



# CAPITOL & 5TH

## PUBLIC STRATEGIES

### Tennessee Oncology Practice Society Final Bill Report

#### COVID-19

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**SB564/HB1269 Creates a civil cause of action for discrimination based on COVID-19 vaccine status.**

Sen. Bowling, Janice

Rep. Rudder, Iris

*Summary:* Creates a civil cause of action for discrimination on the basis of an individual's COVID-19 vaccination status. Establishes a \$1,000 fine for the first act of discrimination, a \$10,000 fine for the second act of discrimination and a \$750,000 fine for the third and any subsequent acts of discrimination. Specifies that any remedy for discrimination under this cause of action does not prohibit victims from seeking other remedies available under the law. Broadly captioned.

*Fiscal Note:* (Dated March 25, 2021) Increase State Expenditures - \$47,400/FY21-22 and Subsequent Years /Tennessee Human Rights Commission

*Intro Dates:* S: 02/10/21, H: 02/22/21

*Senate Status:* 04/13/21 - Senate Judiciary Committee deferred to first calendar of 2022.

*House Status:* 04/06/21 - Taken off notice in House Civil Justice Subcommittee.

**SB1823/HB1867 Employers with mandatory COVID-19 vaccination policies.**

Sen. Johnson, Jack

Rep. Zachary, Jason

*Summary:* Requires employers with a mandatory COVID-19 vaccination policy to grant medical exemptions to any person who provides a statement from a licensed healthcare practitioner who is acting within the practitioner's scope of practice. Grants religious exemptions to any person without requiring proof beyond the person's initial statement. Prohibits employers from taking longer than two business days to render a decision on the request or denying an exemption request without a written explanation. Prohibits employers from discharging or reducing compensation for persons granted an exemption.

*Amendment Summary:* Senate amendment 1 (013342) mandates that an employer who requires a staff member provide proof of or receive a COVID-19 vaccination must grant an exemption if the staff member has a signed and dated medical exemption statement from a licensed healthcare professional or a stated religious belief. Details the provisions of the process employers must take in such situations. States that a violation of these standards is a civil penalty of \$10,000. States that an employer need not reemploy a former staff member who was terminated prior to the effective date of the act unless that termination was based solely on the staff member seeking an exemption. States that an employer is not required to take or refrain from an action contrary to enforceable requirements imposed by the federal centers for Medicare and Medicaid services. Reaffirms that a person is not prohibited from requiring another person to provide proof of vaccination as a condition of entering that person's personal residence for purposes of providing products or services. Instructs the Attorney General and Reporter (AG) to establish a

process of reporting violations to these rules and allows for proceedings in the Williamson County chancery or circuit court or the chancery court in the county where the employer is located. Establishes that a licensed healthcare provider who provides the signed statement requesting COVID-19 vaccination exemption is immune from civil liability and disciplinary action.

*Fiscal Note:* (Dated January 30, 2022) NOT SIGNIFICANT  
*Intro Dates:* S: 01/24/22, H: 01/20/22  
*Senate Status:* 02/24/22 - Senate passed with amendment 1 (013342).  
*House Status:* 02/24/22 - House passed.  
*Executive Status:* 03/14/22 - Enacted as Public Chapter 0644 effective March 11, 2022.

**SB2786/HB2068 Private businesses prohibited from requiring COVID-19 vaccination for only a specific group.**

Sen. Bowling, Janice  
Rep. Hulsey, Bud

*Summary:* Requires private businesses who require COVID-19 vaccinations for a specific group of people to require COVID-19 vaccinations to all employees, irrespective of vaccination or booster status. Defines "private business" as a person, sole proprietorship, corporation, limited liability company, partnership, trust, association, nonprofit organization that is exempt from federal income tax, or other non-government entities engaged in business or commerce.

*Amendment Summary:* House Banking & Consumer Affairs Subcommittee amendment 1 (013917) clarifies the definition of "private business." Specifies that a private business does not mean a healthcare facility licensed under Title 68 or Title 33. Prohibits a private business requiring a COVID-19 test for an individual from charging the individual. Allows the private business to seek reimbursement from sources excluding the tested individual.

*Fiscal Note:* (Dated February 10, 2022) NOT SIGNIFICANT  
*Intro Dates:* S: 02/03/22, H: 01/31/22  
*Senate Status:* 02/07/22 - Referred to Senate Commerce & Labor Committee.  
*House Status:* 02/23/22 - Taken off notice in House Banking & Consumer Affairs Subcommittee after adopting amendment 1 (013917).

**CAMPAIGNS & LOBBYING**

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**SB2275/HB1978 Lobbying by state agencies prohibited.**

Sen. Pody, Mark  
Rep. Smith, Robin - RESIGNED 03-07-22

*Summary:* Prohibits a state agency from lobbying for or against state legislation and prohibits the use of appropriated funds or funds under the agency's control for such purposes. Requires the ethics commission to administratively assess civil penalties against an executive agency or an employee of an agency, or both, for a violation. Broadly captioned.

*Fiscal Note:* (Dated February 11, 2022) NOT SIGNIFICANT  
*Intro Dates:* S: 02/02/22, H: 01/26/22  
*Senate Status:* 02/03/22 - Referred to Senate State & Local Government Committee.  
*House Status:* 03/02/22 - Taken off notice in House Public Service Subcommittee.

**CRIMINAL LAW**

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**SB25/HB601 Persons who hold a valid medical marijuana patient ID card issued from another state.**

Sen. Kyle, Sara  
Rep. Hodges, Jason

*Summary:* Exempts persons who hold a valid medical marijuana patient identification card issued by another state from an offense as long as they possess one-half ounce or less of marijuana.  
*Fiscal Note:* (Dated January 8, 2021) NOT SIGNIFICANT  
*Intro Dates:* S: 01/12/21, H: 02/10/21  
*Senate Status:* 03/29/22 - Taken off notice in Senate Judiciary Committee.  
*House Status:* 03/30/22 - Taken off notice in House Criminal Justice Subcommittee.

**SB1877/HB1747 Quadriplegia - qualifying medical diagnoses for the use of medical cannabis.**

Sen. Yarbro, Jeff  
Rep. Jernigan, Darren

*Summary:* Adds quadriplegia as a qualifying medical condition for the lawful possession of cannabis oil.  
*Fiscal Note:* (Dated January 18, 2022) NOT SIGNIFICANT  
*Intro Dates:* S: 01/26/22, H: 01/19/22  
*Senate Status:* 04/27/22 - Senate passed.  
*House Status:* 04/25/22 - House passed.  
*Executive Status:* 04/27/22 - Sent to the speakers for signatures.

**SB1904/HB1927 Annual report submitted by medical cannabis commission.**

Sen. Briggs, Richard  
Rep. Lamberth, William

*Summary:* Adjusts the date medical cannabis commission shall submit annual reports from January 1st to January 15th. Broadly captioned.

*Amendment Summary:* Senate Judiciary Committee amendment 1 (015310) redefines “marijuana,” as applicable to criminal offenses, thereby establishing that marijuana includes hemp which has a tetrahydrocannabinol (THC) concentration of more than 0.3 percent on a dry weight basis. House Criminal Justice Committee amendment 1 (017338) establishes that the purpose of this part is to regulate the sale and distribution of products containing a hemp-derived cannabinoid. Defines a “hemp-derived cannabinoid” as: • A cannabinoid other than delta-9 tetrahydrocannabinol, or an isomer derived from such cannabinoid, that is derived from hemp in a concentration of more than 0.1 percent; or • A hemp-derived product containing delta-9 tetrahydrocannabinol in a concentration of 0.3 percent or less. Further includes in such definition, but is not limited to, delta-8 tetrahydrocannabinol. Specifies what is not included in such definition, including, but not limited to Cannabidiol (CBD). Prohibits any person from knowingly selling or distributing a product containing a hemp derived cannabinoid to a person under 21 years of age, and further prohibits a person under 21 years of age from possessing, purchasing or accepting a product containing a hemp-derived cannabinoid, or presenting or offering to any person any false fraudulent proof of age for the purpose of purchasing or receiving a product containing a hemp-derived cannabinoid. Requires any retail location offering any products containing hemp-derived cannabinoids to maintain such products behind the counter in an area inaccessible to a customer. Creates a Class A misdemeanor offense for a violation of the aforementioned prohibitions. Requires the Department of Agriculture (TDA) to enforce these new prohibitions regarding sales of products containing hemp-derived cannabinoids to minors. Creates a new retail tax on the sale on products containing hemp-derived cannabinoids. Such tax is equal to 5 percent of the sales price per hemp-derived product sold and is effective on January 1, 2023. Requires the Commissioner of the Department of Revenue (DOR) to administer and collect such tax. Requires that all revenue received by the DOR be deposited into a special account in the General Fund and allocated to the TDA to used exclusively for the regulation of products containing a hemp-derived cannabinoid in this state (for purposes of this note, such fund shall be titled the “Hemp Fund”). Establishes two new license types, a manufacturer license and a retailer license, applicable for any person or business who manufactures or sells products containing a hemp-derived cannabinoid. A manufacturer license is \$500 and a retailer license is \$250. Requires any such person or business to acquire such license by January 1, 2023 or the commencement of

business, whichever is later. A license is valid for a period of one year and may be renewed annually. Authorizes TDA to charge a renewal fee, to be set by rule. Requires that licensure fee revenue to be allocated to the Tennessee Agriculture Regulatory Fund, to be used exclusively for the administration of this program. Requires the TDA to administrate and enforce the licensing program. Requires the Department to promulgate rules to effectuate this act. Authorizes the TDA to deny or revoke licenses and issue civil penalties of up to \$1,000 for each violation of rules, as promulgated by the Department. Establishes that is a Class A misdemeanor offense to engage in the business of selling or distributing products containing hemp-derived cannabinoids in this state without a valid license. Any product sold in violation of this requirement is subject to seizure and forfeiture. Establishes testing requirements of all products containing hemp-derived cannabinoids. Requires the TDA to promulgate rules specifying pass/fail action levels for safety and toxicity with respect to such testing and furthermore, requires the Department to maintain a registry of testing laboratories that are qualified to test intermediate manufactured material and finished products containing a hemp-derived cannabinoid. Establishes child-safety packaging and labeling requirements. Establishes restrictions against advertising which may appeal to minors. House Finance, Ways and Means Committee amendment 1 (018190) establishes that the purpose of this part is to regulate the sale and distribution of products containing a hemp-derived cannabinoid. Defines a "hemp-derived cannabinoid" as: • A cannabinoid other than delta-9 tetrahydrocannabinol, or an isomer derived from such cannabinoid, that is derived from hemp in a concentration of more than 0.1 percent; or • A hemp-derived product containing delta-9 tetrahydrocannabinol in a concentration of 0.3 percent or less. Further includes in such definition, but is not limited to, delta-8 tetrahydrocannabinol. Specifies what is not included in such definition, including, but not limited to Cannabidiol (CBD). Prohibits any person from knowingly selling or distributing a product containing a hemp-derived cannabinoid to a person under 21 years of age, and further prohibits a person under 21 years of age from possessing, purchasing or accepting a product containing a hemp-derived cannabinoid, or presenting or offering to any person any false fraudulent proof of age for the purpose of purchasing or receiving a product containing a hemp-derived cannabinoid. Requires any retail location offering any products containing hemp-derived cannabinoids to maintain such products behind the counter in an area inaccessible to a customer. Creates a Class A misdemeanor offense for a violation of the aforementioned prohibitions. Requires the Department of Agriculture (TDA) to enforce these new prohibitions regarding sales of products containing hemp-derived cannabinoids to minors. Creates a new retail tax on the sale on products containing hemp-derived cannabinoids. Such tax is equal to 5 percent of the sales price per hemp-derived product sold and is effective on July 1, 2022. Requires the Commissioner of the Department of Revenue (DOR) to administer and collect such tax. Requires that two percent of such tax collected by the DOR be allocated to the General Fund for expenses of the administration before the remaining revenue received by the DOR is deposited into a special account in the General Fund and allocated to the TDA to used exclusively for the regulation of products containing a hemp-derived cannabinoid in this state (for purposes of this note, such fund shall be titled the "Hemp Fund"). Establishes two new license types, a manufacturer license and a retailer license, applicable for any person or business who manufactures or sells products containing a hemp-derived HB 1927 - SB 1904 2 cannabinoid. A manufacturer license is \$500 and a retailer license is \$250. Requires any such person or business to acquire such license by January 1, 2023 or the commencement of business, whichever is later. A license is valid for a period of one year and may be renewed annually. Authorizes TDA to charge a renewal fee, to be set by rule. Requires that licensure fee revenue to be allocated to the Tennessee Agriculture Regulatory Fund, to be used exclusively for the administration of this program. Requires the TDA to administrate and enforce the licensing program. Requires the Department to promulgate rules to effectuate this act. Authorizes the TDA to deny or revoke licenses and issue civil penalties of up to \$1,000 for each violation of rules, as promulgated by the Department. Establishes that is a Class A misdemeanor offense to engage in the business of selling or distributing products containing hemp-derived cannabinoids in this state without a valid license. Any product sold in violation of this requirement is subject to seizure and forfeiture. Establishes testing requirements of all products containing hemp-derived cannabinoids. Requires the TDA to promulgate rules

specifying pass/fail action levels for safety and toxicity with respect to such testing and furthermore, requires the Department to maintain a registry of testing laboratories that are qualified to test intermediate manufactured material and finished products containing a hemp-derived cannabinoid. Establishes child-safety packaging and labeling requirements. Establishes restrictions against advertising which may appeal to minors.

