046)
B. Watson
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: **SB 2080** Set for Senate Commerce and Labor Committee on Apr 7, 2026.; **HB 2046** House Finance Subcommittee placed behind the budget. on Apr. 01, 2026
Upcoming Schedules: Senate Commerce and Labor Committee (April 7, 2026, 1:00 PM, Senate Hearing Room I)

Tue 4/7/2026 3:30 PM CDT - House Hearing Room I, House Finance, Ways, and Means Committee

13. **- Expands prescribed forms of epinephrine for life-threatening allergic reactions than an LEA or nonpublic school is authorized to administer.** State Website
HB 1550 (SB 1716)
E. Davis
Sponsors: Elaine Davis, Joey Hensley
Cosponsors: Scott Cepicky
Amendment Summary: Senate Education amendment 1, 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 Committee on Apr 7, 2026.; **SB 1716** Set for Senate Finance, Ways and Means Committee on Apr 8, 2026.
Upcoming Schedules: House Finance, Ways, and Means Committee (April 7, 2026, 3:30 PM, House Hearing Room I)

Wed 4/8/2026 8:30 AM CDT - Senate Hearing Room I, Senate Finance, Ways and Means Committee

4. **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
Amendment Summary: House Health Subcommittee amendment 1 (015684) expedites data request for CONs and transfers the designation of Critical Access Hospitals from the Department of Health to the HFC, and various other procedural changes related to health care facilities.
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 exemptions are established for magnetic resonance imaging (MRI) and positron emission tomography (PET) services not used for diagnostic purposes under Tennessee Code Annotated Title 68. Definitions for burn units, neonatal intensive care units, MRI, and PET are added, and the health facilities commission's authority is expanded to license and regulate these services. Provisions are introduced for cost recovery related to site visits and disciplinary proceedings, and accreditation requirements are imposed on outpatient diagnostic centers and PET providers within two years of licensure. A proposed amendment would further regulate data release policies, critical access hospital designation procedures, conflict of interest rules for commission members, certificate of need exemptions for facility relocations, and require emergency rule promulgation to implement these changes. The amendment remains proposed and has not been adopted.
Fiscal Impact: (Dated February 24, 2026) NOT SIGNIFICANT
Latest Action: **SB 2431** Set for Senate Finance, Ways and Means Committee on Apr 8, 2026.; **HB 2110** Set for House Finance, Ways, and Means Subcommittee on Apr 8, 2026.
Upcoming Schedules: Senate Finance, Ways and Means Committee (April 8, 2026, 8:30 AM, Senate Hearing Room I)

6. **SB 1716 (HB 1550)** J. Hensley

- Expands prescribed forms of epinephrine for life-threatening allergic reactions than an LEA or nonpublic school is authorized to administer. State Website
Sponsors: Joey Hensley, Elaine Davis
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 on Tennessee public and nonpublic schools to maintain epinephrine for emergency use in at least two accessible locations, with provisions allowing physicians to prescribe epinephrine to schools and trained personnel to administer it under standing protocols. Liability protections are established for prescribing physicians and school staff unless epinephrine is administered with intentional disregard for safety. The effective date is set for July 1, 2026.
Fiscal Impact: (Dated February 07, 2026) LOCAL GOVERNMENT EXPENDITURES Permissive FY26-27 & Subsequent Years NET $202,500
Latest Action: **SB 1716** Set for Senate Finance, Ways and Means Committee on Apr 8, 2026.; **HB 1550** Set for House Finance, Ways, and Means Committee on Apr 7, 2026.
Upcoming Schedules: Senate Finance, Ways and Means Committee (April 8, 2026, 8:30 AM, Senate Hearing Room I)

Wed 4/8/2026 12:30 PM CDT - House Hearing Room III, House Finance, Ways, and Means Subcommittee