*Fiscal Note:* (Dated January 24, 2022) NOT SIGNIFICANT  
*Intro Dates:* S: 01/26/22, H: 01/26/22  
*Senate Status:* 04/27/22 - Taken off notice in Senate Finance, Ways & Means Committee.  
*House Status:* 04/26/22 - Set for House Floor 04/27/22.

**SB1998/HB2072 TBI annual report on narcotics investigations.**

Sen. Bell, Mike  
Rep. Curcio, Michael

*Summary:* Creates a March 1 deadline by which the Tennessee bureau of investigation's annual report on narcotics investigations must be presented to the criminal justice committee of the house of representatives and the judiciary committee of the senate. Broadly captioned.

*Fiscal Note:* (Dated January 30, 2022) NOT SIGNIFICANT  
*Intro Dates:* S: 01/31/22, H: 01/31/22  
*Senate Status:* 02/02/22 - Referred to Senate Judiciary Committee.  
*House Status:* 03/22/22 - Taken off notice in House Corrections Subcommittee.

**SB2008/HB1691 Clergy as witness to execution.**

Sen. Bell, Mike  
Rep. Campbell, Scotty

*Summary:* Allows any clergy member, regardless of religious affiliation, who has been preparing a condemned inmate for death, to witness the person's execution.

*Fiscal Note:* (Dated January 13, 2022) NOT SIGNIFICANT  
*Intro Dates:* S: 01/31/22, H: 01/12/22  
*Senate Status:* 02/28/22 - Senate passed.  
*House Status:* 03/14/22 - House passed.  
*Executive Status:* 04/04/22 - Enacted as Public Chapter 0735 effective March 24, 2022.

**SB2035/HB2058 Restrictions on smokeless nicotine products.**

Sen. Southerland, Steve  
Rep. Gant, Ron

*Summary:* Prohibits the sale or distribution of smokeless nicotine products to, or purchase of smokeless nicotine products on behalf of, persons under 21 years of age. Defines "smokeless nicotine product" as nicotine that is in the form of a solid, gel, gum, or paste that is intended for human consumption or placement in the oral cavity for absorption into the human body by any means other than inhalation and does not include tobacco or tobacco products.

*Amendment Summary:* House amendment 1 (015183) adds that nicotine replacement therapy products as defined and approved by the federal food and drug administration are not smokeless nicotine products. This amendment also deletes a section of this bill that would have substituted the language "tobacco, smoking hemp, vapor products, or smokeless nicotine products" for "tobacco, smoking hemp, or vapor products" in two instances where it appears in present law.

*Fiscal Note:* (Dated February 24, 2022) NOT SIGNIFICANT  
*Intro Dates:* S: 01/31/22, H: 01/31/22  
*Senate Status:* 03/28/22 - Senate passed.  
*House Status:* 03/21/22 - House passed with amendment 1 (015183).  
*Executive Status:* 04/13/22 - Enacted as Public Chapter 0810 effective April 8, 2022.

**SB2143/HB2119 Increases penalty for second violation of unlawful sale or purchase of vapor products.**

Sen. Johnson, Jack  
Rep. Lamberth, William

*Summary:* Increases the fine for a second violation of unlawful sale, distribution, or possession of vapor products from \$500 to \$750. Broadly captioned.

*Fiscal Note:* (Dated March 4, 2022) Increase State Revenue - \$5,300/FY22-23 and Subsequent Years.

*Intro Dates:* S: 02/02/22, H: 02/02/22

*Senate Status:* 03/15/22 - Taken off notice in Senate Commerce & Labor Committee.

*House Status:* 03/15/22 - Taken off notice in House Health Subcommittee.

**SB2481/HB2563 Class C misdemeanor for minor to consume or possess vape products on school property.**

Sen. Lundberg, Jon  
Rep. Hicks, Gary

*Summary:* Creates a Class C misdemeanor for a person under twenty-one years of age who commits an offense of consuming or possessing vapor products on public school grounds that serves any grades K-12. Broadly captioned.

*Fiscal Note:* (Dated March 6, 2022) NOT SIGNIFICANT

*Intro Dates:* S: 02/03/22, H: 02/03/22

*Senate Status:* 03/29/22 - Taken off notice in Senate Judiciary Committee.

*House Status:* 03/29/22 - House Criminal Justice Subcommittee deferred to summer study.

**SB2598/HB1968 Free All Cannabis for Tennesseans Act.**

Sen. Campbell, Heidi  
Rep. Freeman, Bob

*Summary:* Enacts the "Free All Cannabis for Tennesseans Act" which establishes a regulatory structure for the cultivation, processing, and retail sale of marijuana and marijuana products in Tennessee to be administered by the department of agriculture. Authorizes an adult to use, possess, and transport no more than 60 grams of marijuana, except that no more than 15 grams of that amount may be in the form of marijuana concentrate. Permits an adult to transfer without remuneration to another adult no more than 60 grams of marijuana, except that no more than 15 grams of that amount may be in the form of marijuana concentrate. Allows an adult to cultivate for personal use no more than 12 marijuana plants in an area on the premises of the adult's private residence. Specifies that a parent, legal guardian, or conservator may administer for medical purposes a marijuana product, excluding a smokeable product, to a minor with a medical condition. Allows a person to prohibit or restrict the possession, consumption, cultivation, distribution, manufacture, sale, or display of marijuana or marijuana products on property the person owns, occupies, or manages. Clarifies conduct not authorized by this legislation and specifies that a violation on first, second, or third offense is a Class C misdemeanor. Make other changes regarding the use of marijuana in this state (37 pp.).

*Fiscal Note:* TENNESSEE GENERAL ASSEMBLY FISCAL REVIEW COMMITTEE FISCAL NOTE HB 1968 - SB 2598 March 28, 2022 SUMMARY OF BILL: Enacts the Free All Cannabis for Tennesseans Act (Act). Authorizes the possession and transport of marijuana or marijuana concentrate, in permitted amounts, for adults who are at least 21 years of age (adults). Authorizes transfer of marijuana or marijuana concentrate between adults, in permitted amounts, without remuneration. Authorizes cultivation of up to 12 marijuana plants for adults. Authorizes the possession, storage, and processing of marijuana on an adult's residence, in permitted amounts. Authorizes a parent, guardian, or conservator to administer a marijuana product, excluding any combustible product, to a minor, over whom the parent, guardian, or conservator has legal authority. Requires the Department of Health (DOH) to provide on the Department's website a form that, upon execution by a parent, guardian, or conservator, after consultation with a healthcare practitioner, creates a rebuttable presumption that the minor has a medical condition for which the use of marijuana is treatment for any such condition. Establishes various areas and

instances in which possession or consumption of marijuana or marijuana products are prohibited. Establishes various offenses against possession, consumption, or processing of marijuana, or selling, giving, or causing marijuana to be sold or given to a minor. Establishes that a first, second, or third offense is a Class C misdemeanor, and a fourth or subsequent offense is a Class A misdemeanor. Any offense by a licensee is punishable by a revocation of licensure for a period of two years. Establishes licenses for growers, processors, dispensaries, transporters, testing facilities, and research facilities. Establishes requirements for applicants to such licenses and for approved licensees. Requires the Department of Agriculture (TDA) to implement and administer this program. The TDA must promulgate rules to effectuate this Act. Such rules must include establishing application and license fees sufficient to implement this Act; however, such fees are authorized to be adjusted annually for inflation. Requires the TDA, in conjunction with the DOH to promulgate rules regarding the involvement of the state in sanctioning research projects or licensing marijuana research facilities, including a process by which marijuana research facilities may request and receive public money for research projects. Authorizes the DOH to promulgate rules and forms necessary to facilitate a medical use component. Requires the TDA to annually provide report to the Governor and chief clerks of the Senate and the House of Representatives regarding the licensing and regulation under this Act.

HB 1968 - SB 2598 Establishes that the sale of marijuana and marijuana products are subject to the state and local sales and use tax, as well as an additional 15 percent marijuana tax. Establishes that local governments can impose a local sales tax on such sales, not to exceed 5 percent of the price of the products sold, of which proceeds shall be distributed identical to the existing local sales and use tax. The proceeds of the 15 percent tax shall be allocated as follows: 50 percent to the TDA for: o Administration and enforcement of this Act; o Education and marketing programs related to the promotion and implementation of this Act, including public safety campaigns; and o Grant initiatives focused on economic development and power infrastructure in tier 3 and tier 4 enhancement counties. 20 percent to the Department of Safety (TDOS), for: o Training and education of law enforcement agencies and officers with regard to state cannabis-related laws; o The support of law enforcement officers injured in the line of duty; and o The support of families of law enforcement officer killed in the line of duty. 20 percent to State Employee Legacy Pension Stabilization Reserve Trust. 5 percent to the Department of Education (DOE) for education programs for elementary and secondary students regarding age restrictions for marijuana use and potential health and legal risks for improper or underage use of marijuana. 5 percent to the Department of Revenue (DOR) for administrative costs incurred pursuant to this Act, including collection and enforcement costs. Establishes the following state sales and use tax exemptions: A marijuana grower is entitled to a refund of 25 percent of the sales and use tax levied on supplies and materials purchased from a business located in this state and used for the cultivation of marijuana; A marijuana processor is entitled to a refund of 25 percent of the sales and use tax levied on supplies and materials purchased from a business located in this state and used for the manufacture or processing of marijuana and production of marijuana products; and A marijuana dispensary is entitled to a refund of 25 percent of the sales and use tax levied on supplies and materials purchased from a business located in this state and used for the dispensing and retail sale of marijuana and marijuana products. To receive any of the immediately preceding refunds, a marijuana establishment is required to submit a form prescribed by the DOR, in addition to any documentation the DOR may require. Prohibits a political subdivision of the state from enacting, adopting, or enforcing a rule, ordinance, order, resolution, or other regulation which prohibits or unreasonably restricts the cultivation, production, manufacture, dispensing, transportation, or possession of marijuana or marijuana products or the operation of a licensed grower, processor, dispensary, transporter, research facility, or testing facility.

HB 1968 - SB 2598 2 Authorizes a political subdivision of this state to adopt regulation governing the hours, operation, location, manner of conducting business, and number of marijuana dispensaries; provided, such regulations are prohibited from being more restrictive than those that apply to retail package stores (liquor stores). Authorizes a county or municipality to ban the sale of marijuana or marijuana products by marijuana establishments within its jurisdiction upon a two-thirds vote of the respective legislative body; however, the initial vote on a local ban must occur no later than September 30, 2022. Any such ban expires one year from the ban's effective date and must be

renewed by another two-thirds vote. Stipulates that any county or municipality who bans the sale, cultivation, or manufacture of marijuana or marijuana products within its jurisdiction is disqualified from receiving any grant funds authorized by this Act while such ban is in effect. Establishes that a person's bail, parole, probation, or suspended sentence shall not be revoked based solely on a positive confirmatory urine drug test conducted via a gas chromatography mass spectrum test for delta-9 tetrahydrocannabinol (THC). Prohibits any person from being required to receive a referral to a treatment resource or be prohibited from receiving public assistance based solely on a positive confirmatory urine drug test conducted via a gas chromatography mass spectrum test for delta-9 THC. Public assistance, in this context includes, but is not limited to, assistance from the Special Supplemental Food Program for Women, Infants, and Children (WIC), Temporary Assistance for Needy Families (TANF), Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and other public assistance or welfare programs under Tennessee Code Annotated Title 71. Requires the Department of Correction (TDOC) to review the records of persons who are incarcerated in this state for the cultivation, manufacture, delivery, sale, possession, or transfer of marijuana under Tennessee Code Annotated, 39-17-417 or 39-17-418. The department shall identify and list persons incarcerated for such offenses and include information as to whether the person was also convicted of a felony offense involving violence or the use of a firearm or a felony drug offense for a controlled substance other than marijuana. The department shall provide the list to the Governor and the Speakers of the House of Representatives and the Senate by December 31, 2022. FISCAL IMPACT: Increase State Revenue Net Impact - \$65,161,952/FY23-24/General Fund \$130,554,400/FY24-25/General Fund \$130,594,400/FY25-26/General Fund \$130,767,200/FY26-27 and Subsequent Years/General Fund \$63,454,600/FY23-24/Department of Agriculture \$126,909,200/FY24-25 and Subsequent Years/ Department of Agriculture HB 1968 - SB 2598 3 \$25,381,800/FY23-24/Department of Safety \$50,763,700/FY24-25 and Subsequent Years/ Department of Safety \$25,381,800/FY23-24/ State Employee Legacy Pension Stabilization Reserve Trust \$50,763,700/FY24-25 and Subsequent Years/ State Employee Legacy Pension Stabilization Reserve Trust \$6,345,500/FY23-24/Department of Education \$12,690,900/FY24-25 and Subsequent Years/ Department of Education \$6,345,500/FY23-24/Department of Revenue \$12,690,900/FY24-25 and Subsequent Years/ Department of Revenue \$600/Each FY23-24 through FY25-26/Department of State \$200/FY26-27 and Subsequent Years/Department of State Increase State Expenditures \$232,300/FY23-24/Department of Revenue \$223,900/FY24-25 and Subsequent Years/ Department of Revenue \$1,713,900/FY23-24/Department of Agriculture \$785,900/FY24-25 and Subsequent Years/ Department of Agriculture Decrease State Expenditures \$49,200/FY23-24 Incarceration \$99,100/FY24-25 Incarceration Increase Local Revenue Net Impact \$65,173,500/FY23-24 \$130,457,200/Each FY24-25 through FY25-26 \$130,539,800/FY26-27 and Subsequent Years Decrease Local Expenditures \$1,140,200/FY23-24 \$2,280,400/FY24-25 and Subsequent Years Other Fiscal Impact Decreases in incarceration expenditures will continue through FY32-33. Exact amounts of annual decreases over the next 10 years are included below. Additionally, this legislation could result in reduced expenditures for incarceration at the state and local level, and increased expenditures at the state and local for additional public benefits; however, due to multiple unknown variables, any such impacts cannot be reasonably determined at this time. HB 1968 - SB 2598 4

*Intro Dates:* S: 02/03/22, H: 01/26/22

*Senate Status:* 03/30/22 - Taken off notice in Senate Judiciary Committee.

*House Status:* 03/30/22 - Taken off notice in House Criminal Justice Subcommittee.

## **EDUCATION**

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### **HB1644      **Feel For Your Life Act.****

Rep. Hodges, Jason

*Summary:* Requires the state board of education by July 1, 2023, to develop standards on methods of prevention and detection of cancer for which preventative or early detection measures are



recommended to the public by the Tennessee cancer coalition as part of the lifetime wellness standards for grades nine through twelve.

*Intro Dates:* H: 01/11/22

*House Status:* 01/12/22 - Referred to House Education Instruction Subcommittee.

## **GOVERNMENT REGULATION**

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### **SB2457/HB2660 UAPA - rules regarding pharmacy benefit managers.**

Sen. Reeves, Shane  
Rep. Sexton, Cameron

*Summary:* Authorizes the department of commerce and insurance to promulgate rules regarding pharmacy benefits managers. Broadly captioned.

*Amendment Summary:* House amendment 1 (013680) authorizes the Commissioner of Commerce and Insurance (DCI) to promulgate rules to effectuate the purposes of policies regarding pharmacy benefits and pharmacy benefits managers (PBMs). Requires the rules to implement audits, provide for additional requirements of PBMs, implement a complaint and administrative hearing process. Authorizes the Commissioner to charge a fee to be paid by PBMs for costs associated with administering compliance of the rules including the auditing of a PBM. Senate amendment 4 (016955) requires that any audits conducted to not occur more than once every three years unless otherwise determined by the Commissioner.

*Fiscal Note:* (Dated February 10, 2022) NOT SIGNIFICANT

*Intro Dates:* S: 02/03/22, H: 02/03/22

*Senate Status:* 04/13/22 - Senate passed with amendment 4 (016955).

*House Status:* 04/18/22 - House concurred in Senate amendment 4 (016955).

*Executive Status:* 04/22/22 - Sent to governor.

## **HEALTH CARE**

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### **SB1/HB2 Independent dispute resolution procedures for emergency services and balance bills.**

Sen. Watson, Bo  
Rep. Hawk, David

*Summary:* Establishes independent dispute resolution procedures for emergency services. Implements balance bill prohibitions for specific services. Allows for greater billing transparency and notice. Broadly captioned.

*Amendment Summary:* House Insurance Subcommittee amendment 1 (006541) adds language adopting the federal No Surprises Act to address a patient that receives a surprise medical bill after receiving care from certain out-of-network providers. Removes language regarding independent dispute resolution. Adds sections regarding qualifying payment amounts for commercial health plans. Senate amendment 1 (012134) rewrites this bill to adopt the federal No Surprises Act for application within this state to hold patients harmless from incurring a surprise medical bill. This amendment authorizes the commissioner of commerce and insurance to promulgate rules to effectuate the purposes of this amendment.

*Fiscal Note:* (Dated January 13, 2021) NOT SIGNIFICANT

*Intro Dates:* S: 01/12/21, H: 01/12/21

*Senate Status:* 01/27/22 - Senate passed with amendment 2 (012134).

*House Status:* 03/15/22 - Taken off notice in House Insurance Subcommittee.

*Executive Status:* 03/08/21 - Joint Council on Pensions and Insurance released to standing committees with favorable comment.

### **SB210/HB1033 Department of health reporting on impact of legislation to reduce opioid use.**

Sen. Haile, Ferrell  
Rep. Sexton, Cameron

*Summary:* Requires the commissioner of the department of health to report to the speakers and the health committees the impact of recent legislation reducing the abuse of opioids in this state. Requires the commissioner to also make appropriate recommendations for any needed additional legislation to address issues raised by opioid abuse. Broadly captioned.

*Fiscal Note:* (Dated January 21, 2021) NOT SIGNIFICANT

*Intro Dates:* S: 02/08/21, H: 02/11/21

*Senate Status:* 02/10/21 - Referred to Senate Health & Welfare Committee.

*House Status:* 02/22/21 - Caption bill held on House clerk's desk.

**SB343 Notification regarding change of address - receipt of duplicate registration certificate.**

Sen. Johnson, Jack

*Summary:* Increases from 30 to 45 days the time within which a person issued a certificate of registration by the division of health related boards must notify the division of a change of address to receive a duplicate registration certificate. Broadly captioned.

*Fiscal Note:* (Dated January 27, 2021) NOT SIGNIFICANT

*Intro Dates:* S: 02/08/21

*Senate Status:* 02/10/21 - Referred to Senate Commerce & Labor Committee.

**SB357/HB638 Time frame for release of medical records.**

Sen. Hensley, Joey

Rep. Helton, Esther

*Summary:* Increases from 10 to 20 working days the amount of time within which a healthcare provider must furnish a copy or summary of a patient's medical records to the patient or the patient's authorized representative following a written request. Broadly captioned.

*Fiscal Note:* (Dated February 1, 2021) NOT SIGNIFICANT

*Intro Dates:* S: 02/08/21, H: 02/10/21

*Senate Status:* 02/10/21 - Referred to Senate Health & Welfare Committee.

*House Status:* 02/11/21 - Caption bill held on House clerk's desk.

**SB360/HB579 Standardizing quality control and electronic recordkeeping for medical laboratories.**

Sen. Hensley, Joey

Rep. Ragan, John

*Summary:* Authorizes the medical laboratory board to promulgate rules in order to standardize quality control and electronic recordkeeping for all medical laboratories. Specifies that the fees that must accompany a renewal application include reporting fees set by the board.

*Fiscal Note:* (Dated March 4, 2021) On March 1, 2021, a fiscal note was issued for this legislation estimating a fiscal impact as follows: Increase State Expenditures \$2,000,000/FY21-22/Medical Laboratory Board \$2,311,200/FY22-23/Medical Laboratory Board \$298,300/FY23-24 and Subsequent Years/ Medical Laboratory Board Pursuant to Tenn. Code Ann. 4-29-121, all health-related boards are required to be self-supporting over a two-year period. The Medical Laboratory Board had an annual surplus of \$47,401 in FY18-19, an annual surplus of \$110,700 in FY19-20, and a cumulative reserve balance of \$1,842,329 on June 30, 2020. The Board may impose fees to offset a portion or all of the incurred expenditures as a result of the proposed legislation. After further consideration, it was determined the estimated fiscal impact was in error. As a result, the estimated fiscal impact has been corrected as follows: (CORRECTED) Other Fiscal Impact Any expenditures associated with electronic recordkeeping of quality control reports will be dependent upon the actions of the Medical Laboratory Board and the specific requirements the Board may impose. Pursuant to Tenn. Code Ann. 4-29-121, all health-related boards are required to be self-supporting over a two-year period. The Board may impose fees, if necessary, to accomplish the provisions of the proposed legislation. The Board had an annual surplus of \$47,401 in FY18-19, an annual surplus of \$110,700 in FY19-20, and a cumulative reserve balance of \$1,842,329 on June 30, 2020. SB 360 - HB 579 (CORRECTED) 1 Corrected

*Intro Dates:* S: 02/08/21, H: 02/08/21

*Senate Status:* 03/31/21 - Taken off notice in Senate Health & Welfare Committee.  
*House Status:* 03/30/21 - Failed in House Health Subcommittee after the adoption of amendment 1 (004495).

**SB530/HB635 Establishes a uniform definition for medical necessity and medically necessary.**

Sen. Briggs, Richard  
Rep. Smith, Robin - RESIGNED 03-07-22

*Summary:* Establishes the new definition of "medical necessity" and "medically necessary" as reasonably calculated to prevent, diagnose, cure, alleviate or prevent worsening of conditions in the patient that endanger life, cause suffering or pain, resulting in an illness or infirmity. Assuming that there is no less costly treatment and that the doctor has completed an examination of the patient and documented their rationale for the procedure. (16pp)

*Amendment Summary:* House Insurance Committee amendment 1 (006238) deletes all language after the enacting clause such that the substantive changes are: (1) to specify that patient's best interest is in the opinion of the examining prescriber or healthcare provider; (2) adds language that establishes medical necessity is presumed if the ailment, disease, or illness constitutes an emergency medical condition as defined in 42 U.S.C. § 1395dd(e); and (3) removes the TennCare program and CoverKids programs from the application of this legislation.

*Fiscal Note:* (Dated March 11, 2021) On March 7, 2021, a fiscal note was issued for this legislation estimating a fiscal impact as follows: Increase State Expenditures Exceeds \$65,798,400/FY21-22 Exceeds \$69,124,200/FY22-23 and Subsequent Years Increase Federal Expenditures Exceeds \$123,144,900/FY21-22 Exceeds \$123,411,500/FY22-23 and Subsequent Years Increase Local Expenditures Exceeds \$777,400/FY21-22\* Exceeds \$1,554,800/FY22-23 and Subsequent Years\*And an estimated impact to commerce as follows: Increase Business Revenue Exceeds \$189,720,700/FY21-22 Exceeds \$192,535,700/FY22-23 and Subsequent Years Increase Business Expenditures Less than \$189,720,700/FY21-22 Less than \$192,535,700/FY22-23 and Subsequent Years Based on new information received from the Division of Benefits Administration, the estimated fiscal impact has been corrected as follows: (CORRECTED) Increase State Expenditures Exceeds \$67,331,200/FY21-22 Exceeds \$72,189,800/FY22-23 and Subsequent Years Increase Federal Expenditures Exceeds \$123,211,500/FY21-22 Exceeds \$123,544,800/FY22-23 and Subsequent Years Increase Local Expenditures Exceeds \$731,000/FY21-22\* Exceeds \$1,462,100/FY22-23 and Subsequent Years\* HB 635 - SB 530 (CORRECTED) 2Corrected

*Intro Dates:* S: 02/10/21, H: 02/10/21

*Senate Status:* 03/30/21 - Senate Commerce & Labor Committee deferred to first calendar of 2022.

*House Status:* 04/20/21 - Failed in House Insurance Committee.

*Executive Status:* 03/08/21 - Joint Council on Pensions and Insurance released to standing committees with favorable comment.

**SB554/HB449 Health care facilities - posting of services provided and price for such services.**

Sen. Kyle, Sara  
Rep. Hodges, Jason

*Summary:* Requires healthcare facilities and healthcare providers to post a list of each healthcare services provided at the facility or by provider and a price for the service. Requires healthcare facilities and healthcare providers to accept the price as payment in full if any patient or third-party payer on behalf of the patient pays the price in full within 30 days after the date the healthcare service was provided.

*Fiscal Note:* (Dated February 1, 2021) NOT SIGNIFICANT

*Intro Dates:* S: 02/10/21, H: 02/08/21

*Senate Status:* 03/15/22 - Taken off notice in Senate Commerce & Labor Committee.

*House Status:* 03/08/22 - Taken off notice in House Health Subcommittee.