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

- Requires local governments to verify citizenship or lawful presence for public benefits and authorizes investigations of violations. State Website
Sponsors: Dennis Powers, Ed Jackson
Cosponsors: Cameron Sexton, Jeremy Faison, Jason Zachary, William Lamberth, Pat Marsh, Johnny Garrett, Mark Cochran, Gino Bulso, Justin Lafferty, Mark White, Dan Howell, Chris Todd, Gary Hicks, Kevin Vaughan, Andrew Farmer, Debra Moody, Sabi Kumar, Rusty Grills, Tim Rudd, Rick Scarbrough, Elaine Davis, Lowell Russell, Mary Littleton, David Hawk, Scott Cepicky, Michael Hale, Michele Carringer, Lee Reeves, Clay Doggett, Tom Leatherwood, Monty Fritts, Rebecca Alexander,

Dave Wright, Todd Warner, Tandy Darby, Jake McCalmon, Brock Martin, Greg Martin, Jerome Moon, Clark Boyd, Aron Maberry, Paul Sherrell, Renea Jones, Timothy Hill, Tim Hicks, John Crawford, William Slater, Michael Lankford, Rick Eldridge, Ron Gant, Rush Bricken, Esther Helton-Haynes, Iris Rudder, Ed Butler, Fred Atchley, Tom Stinnett, Kelly Keisling, Kevin Raper, Robert Stevens, Paul Rose, 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: **HB 1710** Set for House Finance, Ways, and Means Subcommittee on Apr 8, 2026.; **SB 1915** Senate passed with amendment 1 (015237), which 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.

Upcoming Schedules: House Finance, Ways, and Means Subcommittee (April 8, 2026, 12:30 PM, House Hearing Room III)

27.
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, Jake McCalmon, Ferrell Haile, Rusty Crowe

Amendment Summary: House Health Committee amendment 1 (015487) enters Tennessee into an interstate compact to fund, with matching contributions from partner drug developers, and authorize clinical trials involving ibogaine for the treatment of post-traumatic stress disorder (PTSD) by creating a council on emerging behavioral health treatments, which may approve one coordinating institution, and other participant institutions, located in Tennessee. House Health Committee amendment 2 (016878) removes appropriations language, and states that the fund may accept public grants and gifts from both public and private sources. Senate Finance, Ways & Means Committee amendment 1 (017063) rewrites the bill to establish the "Helping Open Pathways to Effective (HOPE) Treatment Act." Creates the council on emerging behavioral health treatments to administer and oversee the state's participation in emerging behavioral health treatment research. Specifies that the council may authorize one or more qualified institutions in this state to participate as members in a multistate ibogaine drug development clinical trial consortium for the purpose of conducting coordinated ibogaine drug development clinical trials. Specifies requirements for an application to participate for an institution. Allows the council and participating institutions to solicit and accept gifts, grants, and donations of any kind received from sources other than the state for purposes of funding drug development clinical trials. Specifies reporting requirements for participating institutions. Clarifies that this chapter does not authorize the administration of ibogaine to human subjects in this state except in the context of a clinical trial conducted pursuant to a valid United States federal food and drug administration (FDA) investigational new drug authorization.