- SB568/HB702 Time frame for notification of change of address to receive duplicate registration certificate.**  
 Sen. Johnson, Jack  
 Rep. Whitson, Sam
- Summary:* Increases from 30 to 45 days the time within which a person issued a certificate of registration by the division of health related boards must notify the division of a change of address to receive a duplicate registration certificate. Broadly captioned.
- Amendment Summary:* Senate amendment 1 (015167) rewrites this bill and prohibits a covered entity from doing the following, solely on the basis of whether an individual has received or will receive a COVID-19 vaccine: (1) Considering an individual ineligible for transplantation or receipt of an anatomical gift; (2) Denying medical or other services related to transplantation, including evaluation, surgery, and counseling and treatment following transplantation; (3) Refusing to refer an individual to a transplant center or specialist; (4) Refusing to place an individual on an organ or tissue waiting list; or (5) Placing an individual at a position on an organ or tissue waiting list that is lower than the position at which the individual would have been placed if not for the individual's COVID-19 vaccine status. A "covered entity" is a healthcare provider; hospital; ambulatory surgical treatment center; home care organization; or any other entity responsible for matching anatomical gifts or organ donors to potential recipients. Senate amendment 2 (015772) changes the effective date to May 15, 2022.
- Fiscal Note:* (Dated February 10, 2021) NOT SIGNIFICANT
- Intro Dates:* S: 02/10/21, H: 02/10/21
- Senate Status:* 03/17/22 - Senate passed with amendment 1 (015167) and amendment 2 (015772).
- House Status:* 03/24/22 - House passed.
- Executive Status:* 04/13/22 - Enacted as Public Chapter 0769 effective May 15, 2022.
- SB601/HB672 Reports from department of health's infections taskforce.**  
 Sen. Massey, Becky  
 Rep. Freeman, Bob
- Summary:* Requires the department of health to make accessible to the public on its website copies of reports generated by the department's infections taskforce. Broadly captioned.
- Fiscal Note:* (Dated February 10, 2021) NOT SIGNIFICANT
- Intro Dates:* S: 02/10/21, H: 02/10/21
- Senate Status:* 02/11/21 - Referred to Senate Commerce & Labor Committee.
- House Status:* 02/11/21 - Caption bill held on House clerk's desk.
- SB869/HB639 Agreement to receive medical services by an out-of-network provider can be provided by electronic means.**  
 Sen. Massey, Becky  
 Rep. Helton, Esther
- Summary:* Permits a healthcare facility to provide by electronic means a method for an insured or a personal representative of an insured to acknowledge and sign an agreement to receive medical services by an out-of-network provider. Broadly captioned.
- Fiscal Note:* (Dated February 8, 2021) NOT SIGNIFICANT
- Intro Dates:* S: 02/11/21, H: 02/10/21
- Senate Status:* 02/22/21 - Referred to Senate Commerce & Labor Committee.
- House Status:* 02/11/21 - Caption bill held on House clerk's desk.
- SB956/HB642 Implicit bias training program for healthcare professionals and perinatal patient bill of rights.**  
 Sen. Yarbro, Jeff  
 Sen. Lamar, London

*Summary:* Requires the department of health and the maternal mortality review and prevention team to create an evidence-based implicit bias training program for healthcare professionals. Establishes requirements for the training program curriculum. Requires healthcare professionals to take the training program for license renewal. Requires the department of health to collect data regarding infant and maternal mortality for the purposes of making ongoing improvements to the training program. Establishes a perinatal patient bill of rights and requires that facilities give perinatal patients a copy of the bill of rights as soon as reasonably practical following admission to the facility.

*Fiscal Note:* (Dated March 14, 2021) Increase State Expenditures - \$110,900/FY21-22 \$66,300/FY22-23 and Subsequent Years

*Intro Dates:* S: 02/11/21, H: 02/10/21

*Senate Status:* 03/31/21 - Taken off notice in Senate Health & Welfare Committee.

*House Status:* 03/30/21 - House Health Subcommittee deferred to summer study.

**SB980/HB686 Statewide collaborative pharmacy practice agreement regarding epinephrine auto-injectors.**

Sen. Campbell, Heidi  
Rep. Beck, Bill

*Summary:* Authorizes the chief medical officer for the department of health to implement a statewide collaborative pharmacy practice agreement regarding the dispensing of epinephrine auto-injectors with any licensed pharmacist. Specifies conditions in which licensed pharmacists are authorized to dispense epinephrine auto-injectors.

*Amendment Summary:* Senate Health and Welfare Committee amendment 1, House Health Committee amendment 1 (015087) authorizes the chief medical officer (CMO) to implement a statewide collaborative pharmacy practice agreement specific to dispensing epinephrine auto-injectors (epi-pens) with any licensed practicing pharmacist. Authorizes pharmacist to dispense epi-pens in certain circumstances such as to a person at risk of experiencing a severe allergic reaction that would require the use of an epi-pen; or to a family member, friend, or other person in a position to assist a person at risk of experiencing a severe allergic reaction requiring the use of an epi-pen.

*Fiscal Note:* (Dated March 31, 2021) Increase State Expenditure - \$261,800/FY21-22 and Subsequent Years Increase Federal Expenditures \$515,000/FY21-22 and Subsequent Years

*Intro Dates:* S: 02/11/21, H: 02/10/21

*Senate Status:* 04/26/22 - Taken off notice in Senate Finance, Ways & Means Committee.

*House Status:* 04/26/22 - Taken off notice in House Finance, Ways & Means Subcommittee.

**SB1243/HB231 Change of ownership of health care institution - CON requirements.**

Sen. Reeves, Shane  
Rep. Vaughan, Kevin

*Summary:* Reduces from 30 days to 25 days the time within which a health care institution must notify the health services and development agency of a change of ownership and provide documentation of the commitment from the subsequent owner to comply with all conditions placed on the original certificate of need and on the license. Broadly captioned.

*Amendment Summary:* House Health Committee amendment 1 (003799) deletes all original language of the bill and establishes that a certificate of need is not necessary for a home care organization that is only authorized to provide professional support services or to establish an organization limited to providing home care services under the federal Energy Employees Occupational Illness Compensation Program Act of 2000.

*Fiscal Note:* (Dated January 22, 2021) NOT SIGNIFICANT

*Intro Dates:* H: 02/08/21

*Senate Status:* 04/13/21 - Taken off notice in Senate Health & Welfare Committee.

*House Status:* 03/31/21 - House Health Committee recommended with amendment 1 (003799). Sent to House Calendar & Rules.

**SB1244/HB839 Review of an application for a CON.**

Sen. Reeves, Shane  
Rep. Vaughan, Kevin

*Summary:* Increases from 60 to 70 days the period within which the departments of health, mental health and substance abuse services, and intellectual and developmental disabilities must file a written report with the health services and development agency detailing findings of a review of an application for a certificate of need. Broadly captioned.

*Fiscal Note:* (Dated February 9, 2021) NOT SIGNIFICANT

*Intro Dates:* H: 02/10/21

*Senate Status:* 02/22/21 - Referred to Senate Commerce & Labor Committee.

*House Status:* 02/11/21 - Caption bill held on House clerk's desk.

**SB1253 Disposal of controlled substances and prescription drugs.**

Sen. Reeves, Shane

*Summary:* Requires the board of pharmacy and the board for licensing health care facilities to promulgate rules to establish certain guidelines for pharmacies and facilities to provide for disposal of unused controlled substances and prescription drugs.

*Fiscal Note:* (Dated April 4, 2021) NOT SIGNIFICANT

*Senate Status:* 02/22/21 - Referred to Senate Health & Welfare Committee.

**SB1254/HB1357 Commissioner of health report regarding the Tennessee Prescription Safety Act of 2016.**

Sen. Reeves, Shane  
Rep. Ramsey, Bob

*Summary:* Changes, from March 1 to February 15, the date by which the commissioner of health must file the annual report with the health committees of the general assembly regarding the Tennessee Prescription Safety Act of 2016 program with respect to its effect on distribution and abuse of controlled substances, including recommendations for improving control and prevention of diversion of controlled substances in this state. Broadly captioned.

*Fiscal Note:* (Dated February 19, 2021) NOT SIGNIFICANT

*Intro Dates:* H: 02/24/21

*Senate Status:* 02/22/21 - Referred to Senate Judiciary Committee.

*House Status:* 02/25/21 - Caption bill held on House clerk's desk.

**SB1329/HB1208 Filing of objection by health care institution opposing CON application.**

Sen. Hensley, Joey  
Rep. Travis, Ron

*Summary:* Increases from 15 to 20 the number of days before a health services and development agency meeting at which a certificate of need application is originally scheduled that a health care institution wishing to oppose the application must file a written objection with the agency and serve a copy on the contact person for the applicant. Broadly captioned.

*Fiscal Note:* (Dated February 11, 2021) NOT SIGNIFICANT

*Intro Dates:* H: 02/22/21

*Senate Status:* 02/22/21 - Referred to Senate Commerce & Labor Committee.

*House Status:* 02/24/21 - Caption bill held on House clerk's desk.

**SB1394/HB1202 Remote attendance at health services and development agency meetings.**

Sen. Watson, Bo  
Rep. Sexton, Cameron

*Summary:* Authorizes a member of the health services and development agency to attend agency meetings remotely for health-related reasons or other good cause prevent that member from attending in person. The member must send written notice to the executive director no later than two days prior. The member is considered attending in person to establish a quorum.

*Fiscal Note:* (Dated February 21, 2021) NOT SIGNIFICANT  
*Intro Dates:* H: 02/22/21  
*Senate Status:* 04/21/21 - Taken off notice in Senate Commerce & Labor Committee.  
*House Status:* 04/06/21 - Taken off notice in House Health Subcommittee.

**SB1909/HB1904 Use of autoclave to sterilize reusable medical or dental equipment.**

Sen. Johnson, Jack  
Rep. Faison, Jeremy

*Summary:* Exempts an autoclave that sterilizes reusable medical or dental equipment used by an entity or individual licensed under title 63 or title 68 from applicable clearance requirements if the autoclave is installed in accordance with the manufacturer's recommendations. Broadly captioned.

*Amendment Summary:* Senate amendment 1 (015012) exempts autoclaves, which are used for sterilizing medical or dental equipment, installed in accordance with the manufacturer's recommendations, used by an individual or entity licensed by this state as a health professional or entity, contain a boiler, and are regulated by the Federal Food and Drug Administration from certain boiler clearance requirements. Authorizes the Board of Boiler Rules to waive or exempt certain requirements regarding inspection, inspection certificates, and inspection fees.

*Fiscal Note:* (Dated February 4, 2022) NOT SIGNIFICANT  
*Intro Dates:* S: 01/26/22, H: 01/24/22  
*Senate Status:* 03/07/22 - Senate passed with amendment 1 (015012).  
*House Status:* 03/14/22 - House concurred in Senate amendment 1 (015012)  
*Executive Status:* 03/30/22 - Enacted as Public Chapter 0680 effective March 28, 2022.

**SB2037/HB2259 Prescriptions for Schedule II controlled substances.**

Sen. Gilmore, Brenda  
Rep. Harris, Torrey

*Summary:* Requires any practitioner authorized to issue a prescription for a Schedule II control substance or other prescription opioid pain reliever to discuss with the patient the risks associated with the drug, including the risk of overdose or addiction, the dangers of mixing medication with other drugs and alcohol, the medical reason for the prescription and any alternative medications available. The requirement does not apply to patients who are currently treating for cancer, are receiving hospice, palliative or long-term care or who are being prescribed a medication as treatment for substance abuse or opioid dependence. Requires the practitioner to document the patient's medical record that the patient or their parent or guardian has been counseled on the risks associated with controlled substances.

*Amendment Summary:* Senate amendment 1, House Health Subcommittee amendment 1(015393) clarifies that a practitioner is urged to discuss the use of a prescription of a Schedule II controlled, dangerous substance or other opioid pain reliever. Clarifies that the practitioner discusses the risks with the patient or the parent or guardian of a minor patient who is not an unemancipated minor.

*Fiscal Note:* (Dated February 1, 2022) NOT SIGNIFICANT  
*Intro Dates:* S: 01/31/22, H: 02/02/22  
*Senate Status:* 03/17/22 - Senate passed with amendment 1 (015393).  
*House Status:* 03/22/22 - Failed in House Health Subcommittee after adopting amendment 1 (015393).

**SB2072/HB2192 Legislation proposals provided by medical cannabis commission.**

Sen. Watson, Bo  
Rep. Terry, Bryan

*Summary:* Requires the medical cannabis commission to provide updated recommendations and proposed legislation by January 1st 2023 in order to establish a medical cannabis program. Details required information to be included in recommendations and proposals.

*Fiscal Note:* (Dated February 10, 2022) NOT SIGNIFICANT

*Intro Dates:* S: 01/31/22, H: 02/02/22  
*Senate Status:* 02/02/22 - Referred to Senate Judiciary Committee.  
*House Status:* 02/07/22 - Referred to House Health Subcommittee.

**SB2141/HB2216 Changes to the prescription drug donation repository program.**

Sen. Reeves, Shane  
Rep. Sparks, Mike

*Summary:* Revises provisions relating to the prescription drug donation repository program under which a person may donate prescription drugs and supplies for use by an eligible individual. Transfers control of the program from the department of health to the board of pharmacy.

*Fiscal Note:* TENNESSEE GENERAL ASSEMBLY FISCAL REVIEW COMMITTEE FISCAL NOTE SB 2141 - HB 2216 March 29, 2022SUMMARY OF BILL: Expands the individuals and organizations that may participate in the prescription drug donation repository program and the type of prescription drugs that may be donated. Transfers the control of the program to the Board of Pharmacy and allows for the contract with a third party to implement and administer the program. Establishes various regulations and procedures regarding participating in the program.FISCAL IMPACT: NOT SIGNIFICANT

*Intro Dates:* S: 02/02/22, H: 02/02/22  
*Senate Status:* 02/03/22 - Referred to Senate Commerce & Labor Committee.  
*House Status:* 02/07/22 - Referred to House Health Subcommittee.

**SB2185/HB2290 Patient Right to an Advocate Act.**

Sen. Walley, Page  
Rep. Gant, Ron

*Summary:* Enacts the "Patient Right to an Advocate Act," which prohibits a healthcare institution from restricting a patient from having at least one advocate, selected solely by the patient, present with the patient at all times during the patient's stay in the healthcare institution to assist the patient in making healthcare decisions. Broadly captioned.

*Fiscal Note:* (Dated February 17, 2022) NOT SIGNIFICANT

*Intro Dates:* S: 02/02/22, H: 02/02/22  
*Senate Status:* 03/23/22 - Taken off notice in Senate Health & Welfare Committee.  
*House Status:* 03/22/22 - House Health Subcommittee deferred to summer study.

**SB2234 Availability of healthcare personnel in healthcare facilities during a healthcare staffing crisis.**

Sen. Jackson, Ed

*Summary:* Authorizes the commissioner of health and the commissioner of mental health and substance abuse services to allow certain rules to not be applied to certain healthcare professionals and students in order for those persons to operate outside of normal licensure requirements during a healthcare staffing crisis; requires certain notice to governor and speakers of the senate and house of representatives and the commissioner may impose geographic and time limitations on the measures authorized by this section but shall not extend the measures for longer than 180 days, unless the commissioner provides an additional finding addressed to the governor and the speakers of the senate and house of representatives that a healthcare staffing crisis still exists.

*Intro Dates:* S: 02/02/22  
*Senate Status:* 02/03/22 - Referred to Senate Health & Welfare Committee.

**SB2235 Availability of healthcare personnel in healthcare facilities.**

Sen. Jackson, Ed

*Summary:* Authorizes the commissioner of health and the commissioner of mental health and substance abuse services to allow certain rules to not be applied to certain healthcare professionals and students in order for those persons to operate outside of normal licensure requirements.



Authorizes the department of health and department of mental health and substance abuse services to promulgate rules to effectuate the purposes of this act.

*Intro Dates:* S: 02/02/22

*Senate Status:* 02/02/22 - Withdrawn in Senate.

**SB2452/HB2624 Pharmacy - annual report comparing price level determinations.**

Sen. Haile, Ferrell  
Rep. Baum, Charlie

*Summary:* Changes the date by which the commissioner of health must annually prepare a report comparing price level determinations under the Third-Party Prescription Program Act from January 31 to March 1. Broadly captioned.

*Fiscal Note:* (Dated February 3, 2022) NOT SIGNIFICANT

*Intro Dates:* S: 02/03/22, H: 02/03/22

*Senate Status:* 02/07/22 - Referred to Senate Health & Welfare Committee.

*House Status:* 03/15/22 - Taken off notice in House Health Subcommittee.

**SB2532/HB2641 Establishes a medical cannabis program.**

Sen. Haile, Ferrell  
Rep. Terry, Bryan

*Summary:* Establishes a medical cannabis program under the purview of the medical cannabis commission. Establishes a patient registry for qualified patients. Specifies that the patient registry must be accessible to law enforcement agencies and qualified physicians to verify the authorization of a qualified patient or a designated caregiver to possess medical cannabis. Specifies that a qualified patient or designated caregiver in actual possession of a qualified patient identification card or designated caregiver identification card shall not be subject to arrest, prosecution, or penalty for the medical use of cannabis if the qualified patient or designated caregiver possesses an amount of cannabis less than or equal to the following three grams of concentrated product or 3,000 milligrams of infused products. Redefines the term "marijuana" to exclude products containing less than 0.9 percent delta-9 tetrahydrocannabinol (27 pp.).

*Amendment Summary:* House Health Committee amendment 1 (016732) adds additional illnesses to the list of qualifying medical diseases or conditions as they relate to considerations of the Medical Cannabis Commission (Commission). Requires the Commission to examine: various hemp-derived cannabinoids; increasing patient access and participation in clinical research programs in this state and throughout the country and ensuring the ability of participants to possess cannabis-based medicines in this state that are used as part of the clinical research programs; authorizing the medical use of cannabis for chronic pain and intractable pain, and establishing safeguards related to the qualifying of such conditions; and creating a fiscally sound and financially viable program, including patient registration, at minimal state expense. Senate Judiciary Committee amendment 1 (017186) adds additional illnesses to the list of qualifying medical diseases or conditions as they relate to considerations of the Medical Cannabis Commission (Commission) and to exemptions to criminal offenses regarding "marijuana" as such conditions pertain to the legal use of certain oils containing cannabidiol, with less than 0.9 percent of tetrahydrocannabinol (THC). Requires the Commission to examine: • Various hemp-derived cannabinoids; • Increasing patient access and participation in clinical research programs in this state and throughout the country and ensuring the ability of participants to possess cannabis-based medicines in this state that are used as part of the clinical research programs; • Authorizing the medical use of cannabis for chronic pain and intractable pain, and establishing safeguards related to the qualifying of such conditions; and • Creating a fiscally sound and financially viable program, including patient registration, at minimal state expense.

*Fiscal Note:* (Dated March 7, 2022) Increase State Revenue - \$2,705,600/FY22-23/Tennessee Medical Cannabis Commission \$5,411,300/FY23-24 and Subsequent Years/ Tennessee Medical Cannabis Commission \$175,800/FY22-23/TBI \$175,800/FY23-24/TBI \$3,500/FY24-25 and Subsequent Years/TBI Increase State Expenditures \$5,168,400/FY22-23/Tennessee Medical

Cannabis Commission \$260,900/FY23-24/Tennessee Medical Cannabis Commission \$109,500/FY22-23/TBI \$109,500/FY23-24/TBI \$2,200/FY24-25 and Subsequent Years/TBI

*Intro Dates:* S: 02/03/22, H: 02/03/22

*Senate Status:* 04/06/22 - Failed in Senate Judiciary Committee after adopting amendment 1 (017186).

*House Status:* 04/13/22 - Taken off notice in House Criminal Justice Committee.

**SB2572/HB2465 Use of opioid antagonists for drug-related overdoses.**

Sen. Crowe, Rusty  
Rep. Leatherwood, Tom

*Summary:* Authorizes a healthcare prescriber to prescribe an opioid antagonist for purposes related to the potential for drug-related overdose, not just opioid-related overdose. Redefines "opioid antagonist" to mean a formulation of naloxone hydrochloride or another similarly acting and equally safe drug approved by the United States food and drug administration for the treatment of a drug-related overdose. Allows certain government and non-governmental entities to prescribe and store an opioid antagonist for the purpose of providing the antagonist to a person at-risk of overdose or likely to assist a person experiencing overdose. Specifies if an organization, municipal entity, or county entity does not have access to a healthcare practitioner to issue a standing order for a prescription for an opioid antagonist then the state medical director in the department of health may issue a standing order to such entity.

*Amendment Summary:* Senate amendment 1 (013823) authorizes healthcare prescribers to prescribe an opioid antagonist or similarly acting drug to an organization, or municipal or county entity that may be in a position to assist an individual at risk of experiencing a drug-related overdose. Expands the definitions of a drug-related overdose and opioid antagonist. Deletes provision requiring a health care prescriber establish good faith for prescribing a drug antagonist by requiring a written communication from the person to whom the prescription is issued. Specifies civil immunity for persons administering an antagonist.

*Fiscal Note:* (Dated February 11, 2022) NOT SIGNIFICANT

*Intro Dates:* S: 02/03/22, H: 02/02/22

*Senate Status:* 02/28/22 - Senate passed with amendment 1 (013823).

*House Status:* 03/10/22 - House passed.

*Executive Status:* 04/04/22 - Enacted as Public Chapter 0749 effective July 1, 2022.

**SB2848/HB2735 Study of utilization of provider-based telemedicine among persons over 65.**

Sen. Bailey, Paul  
Rep. Windle, John

*Summary:* Requires the department of health to study the utilization of provider-based telemedicine among persons over 65 years of age, with an emphasis on usage among persons who are unable to travel independently or who use telemedicine solely for the purpose of renewing prescriptions for life-sustaining medications. Requires the department to report its findings to the health-related committees of the general assembly and the legislative librarian by December 15, 2022.

*Fiscal Note:* (Dated March 5, 2022) Increase State Expenditures - \$100,000/FY22-23

*Intro Dates:* S: 02/03/22, H: 02/03/22

*Senate Status:* 03/15/22 - Taken off notice in Senate Commerce & Labor Committee.

*House Status:* 02/08/22 - Referred to House Insurance Subcommittee.

**SJR926 Constitutional amendment - right to refuse medical treatment.**

Sen. Bowling, Janice

*Summary:* Proposes adding a provision to Article XI of the Constitution of Tennessee to declare an individual right to refuse medical treatment, and to require that an individual's other rights not be denied or abridged due to the individual exercising the right to refuse medical treatment.

*Intro Dates:* S: 02/02/22

*Senate Status:* 02/03/22 - Referred to Senate Judiciary Committee.

**SJR993**            **Constitutional amendment - right to refuse medical treatment.**  
Sen. Bowling, Janice  
*Summary:*            Proposes adding a provision to Article I of the Constitution of Tennessee to declare an individual right to refuse medical treatment, and to require that an individual's other rights not be denied or abridged due to the individual exercising the right to refuse medical treatment.  
*Intro Dates:*        S: 02/10/22  
*Senate Status:*     04/05/22 - Failed in Senate Health & Welfare Committee.

**HB248**            **Licensure requirements for county health officer.**  
Rep. Zachary, Jason  
*Summary:*            Requires the county health officer to have been licensed to practice for at least four years. Broadly captioned.  
*Fiscal Note:*        (Dated February 2, 2021) NOT SIGNIFICANT  
*Intro Dates:*        H: 02/08/21  
*House Status:*     02/10/21 - Caption bill held on House clerk's desk.

**HB249**            **Reduces the term for county board of health members.**  
Rep. Zachary, Jason  
*Summary:*            Reduces the term for county board of health members from four years to three years. Broadly captioned.  
*Fiscal Note:*        (Dated January 22, 2021) NOT SIGNIFICANT  
*Intro Dates:*        H: 02/08/21  
*House Status:*     02/08/21 - Withdrawn in House.

**HB250**            **Reduces the time to report certain disciplinary actions against a licensed health professional.**  
Rep. Zachary, Jason  
*Summary:*            Reduces from 60 days to 30 days the time period when a chief administrative official of a hospital must report a disciplinary action taken against a person licensed under Title 63 or Title 68, when the disciplinary action is related to professional ethics, professional incompetence or negligence, moral turpitude, or drug or alcohol abuse. Broadly captioned.  
*Fiscal Note:*        (Dated January 22, 2021) NOT SIGNIFICANT  
*Intro Dates:*        H: 02/08/21  
*House Status:*     02/08/21 - Withdrawn in House.

**HB1758**           **Medical treatment to minors without parental consent prohibited.**  
Rep. Ragan, John  
*Summary:*            Prohibits a healthcare provider from providing medical treatment to a minors without receiving prior consent to that treatment from a parent or legal guardian. Provides exceptions for minors seeking treatment from healthcare providers, including instances when the minor's need for medical treatment is due to abuse or neglect.  
*Intro Dates:*        H: 01/19/22  
*House Status:*     02/02/22 - Withdrawn in House.

## **INSURANCE GENERAL**

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**SB891/HB470**    **Release of personal information by insurance companies.**  
Sen. Stevens, John  
Rep. Cepicky, Scott

*Summary:* Changes, from 45 days to 60 days, the limitation on delaying notification to persons affected by the breach of a system security when a law enforcement agency determines that the notification will impede a criminal investigation.

*Fiscal Note:* (Dated February 3, 2021) NOT SIGNIFICANT

*Intro Dates:* S: 02/11/21, H: 02/08/21

*Senate Status:* 02/22/21 - Referred to Senate Commerce & Labor Committee.

*House Status:* 02/10/21 - Referred to House Banking & Consumer Affairs Subcommittee.

**SB1557/HB1381 Notice to a domestic insurance company that its capital stock is impaired.**

Sen. Bailey, Paul  
Rep. Todd, Chris

*Summary:* Increases from 60 to 90 days the time period following notice to a domestic insurance company that its capital stock is impaired to the extent of 20 percent or more and subject to be made good, within which the company must lawfully repair or reduce its capital or be subject to proceedings by the commissioner. Broadly captioned.