Description: As introduced, enacts the "Helping Open Pathways to Effective (HOPE) Treatment Act.." This bill authorizes a cohort established and selected by the department of mental health and substance abuse services ("department") to conduct drug development clinical trials with ibogaine for the purpose of obtaining approval from the United States food and drug administration ("FDA") for ibogaine as a medication to treat opioid use disorder, co-occurring substance use disorder, and other neurological or mental health conditions for which ibogaine demonstrates efficacy. A cohort must include one or more drug developers, one or more research institutions, which may be an institution of higher education, and one or more hospitals. This bill requires a cohort to select a project lead from among the cohort's members to represent the cohort and perform administrative functions, including contracting with and reporting to the department. A project lead selected by the department is authorized to employ clinical, administrative, and data management personnel necessary to support cohort activities, which may include participation in the Texas consortium for clinical trial collaboration. The cohort project lead must submit a proposal and request for funding to the department. This bill grants the department sole discretion to select a cohort for the purpose of conducting clinical trials. After making a selection, the department must enter into an interagency agreement with the project lead to provide funding. The contract must specify goals, objectives, proposed budgets, timelines, collaborating entities, the percentage of revenue arising from the trials to be paid to the state, and any other information requested by the department. After entering into the interagency contract, the department must report the existence of the contract to the chief clerks of the senate and the house of representatives. The department is prohibited from disbursing funds until it verifies the cohort's receipt of matching funds from non-state sources. This bill requires the selected cohort to submit an investigational new drug application to the FDA and seek breakthrough therapy designation as soon as practicable. However, only research institutions or hospitals are permitted to serve as a trial site. This bill authorizes the department and cohort members to solicit and accept gifts, grants, and donations from non-state sources. Disbursements by the department may be made incrementally based on the completion of defined objectives as negotiated in the interagency contract. This bill requires selected cohorts to submit quarterly reports to the department

regarding trial progress and financial status, including verification of expenditures for state and matching funds. The department must submit an annual progress report to the general assembly no later than December 1 of each year. This bill requires that revenue attributable to intellectual property and commercial rights arising from the trials, including (i) intellectual property, technology, and inventions; (ii) patents, trademarks, and licenses; (iii) proprietary and confidential information; (iv) trade secrets, data, and databases; (v) tools, methods, and processes; (vi) treatment models or techniques; (vii) administration protocols; and (viii) works of authorship, to be allocated as follows: No less than 5% to the state; The remainder to cohort members in amounts specified by written agreement. This bill requires the commissioner to administer the fund to support proposals from behavioral health providers to train and support staff in best practices for patients undergoing ibogaine therapy. This bill requires a licensed physician who has prescribed ibogaine to supervise its administration at a hospital or other licensed healthcare facility to ensure patient safety. However, this bill does not preclude a physician from administering ibogaine in accordance with federal law. Further, this bill applies only if ibogaine is approved by the FDA to treat a medical condition. If the department determines a federal waiver is necessary for implementation, then the department must request the waiver and may delay implementation of this bill until the waiver is granted. However, the department must begin accepting cohort proposals no later than September 1, 2026.

AI Summary: Tennessee establishes the "Helping Open Pathways to Effective (HOPE) Treatment Act" to facilitate clinical trials and FDA approval of ibogaine for treating opioid use disorder, co-occurring substance use disorders, and other neurological or mental health conditions. A cohort comprising drug developers, research institutions, and hospitals will be selected to conduct trials, with state funding matched by non-state sources. Intellectual property revenue generated will partially fund a Tennessee mental health innovation fund to support training for ibogaine therapy providers. Medical supervision and federal compliance requirements are specified, and implementation depends on FDA approval. A proposed amendment would clarify the acceptance of public or private funds by the council managing the innovation fund but 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 Finance, Ways, and Means Subcommittee on Apr 8, 2026.; **SB 2149** Senate Finance, Ways & Means recommended with amendment 1 (017063). Sent to Senate Calendar Committee. on Mar. 31, 2026

Upcoming Schedules: House Finance, Ways, and Means Subcommittee (April 8, 2026, 12:30 PM, House Hearing Room III)

33.
HB 2110
(SB 2431)
C. Boyd

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

Sponsors: Clark Boyd, Ed Jackson

Amendment Summary: House Health Subcommittee amendment 1 (015684) expedites data request for CONs and transfers the designation of Critical Access Hospitals from the Department of Health to the HFC, and various other procedural changes related to health care facilities.

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) services not used for diagnostic purposes are exempted from licensing requirements under Tennessee health facility regulations (HB 2110). Licensing and regulatory authority is expanded to include burn units, neonatal intensive care units, MRI, and PET services. The health facilities commission may charge applicants for site visit costs and impose costs for disciplinary proceedings. Accreditation requirements are established for outpatient diagnostic centers and PET providers within two years of licensure. A proposed amendment would further clarify data release policies, define key terms, establish procedures for critical access hospital designation, modify certificate of need exemptions, and enhance commission disciplinary processes; this amendment has not yet been adopted.