*Fiscal Note:* (Dated February 22, 2021) NOT SIGNIFICANT

*Intro Dates:* H: 02/24/21

*Senate Status:* 04/21/21 - Taken off notice in Senate Commerce & Labor Committee.

*House Status:* 02/25/21 - Caption bill held on House clerk's desk.

**SB2461/HB2879 Insurance licensee complaints process.**

Sen. Reeves, Shane  
Rep. Rudder, Iris

*Summary:* Reduces from 30 to 15 days, the amount of time that an entity or individual licensed under the insurance laws of this state has to respond to a request by the department of commerce and insurance concerning a complaint filed against the entity or individual, unless another time period is provided in law.

*Amendment Summary:* House Insurance Subcommittee amendment 1 (014776) provides that the pharmacy benefits manager or covered entity may be subject to sanctions.

*Fiscal Note:* (Dated February 3, 2022) NOT SIGNIFICANT

*Intro Dates:* S: 02/03/22, H: 02/03/22

*Senate Status:* 03/15/22 - Taken off notice in Senate Commerce & Labor Committee.

*House Status:* 03/22/22 - Taken off notice in House Insurance Committee.

**INSURANCE HEALTH**

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**SB575/HB1453 Coverage under the Volunteer Rx discount program for smoking cessation products.**

Sen. Yarbro, Jeff  
Rep. Thompson, Dwayne

*Summary:* Requires the volunteer RX discount program to cover smoking cessation products. Broadly captioned.

*Fiscal Note:* (Dated March 14, 2021) Increase State Expenditure \$837,200/FY21-22 \$1,136,600/FY22-23 and Subsequent Years

*Intro Dates:* S: 02/10/21, H: 02/24/21

*Senate Status:* 04/21/21 - Taken off notice in Senate Commerce & Labor Committee.

*House Status:* 04/13/21 - Taken off notice in House Insurance Subcommittee.

**SB603/HB636 Health Benefit Plan Network Access and Adequacy Act.**

Sen. Watson, Bo  
Rep. Smith, Robin - RESIGNED 03-07-22

*Summary:* Enacts the "Health Benefit Plan Network Access and Adequacy Act," which establishes standards for the creation and maintenance of networks by health carriers. Defines "network"

as the group or groups of participating providers providing services under a network plan. Defines "health carrier" as an entity subject to the insurance laws and rules of this state or subject to the jurisdiction of the commissioner, that contracts or offers to contract to provide, deliver, arrange for, pay for or reimburse the costs of healthcare services. States that violation of the act is a class A misdemeanor subject to a fine of between \$500 and \$5,000. (36 pp.)

*Amendment  
Summary:*

Senate Commerce & Labor Committee amendment 1, House Insurance Committee amendment 1 (006804) specifies that the act does not apply to the TennCare, CoverKids or any successor programs. Establishes protocol for if a provider relies on the health care network's participation method. House Government Operations Committee amendment 1 (007276) clarifies that an individual must be declared dead by a licensed physician.

*Fiscal Note:*

(Dated February 27, 2021) Increase State Expenditures \$171,700/FY21-22 \$168,500/FY22-23 and Subsequent Years Other Fiscal Impact An additional increase in state expenditures to the Division of TennCare may be realized as a result of this legislation, as well as a corresponding increase in federal expenditures. The extent of any increase in HB 636 - SB 603 1 expenditures associated with an increase in provider rates and paying out-of-network providers is unknown and dependent upon further action by the Department of Commerce and Insurance. Passage of the proposed legislation could jeopardize a portion or all of federal funding to the Division of TennCare received for the Medicaid program of approximately \$9,502,600,952 in FY21-22 and subsequent years if it is determined the state is noncompliant with federal law.

*Intro Dates:*

S: 02/10/21, H: 02/10/21

*Senate Status:*

04/21/21 - Senate Commerce & Labor Committee deferred to 2022 after adopting amendment 1 (006804).

*House Status:*

04/27/21 - Taken off notice in House Finance, Ways & Means Subcommittee.

*Executive  
Status:*

03/15/21 - Joint Council on Pensions and Insurance released to standing committees with favorable comment.

**SB838/HB939 State health plan rates.**

Sen. Niceley, Frank  
Rep. Sparks, Mike

*Summary:*

Requires the state group insurance plan establish an alternate allowable charges schedule providing an enrollee to use any licensed medical provider in the United States services without resulting in out-of-network cost sharing charges beginning in 2022. Establishes limitations on costs and requires the plan to have a preferred tier and non-preferred tier.

*Fiscal Note:*

(Dated March 18, 2021) Decrease State Expenditures \$10,494,700/FY21-22 \$20,989,400/FY22-23 and Subsequent Years Decrease Federal Expenditures \$1,025,300/FY21-22 \$2,050,600/FY22-23 and Subsequent Years

*Intro Dates:*

S: 02/10/21, H: 02/11/21

*Senate Status:*

02/11/21 - Referred to Senate Commerce & Labor Committee.

*House Status:*

03/31/21 - House Public Service Subcommittee deferred to summer study.

*Executive  
Status:*

03/29/21 - Joint Council on Pensions and Insurance released to standing committees with unfavorable comment.

**SB1205/HB1348 Actions against entities participating in the federal 340B drug discount program.**

Sen. Briggs, Richard  
Rep. Helton, Esther

*Summary:*

Prohibits certain health insurance issuers, managed health insurance issuers, pharmacy benefits managers, or other third-party payers from; reimbursing a 340B entity for pharmacy-dispensed drugs at a rate lower than the rate paid to non 340B pharmacies, assessing a fee, chargeback or adjustment on a 340B entity if non-340B entities are not equally assessed, exclude 340B entities from its network based on criteria not applied to non-340B entities. This does not apply to TennCare, The CoverKids Act of 2006 or the prescription drug program in chapter 57.

*Amendment Summary:* House amendment 1 (004883) deletes and rewrites all language after the enacting clause such that the only substantive change is to prohibit a health insurance issuer, a managed health insurance issuer, a PBM or third-party payer from requiring that a claim for a drug by the national drug code number include a modifier to identify that the drug is a covered drug, as defined in 42 U.S.C. § 256b. Senate Commerce and Labor Committee amendment 1 (005997) adds language prohibiting a health insurance issuer, managed health insurance issuer, pharmacy benefits manager or other third-party payer from requiring a claim for a drug by national drug code number to include a modifier to identify that the drug is a 340B drug. Changes the effective date of the bill from October 1, 2021, to July 1, 2021.

*Fiscal Note:* (Dated March 5, 2021) Increase State Expenditures Exceeds \$3,300/FY21-22 Exceeds \$6,600/FY22-23 and Subsequent Years Increase Federal Expenditures Exceeds \$300/FY21-22 Exceeds \$500/FY22-23 and Subsequent Years Increase Local Expenditures Exceeds \$1,200/FY21-22\* Exceeds \$2,400/FY22-23 and Subsequent Years\*

*Intro Dates:* H: 02/22/21

*Senate Status:* 05/05/21 - Re-referred to Senate Calendar Committee.

*House Status:* 03/29/21 - House passed with amendment 1 (004883).

*Executive Status:* 03/08/21 - Joint Council on Pensions and Insurance released to standing committees with favorable comment.

**SB1206/HB1349 Scheduling of audit of pharmacy or pharmacist due to high prescription volume.**

Sen. Briggs, Richard  
Rep. Helton, Esther

*Summary:* Increases from the first seven calendar days of the month to the first 10 calendar days of the month the time within which an audit of a pharmacist or pharmacy shall not be initiated or scheduled due to high prescription volume. Broadly captioned.

*Fiscal Note:* (Dated February 19, 2021) NOT SIGNIFICANT

*Intro Dates:* H: 02/22/21

*Senate Status:* 04/06/21 - Taken off notice in Senate Commerce & Labor Committee.

*House Status:* 02/24/21 - Caption bill held on House clerk's desk.

**SB1248/HB1195 Communication regarding patient's medical claim.**

Sen. Reeves, Shane  
Rep. Garrett, Johnny

*Summary:* Requires health facilities to notify a patient of communication between the health facility and a health insurance entity concerning healthcare services covered by the patient's health insurance coverage within two business days of the communication. Requires the notification to be through electronic means and include a summary.

*Amendment Summary:* Senate amendment 2 (013467) requires a health insurance entity, a health services provider, or a health facility to notify a patient of communication among the entity, a health services provider, and a health facility concerning the patient's medical claim within five business days after the communication has occurred. Requires a utilization review agent who requires additional information from an enrollee, provider, or healthcare facility to make a determination on a request for prior authorization no later than five days after the receipt of the request. Effective January 1, 2023. House amendment 2 (006961) removes the definition of "patient" from this bill, which had been previously defined as "an individual who has health insurance coverage and is being treated by a provider for a healthcare service".

*Fiscal Note:* (Dated March 10, 2021) NOT SIGNIFICANT

*Intro Dates:* H: 02/22/21

*Senate Status:* 02/24/22 - Senate passed with amendment 2 (013467).

*House Status:* 03/03/22 - House concurred in Senate amendment 2 (013467).

*Executive Status:* 03/30/22 - Enacted as Public Chapter 0664 effective March 18, 2022.

*Status:*

**SB1249/HB1530 Providing information about enrollee's benefit and covered medication.**

Sen. Reeves, Shane  
Rep. Hicks, Gary

*Summary:* Requires a health plan or pharmacy benefits manager to provide specific cost, benefit, and coverage data regarding covered medication upon the request of an enrollee or their authorized representative. Specifies that the data is to include the enrollee's eligibility for each medication, a list of clinically appropriate alternatives, cost-sharing information for the medications and clinically appropriate alternatives and applicable utilization management requirements.

*Fiscal Note:* (Dated March 5, 2021) Increase State Expenditures - \$1,476,700/FY21-22 \$852,800/FY22-23 and Subsequent Years Increase Federal Expenditures - \$5,851,300/FY21-22 \$2,014,000/FY22-23 and Subsequent Years SB 1249 - HB 1530 1

*Intro Dates:* H: 02/25/21

*Senate Status:* 02/22/21 - Referred to Senate Commerce & Labor Committee.

*House Status:* 03/01/21 - Referred to House Insurance Subcommittee.

*Executive Status:* 03/29/21 - Joint Council on Pensions and Insurance released to standing committees with unfavorable comment.

**SB1280 Makes changes regarding pharmacy benefits and pharmacy benefits managers.**

Sen. Reeves, Shane

*Summary:* Makes certain changes regarding pharmacy benefits and pharmacy benefits managers.

*Fiscal Note:* (Dated April 22, 2021) Increase State Expenditures \$1,476,700/FY21-22 \$852,700/FY22-23 and Subsequent Years Increase Federal Expenditures \$5,851,300/FY21-22 \$2,014,000/FY22-23 and Subsequent Years

*Senate Status:* 02/22/21 - Referred to Senate Commerce & Labor Committee.

**SB1310/HB677 Insurer step therapy protocols for prescription drug coverage.**

Sen. Hensley, Joey  
Rep. Hall, Mark

*Summary:* Establishes guidelines for clinical review criteria used to establish step therapy protocols. Defines "step-therapy protocol" as a protocol that establishes a specific sequence in which prescription drugs are covered by an insurer or health plan. Requires a clear, accessible and convenient process to request a step-therapy exception. Specifies conditions in which the insurer or health plan is required to grant an exception.

*Amendment Summary:* Senate amendment 1 (015784) rewrites this bill to require a health carrier, health benefit plan, or utilization review organization that denies coverage of a prescription drug for the treatment of a medical condition through the use of a step therapy protocol to provide access to a clear, readily accessible, and convenient process for a patient or prescribing practitioner to request a step therapy exception. This amendment provides that "step therapy exception" occurs when a step therapy protocol is overridden in favor of immediate coverage of the healthcare provider's selected prescription drug. This amendment provides that a health carrier, health benefit plan, or utilization review organization may use its existing medical exceptions process to satisfy this requirement. This amendment requires a health carrier, health benefit plan, or utilization review organization to grant a step therapy exception if: (1) The required prescription drug is contraindicated or will likely cause an adverse reaction to, or physical or mental harm to, the patient due to a documented adverse event with a previous use of the required prescription drug or a documented medical condition, including a comorbid condition; (2) The required prescription drug is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug regimen; (3) The required prescription drug is not in the best interest of the patient, based on clinical appropriateness, because the patient's use of the drug is expected to: (A) Cause a significant barrier to the patient's adherence to or compliance with the patient's plan of care; (B) Worsen a comorbid condition of the patient; or (C) Decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; or (4) The patient is currently receiving a positive therapeutic outcome on a prescription drug selected by the patient's healthcare provider for the

medical condition under consideration while on a current or previous health insurance or health benefit plan, and the patient's healthcare provider gives documentation to the health insurance, health benefit plan, or utilization review organization that the change in prescription drug required by the step therapy protocol is expected to be ineffective or cause harm to the patient based on the known characteristics of the specific enrollee and the known characteristics of the required prescription drug. Under this amendment, upon granting a step therapy exception, the health carrier, health benefit plan, or utilization review organization will authorize coverage for the prescription drug prescribed by the patient's treating healthcare provider if the prescription drug is covered under the current health insurance, health benefit plan, or utilization review organization. This amendment requires a health carrier, health benefit plan, or utilization review organization to grant or deny a step therapy exception request or an appeal within the turnaround times established pursuant to the Health Care Service Utilization Review Act. If a response by a health carrier, health benefit plan, or utilization review organization is not received within that time period, then the exception will be granted. A step therapy exception is eligible for appeal by an insured. This amendment specifies that the use of pharmaceutical samples of a required prescription drug will not be considered a trial of the required prescription drug as part of a step therapy protocol. House amendment 3 (014886) clarifies that the grant therapy exception will be granted if one of the circumstances described above in items (1)-(4) of the summary for Senate Amendment #1 applies.

*Fiscal Note:* (Dated March 4, 2021) Increase State Expenditures - \$8,332,800/FY21-22 \$16,665,700/FY22-23 and Subsequent Years. Increase Federal Expenditures - \$14,914,700/FY21-22 \$29,829,400/FY22-23 and Subsequent Years. Increase Local Expenditures Exceeds \$43,600/FY21-22 Exceeds \$87,300/FY22-23 and Subsequent Years. Other Fiscal Impact - Passage of the proposed legislation will result in an additional increase in state and federal expenditures to the Division of TennCare CoverKids program; however, due to multiple unknown factors a precise estimate cannot be determine with reasonable certainty.

*Intro Dates:* H: 02/10/21

*Senate Status:* 04/21/22 - Senate concurred in House amendment 3 (014886).

*House Status:* 04/18/22 - House passed with amendment 3 (014886).

*Executive Status:* 04/21/22 - Sent to the speakers for signatures.

**SB1403/HB145 Pharmacy benefits manager - time allowed to adjust maximum allowable cost of drug or medical product.**

Sen. Swann, Art

Rep. Smith, Robin - RESIGNED 03-07-22

*Summary:* Reduces amount of time a pharmacy benefits manager or covered entity has to adjust the maximum allowable cost of a drug or medical product or device to which the maximum allowable cost applies for all similar pharmacies in the network for claims submitted in the next payment cycle after an appealing pharmacy's appeal is determined to be valid by the pharmacy benefits manager or covered entity from three days to two days. Broadly captioned.

*Amendment Summary:* House amendment 1 (003897) rewrites this bill and revises the present law provision governing licensure as a pharmacy benefits manager, as follows: (1) Adds that for renewal of a license as a pharmacy benefits manager the person or entity must demonstrate to the department of commerce and insurance that the person or entity complied with item (4) below during the previous licensure period; (2) Increases the license fee from \$100 to \$1,000, and increases the license renewal fee from \$50.00 to \$500. Present law requires that fees paid pursuant to the licensure provisions must be used by the department for administering the pharmacy benefits managers law. This amendment specifies that the provision applies to fees and fines and adds that the department may use funds from fees and fines collected under the licensure provision that are in excess of the amount needed to administer the pharmacy benefits managers laws for the purpose of promoting awareness of available substance use disorder treatment resources in this state; (3) Increases the fine for failure to obtain licensure or renew a license from "not less than \$100 nor more than \$500" to a flat fine of \$2,500. This amendment adds that each day that a person or entity is in violation constitutes a separate violation; (4) Adds that



a pharmacy benefits manager must ensure that, in the performance of pharmacy benefits management, the best interests of the insured are prioritized above the interests of other parties or entities, including, but not limited to, those of a covered entity, a pharmacy, and a pharmacist, an insurance plan, or a third party administrator; and (5) Requires the department to establish, by January 1, 2022, a process, by rule, to receive and process complaints from an insured, a provider, a pharmacist, or a pharmacy that allege a violation of the pharmacy benefits manager laws by a pharmacy benefits manager. Also, on or before January 15, 2023, and no later than January 15 each year thereafter, the department must submit to the chief clerks of the senate and house, and to the legislative librarian, a report containing the following information from the previous calendar year: (A) The number of complaints received against pharmacy benefits managers; (B) Statistics on the resolution of complaints and penalties assessed against pharmacy benefits managers; and (C) Other information and data the department deems relevant to the enforcement of the pharmacy benefits manager laws.

*Fiscal Note:* (Dated January 22, 2021) NOT SIGNIFICANT

*Intro Dates:* H: 01/13/21

*Senate Status:* 04/21/21 - Taken off notice in Senate Commerce & Labor Committee.

*House Status:* 04/14/21 - House passed with amendment 1 (003897).

*Executive Status:* 03/29/21 - Joint Council on Pensions and Insurance released to standing committees with favorable comment after adopting amendment 1 (003897).

#### **SB1769/HB1752 Coverage of emergency services.**

Sen. Briggs, Richard  
Rep. Smith, Robin - RESIGNED 03-07-22

*Summary:* Prohibits a health benefit plan from denying coverage for emergency services obtained in certain medical facilities, including a hospital, satellite emergency department facility, freestanding emergency room, urgent care center, or physician's office. Broadly captioned.

*Fiscal Note:* (Dated January 30, 2022) NOT SIGNIFICANT

*Intro Dates:* S: 01/19/22, H: 01/19/22

*Senate Status:* 03/15/22 - Taken off notice in Senate Commerce & Labor Committee.

*House Status:* 02/14/22 - House passed.

*Executive Status:* 02/14/22 - Joint Council on Pensions released to standing committees without comment.

#### **SB1804/HB1751 Uniform claim forms - reporting by healthcare providers.**

Sen. Reeves, Shane  
Rep. Whitson, Sam

*Summary:* Requires the commissioner of commerce and insurance to make the prescribed claim forms for reporting by healthcare providers available to healthcare providers on the department's website. Broadly captioned.

*Fiscal Note:* (Dated January 18, 2022) NOT SIGNIFICANT

*Intro Dates:* S: 01/20/22, H: 01/19/22

*Senate Status:* 03/15/22 - Taken off notice in Senate Commerce & Labor Committee.

*House Status:* 03/08/22 - Taken off notice in House Insurance Subcommittee.

#### **SB2097 Coverage for monoclonal antibody infusions and budesonide treatment.**

Sen. Pody, Mark

*Summary:* Requires certain insurers with policies or contracts that provide coverage for Veklury (remdesivir) to also provide coverage for monoclonal antibody infusions and budesonide treatment at a cost to the insured no greater than the cost of Veklury (remdesivir) to the insured on or after July 1, 2022. Broadly captioned.

*Intro Dates:* S: 02/02/22

*Senate Status:* 02/03/22 - Referred to Senate Commerce & Labor Committee.

**SB2453/HB2655 Telehealth services reimbursement regulations.**

Sen. Yager, Ken  
Rep. Hawk, David

*Summary:* Extends the statutory provision regulating reimbursements for healthcare services provided during a telehealth encounter beyond April 1, 2022. Tolls for the duration of any state of emergency the 16-month period that a provider can offer telemedicine services to the patient without having an in-person encounter. Allows a healthcare provider to provide medical services through telehealth if the service is not otherwise outside the provider's license.

*Amendment Summary:* House amendment 1 (014001) extends indefinitely the period for reimbursement for healthcare services provided by a telehealth encounter past April 1, 2022. Tolls the 16-month period that a provider can offer telemedicine services to their patient without having an in-person encounter for the duration of a state of emergency declared by the governor, provided that the healthcare services provider or the patient, or both, are located in the geographical area covered by the applicable state of emergency.

*Fiscal Note:* (Dated February 12, 2022) NOT SIGNIFICANT

*Intro Dates:* S: 02/03/22, H: 02/03/22

*Senate Status:* 03/21/22 - Senate passed.

*House Status:* 02/28/22 - House passed with amendment 1 (014001).

*Executive Status:* 04/08/22 - Enacted as Public Chapter 0766 effective April 1, 2022.

**SB2456/HB2320 Notice to pharmacist or pharmacy regarding initial on-site audit.**

Sen. Reeves, Shane  
Rep. Helton, Esther

*Summary:* Extends from two weeks to 30 days the period of time a pharmacist or pharmacy must be provided written notice prior to a covered entity, pharmacy benefits manager, the state or a political subdivision of the state, or a party representing such entity begins an initial on-site audit for an audit cycle. Broadly captioned.

*Fiscal Note:* (Dated February 1, 2022) NOT SIGNIFICANT

*Intro Dates:* S: 02/03/22, H: 02/02/22

*Senate Status:* 03/15/22 - Taken off notice in Senate Commerce & Labor Committee.

*House Status:* 02/03/22 - Caption bill held on House clerk's desk.

**SB2458/HB2661 Appeal by pharmacy of cost of particular drug or device on maximum allowable cost list.**

Sen. McNally, Randy  
Rep. Sexton, Cameron

*Summary:* Increases from three to four business days the amount of time a pharmacy benefits manager or covered entity has to adjust the maximum allowable cost of a drug or medical product or device to which the maximum allowable cost applies for all similar pharmacies in the network for claims submitted in the next payment cycle after an appealing pharmacy's appeal is determined to be valid by the pharmacy benefits manager or covered entity. Broadly captioned.

*Amendment Summary:* House amendment 2 (018123) rewrites this bill and revises various provisions governing pharmacy benefits and pharmacy benefits managers, as follows: (1) Generally under present law, a pharmacy benefits manager is prohibited from reimbursing a contracted pharmacy for a prescription drug or device an amount that is less than the actual cost to that pharmacy for the prescription drug or device. Present law provides that: (A) The prohibition does not apply to a covered entity or pharmacy benefits manager that establishes a clearly defined process through which a pharmacy may contest the actual reimbursement received for a particular drug or medical product or device; and (B) If a pharmacy chooses to contest the actual reimbursement cost for a particular drug or medical product or device, then the pharmacy has the right to designate a pharmacy services administrative organization or other agent to file and handle its appeal of the actual reimbursement. This amendment deletes (A) and (B) above and instead

provides the following: (AA) A pharmacy benefits manager must establish a process for a pharmacy to appeal a reimbursement for failing to pay at least the actual cost to the pharmacy for the prescription drug or device. This amendment sets out in detail the requirements for the appeals process. If a pharmacy chooses to contest a reimbursement for failing to pay at least the actual cost the pharmacy incurred for a particular drug or medical product or device, then the pharmacy has the right to designate a pharmacy services administrative organization or other agent to file and handle its appeal; (BB) If a pharmacy or agent acting on behalf of a pharmacy prevails in an appeal, then within seven business days after notice of the appeal is received by the pharmacy benefits manager or covered entity, the pharmacy benefits manager or covered entity must: make the necessary change to the challenged rate of reimbursement or actual cost; if the product involved in the appeal is a drug, then provide to the pharmacy or agent the national drug code number for the drug on which the change is based; permit the challenging pharmacy to reverse and rebill the claim upon which the appeal is based; pay or waive the cost of any transaction fee required to reverse and rebill the claim; reimburse the pharmacy at least the pharmacy's actual cost for the prescription drug or device; and apply the findings from the appeal as to the rate of reimbursement and actual cost for the particular drug or medical product or device to other similarly situated pharmacies; (CC) It will be a violation if, after an appeal in which a pharmacy or agent acting on behalf of a pharmacy prevails, a pharmacy benefits manager or covered entity fails to reimburse the pharmacy at least actual cost; and (DD) If a pharmacy or agent acting on behalf of a pharmacy loses or is denied an appeal, then: (i) if the product associated with the national drug code number or unique device identifier is available at a cost that is less than the challenged rate of reimbursement from a pharmaceutical wholesaler in this state, then within seven business days after notice of the appeal is received by the pharmacy benefits manager or covered entity, the pharmacy benefits manager or covered entity shall provide the appealing pharmacy or agent with: the name of the national or regional pharmaceutical wholesalers operating in this state that have the particular drug or medical product or device currently in stock at a price that is less than the amount of the challenged rate of reimbursement; and if the product involved in the appeal is a drug, then the national drug code number for the drug; or if the product involved is a medical device, then the unique device identifier for the device; and (ii) If the product associated with the national drug code number or unique device identifier is not available at a cost that is less than the challenged rate of reimbursement from the pharmaceutical wholesaler from whom the pharmacy purchases the majority of prescription pharmaceutical products for resale, then the pharmacy benefits manager must adjust the challenged rate of reimbursement to an amount equal to or greater than the appealing pharmacy's actual cost and permit the pharmacy to reverse and rebill each claim affected by the inability to procure the pharmaceutical product at a cost that is equal to or less than the previously challenged rate of reimbursement. The pharmacy benefits manager must pay or waive the cost of any transaction fee required to reverse and rebill the claim. (2) This amendment specifies that the provisions described above do not apply to a pharmacy benefits manager when utilizing a reimbursement methodology that is identical to the methodology provided for in the state plan for medical assistance approved by the federal centers for medicare and medicaid services. If a pharmacy benefits manager utilizes a reimbursement methodology that is identical to the methodology provided for in the state plan for medical assistance approved by the federal centers for medicare and medicaid services, then the pharmacy benefits manager must establish a process for a pharmacy to appeal a reimbursement paid at average acquisition cost and receive an adjusted payment by providing valid and reliable evidence that the reimbursement does not pay at least the actual cost to the pharmacy for the prescription drug or device. (3) This amendment prohibits a pharmacy benefits manager from including within the amount calculated to reimburse a pharmacy for actual cost, pursuant to the provisions described above under item (1), the amount of any professional dispensing fee that is payable to the pharmacy. (4) This amendment requires a pharmacy benefits manager to pay a professional dispensing fee at a rate that is not less than the amount paid by the TennCare program to a pharmacy, if: the pharmacy dispenses a prescription drug or device pursuant to an agreement with the pharmacy benefits manager or a covered entity; and the pharmacy's annual prescription volume is at a level that, if the pharmacy were a TennCare-participating ambulatory pharmacy, would qualify the pharmacy for the