Fiscal Impact: (Dated February 24, 2026) NOT SIGNIFICANT

Latest Action: **HB 2110** Set for House Finance, Ways, and Means Subcommittee on Apr 8, 2026.; **SB 2431** Set for Senate Finance, Ways and Means Committee on Apr 8, 2026.

Upcoming Schedules: House Finance, Ways, and Means Subcommittee (April 8, 2026, 12:30 PM, House Hearing Room III)

37.
HB 1711
(SB 2108)
E. Davis

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

Sponsors: Elaine Davis, Dawn White

Cosponsors: Cameron Sexton, Jeremy Faison, Jason Zachary, William Lamberth, Pat Marsh, Johnny Garrett, Mark Cochran, Gino Bulso, Justin Lafferty, Rusty Grills, Mark White, Dan Howell, Gary Hicks, Chris Todd, Kevin Vaughan, Andrew Farmer, Debra Moody, Dennis Powers, Michael Hale, Lee Reeves, Sabi Kumar, Rick Scarbrough, Kip Capley, Tim Rudd, Lowell Russell, Mary

Littleton, David Hawk, Scott Cepicky, Michele Carringer, Clay Doggett, Tom Leatherwood, Monty Fritts, Dave Wright, Todd Warner, Tom Stinnett, Tandy Darby, Jake McCalmon, Greg Martin, Jerome Moon, Rebecca Alexander, Clark Boyd, Aron Maberry, Paul Sherrell, Renea Jones, William Slater, Tim Hicks, Michael Lankford, John Crawford, Rick Eldridge, Ron Gant, Timothy Hill, Brock Martin, Iris Rudder, Rush Bricken, Ed Butler, Esther Helton-Haynes, Fred Atchley, Kelly Keisling, Kevin Raper, Robert Stevens

Amendment Summary: House State & Local Government Committee Amendment 1 (016355) established the Unlawful-Immigration Cost Reporting Act. Creates a central reporting system where local governments, state departments such as the department of health, corrections, and education, agencies, and other entities such as LEA, public charter schools, and the governing boards for each private institution of higher education, serving populations that may include persons not lawfully present in the United States are required to report data concerning the total number of persons in this state who may not be lawfully present in the United States and the associated costs to the state associated with serving such persons. House State & Local Government Committee Amendment 2 (016470) requires the department of education to determine the cost for each student who produced or failed to produce documentation to establish the student's lawful presence in the United States in each LEA and public charter school. Requires the department of education to submit an aggregated report consisting of the data collected in subdivision (a)(1) and the cost per student determined pursuant to subdivision (a)(2) to the collecting entities.

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

AI Summary: Requirements are imposed on Tennessee law enforcement agencies and local governments to report quarterly on activities and violations involving persons not lawfully present in the United States to a centralized immigration enforcement division and federal officials. Annual reporting to the governor and legislative leaders on state costs related to public education, higher education, prisons, hospitals, and social services for such persons is mandated. Failure to report by officials is classified as a Class A misdemeanor. A proposed amendment would establish the "Unlawful-Immigration Cost Reporting Act," creating a centralized system for collecting detailed data and cost reports from educational institutions, healthcare providers, law enforcement, and social service agencies regarding persons unlawfully present, with specific reporting deadlines and documentation requirements; this amendment has not yet been adopted.

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 Finance, Ways, and Means Subcommittee on Apr 8, 2026.; **SB 2108** Set for Senate State and Local Government Committee on Mar 31, 2026.

Upcoming Schedules: House Finance, Ways, and Means Subcommittee (April 8, 2026, 12:30 PM, House Hearing Room III)

48.
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 8, 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 8, 2026, 12:30 PM, House Hearing Room III)