enhanced amount of professional dispensing fee for a low-volume pharmacy under the operative version of the Division of TennCare Pharmacy Provider Manual, or a successor manual. (5) This amendment requires the commissioner of commerce and insurance to institute an external appeals process for any appeal denied by a pharmacy benefits manager. (6) This amendment clarifies that a "covered entity" means an individual or entity that provides health coverage to covered individuals who are employed or reside in this state and specifically includes plans governed by ERISA and specifically excludes plans subject to regulation under medicare part D. This amendment also specifies that "pharmacy benefits manager" include plans governed by ERISA. (7) Present law prohibits a pharmacy benefits manager or a covered entity from interfering with the patient's right to choose a contracted pharmacy or contracted provider of choice in a manner that violates the present governing pharmacy access or by means such as inducement, steering, or offering financial or other incentives. This amendment rewrites this provision to prohibit a pharmacy benefits manager or a covered entity from: (A) Interfering with the right of a patient, participant, or beneficiary to choose a contracted pharmacy or contracted provider of choice in a manner that violates present governing pharmacy access; or (B) Offering financial or other incentives to a patient, participant, or beneficiary to persuade the patient, participant, or beneficiary to utilize a pharmacy owned by or financially beneficial to the pharmacy benefits manager or covered entity.

*Fiscal Note:* (Dated February 3, 2022) NOT SIGNIFICANT  
*Intro Dates:* S: 02/03/22, H: 02/03/22  
*Senate Status:* 04/27/22 - Senate passed.  
*House Status:* 04/27/22 - House passed with amendment 2 (018123).  
*Executive Status:* 04/27/22 - Sent to the speakers for signatures.

**SB2844/HB2351 Destruction of shared information by pharmacy.**

Sen. Bailey, Paul  
Rep. Hall, Mark

*Summary:* Requires a pharmacy services administrative organization or similar entity to destroy the information shared with contracted pharmacy within 5 business days of receipt. Broadly captioned.

*Amendment Summary:* Senate Commerce & Labor Committee amendment 1 (014374) requires a pharmacy services administrative organization (PSAO) to obtain a \$100 licensure to conduct business and establishes the criteria the PSAO must meet in order to apply for licensure. Establishes that a PSAO licensure must be renewed biennially with a \$50 fee and that failing to do so results in a fine. Requires PSAOs to disclose up to date information regarding ownership and organizations it is associated with to the Department of Commerce and Insurance (DCI) and to any independent pharmacy or covered entity prior to entering into a contract. Prohibits a PSAO from requiring a pharmacy that it has a contract with from purchasing drugs or supplies from an entity it has an ownership interest in and requires the PSAO to disclose to DCI when a pharmacy it has a contract with enters an agreement to buy drugs, biologicals, or medical devices from an entity it has ownership interest in.

*Fiscal Note:* (Dated February 23, 2022) NOT SIGNIFICANT  
*Intro Dates:* S: 02/03/22, H: 02/02/22  
*Senate Status:* 03/21/22 - Re-referred to Senate Calendar Committee.  
*House Status:* 03/15/22 - Taken off notice in House Insurance Subcommittee.

**HB114 Reporting requirements for the all payer claims database.**

Rep. Smith, Robin - RESIGNED 03-07-22

*Summary:* Adds reporting on the cost, utilization, and effectiveness of the all payer claims database to the general assembly annually on February 15. Broadly captioned.

*Fiscal Note:* (Dated January 22, 2021) NOT SIGNIFICANT  
*Intro Dates:* H: 01/12/21

*House Status:* 02/11/21 - Withdrawn in House.

**HB399 Creates the chronic weight management task force.**

Rep. Boyd, Clark

*Summary:* Creates the chronic weight management task force to study the health implications of chronic weight management and Type 2 diabetes. Specifies that the task force is attached to the department of commerce and insurance for administrative purposes. Requires the task force to report its findings and recommendations to the general assembly by January 15, 2023.

*Intro Dates:* H: 02/08/21

*House Status:* 02/08/21 - Withdrawn in House.

**HB1841 Reimbursements for healthcare services provided during a telehealth encounter.**

Rep. Hawk, David

*Summary:* Extends the statutory provision regulating reimbursements for healthcare services provided during a telehealth encounter beyond April 1, 2022, which is date statute is set to be repealed under current law. Tolls, for the duration of any state of emergency, the 16-month period that a provider can offer telemedicine services to the patient without having an in-person encounter.

*Intro Dates:* H: 01/20/22

*House Status:* 02/02/22 - Withdrawn in House.

**LABOR LAW**

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**SB672/HB1295 Tennessee Family Insurance Act.**

Sen. Kyle, Sara

Rep. Johnson, Gloria

*Summary:* Enacts the "Tennessee Family Insurance Act," which establishes that family and medical leave insurance benefits are payable to a covered individual who is caring for a new child during the first year of adoption or placement, is caring for a family member with a serious health condition, has a serious health condition that makes them unable to perform their job duties or has a qualifying exigency resulting from the deployment of a family member. Specifies that the maximum amount of time benefits are payable during a year is 12 weeks. Creates the family and medical leave insurance fund in the state treasury to pay family and medical leave insurance benefits. Prohibits employers from interfering with the right to family and medical leave insurance. Establishes regulations for the calculation and payment of benefits. (13 pp.)

*Fiscal Note:* (Dated March 26, 2021) Increase State Revenue \$178,125,000/FY21-22/Family and Medical Leave Insurance Fund \$356,250,000/FY22-23 and Subsequent Years/Family and Medical Leave Insurance Fund Increase State Expenditures \$7,820,800/FY21-22/General Fund \$15,641,600/FY22-23 and Subsequent Years/General Fund \$178,125,000/FY21-22/Family and Medical Leave Insurance Fund \$356,250,000/FY22-23 and Subsequent Years/Family and Medical Leave Insurance Fund Increase Local Expenditures Exceeds \$20,625,000/FY21-22\* Exceeds \$41,250,000/FY22-23 and Subsequent Years\* SB 672 - HB 1295 2

*Intro Dates:* S: 02/10/21, H: 02/22/21

*Senate Status:* 03/15/22 - Taken off notice in Senate Commerce & Labor Committee.

*House Status:* 03/16/22 - Returned to House clerk's desk.

**LOCAL GOVERNMENT**

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**SB2219/HB2705 Regulation of smoking and use of vapor products by local governments.**

Sen. Briggs, Richard

Rep. Carringer, Michele

*Summary:* Authorizes municipalities, counties, and counties having a metropolitan form of government to regulate, including prohibition, by passing a resolution or ordinance, smoking and the use of vapor products in age-restricted venues that are not retail tobacco stores. Defines the terms

“age-restricted venue” and “retail tobacco store” for the purposes of the Prevention of Youth Access to Tobacco, Smoking Hemp, and Vapor Products Act.

*Amendment Summary:*

Senate amendment 1 (015716) authorizes municipalities, counties, and counties having a metropolitan form of government to regulate smoking and the use of vapor products, including prohibiting, by passing a resolution or ordinance, in age restricted venues that are not retail tobacco stores or cigar bars. Defines a “cigar bar” as a legal establishment that: holds a valid license or permit for the on-premises consumption of alcoholic beverages; has generated a portion of its total annual gross income from the on-site sale of cigars and the rental of humidors; does not knowingly sell products or services, or permit entrance to the premises, to a person who is less than twenty-one (21) years of age; and does not permit vaping or the smoking of products other than cigars on the premises. Defines a “retail tobacco store” as a retail store that derives the majority of its revenue for the sale of tobacco products and accessories. House amendment 1 (016175) prohibits local governments from regulating smoking and the use of vapor products in retail vapor product stores and cigar bars. House amendment 2 (016577) exempts cigar bars that limit access to patrons 21 years of age or older from the prohibition on smoking in enclosed places.

*Fiscal Note:*

(Dated March 3, 2022) NOT SIGNIFICANT

*Intro Dates:*

S: 02/02/22, H: 02/03/22

*Senate Status:*

04/27/22 - Senate concurred in House amendment 1 (016175) and amendment 2 (016577).

*House Status:*

04/25/22 - House passed with amendment 1 (016175) and amendment 2 (016577).

*Executive Status:*

04/27/22 - Sent to the speakers for signatures.

## **PROFESSIONS & LICENSURE**

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### **SB292/HB1240 Waiving licensure fees for healthcare professionals.**

Sen. Robinson, Katrina - EXPELLED 02-02-22  
Rep. Parkinson, Antonio

*Summary:*

Waives licensure fees for healthcare professionals from July 1, 2021, to June 30, 2025. Requires licensing authorities to refund the portion of any licensure fee paid to the authority that is credited to a healthcare provider for that period of time. Broadly captioned.

*Amendment Summary:*

House Health Subcommittee amendment 1 (004639) waives the licensing fee for 1 year or until the conclusion of the COVID-19 pandemic.

*Fiscal Note:*

(Dated March 14, 2021) Decrease State Revenue - \$22,823,600/FY21-22/Health Related Boards \$22,823,600/FY22-23/Health Related Boards \$22,823,600/FY23-24/Health Related Boards \$22,823,600/FY24-25/Health Related Boards Increase to state Expenditures - \$22,700,000/FY21-22/General Fund \$22,700,000/FY22-23/General Fund \$22,700,000/FY23-24/General Fund \$22,700,000/FY24-25/General Fund Pursuant to Tenn. Code Ann. 4-29-121, all health-related boards are required to be self-supporting over a two-year period. The Boards had an annual surplus of \$2,524,075 in FY18-19, an annual surplus of \$1,107,948 in FY19-20, and a cumulative reserve balance of \$34,229,587 on June 30, 2020.

*Intro Dates:*

S: 02/08/21, H: 02/22/21

*Senate Status:*

04/13/21 - Taken off notice in Senate Health & Welfare Committee.

*House Status:*

04/06/21 - Failed in House Health Subcommittee after adopting amendment 1 (004639).

### **SB583/HB891 Use of opioid antagonists for drug-related overdoses.**

Sen. Crowe, Rusty  
Rep. Leatherwood, Tom

*Summary:*

Authorizes agencies providing addiction treatment services for those in recovery to purchase and administer opioid antagonists. Defines "agency" as an entity providing addiction treatment or residential housing services for persons in recovery. Requires the commissioner of health to provide recommendations for the training of agency employees in the appropriate use of opioid antagonists, including how much to administer.

*Fiscal Note:* (Dated March 20, 2021) NOT SIGNIFICANT  
*Intro Dates:* S: 02/10/21, H: 02/11/21  
*Senate Status:* 03/31/21 - Taken off notice in Senate Health & Welfare Committee.  
*House Status:* 04/06/21 - Taken off notice in House Health Subcommittee.

**SB676/HB1350 Limits the use of the title of anesthesiologist.**

Sen. Haile, Ferrell  
Rep. Vaughan, Kevin

*Summary:* Prohibits the use of the title anesthesiologist unless the individual using the title is a physician licensed by the board of medical examiners or the board of osteopathic examination, has completed a residency in anesthesiology, and has a practice limited primarily to anesthesiology, or is a dentist who completed a residency program in anesthesiology at an accredited medical school in years 1963 through 1977. Broadly captioned.

*Fiscal Note:* (Dated March 12, 2021) NOT SIGNIFICANT  
*Intro Dates:* S: 02/10/21, H: 02/22/21  
*Senate Status:* 02/11/21 - Referred to Senate Health & Welfare Committee.  
*House Status:* 03/23/21 - Failed in House Health Subcommittee.

**SB2322/HB2662 Requirements for executive director of board of pharmacy.**

Sen. Haile, Ferrell  
Rep. Sexton, Cameron

*Summary:* Decreases the number of years a pharmacist must be licensed in this state to be employed by the board of pharmacy as the executive director from five years to four years. Broadly captioned.

*Amendment Summary:* House amendment 1 (015567) requires the Board of Pharmacy to consider the recommendation of the Division of Health Related Boards (Division) and employ an executive director who has been a licensed pharmacist in the state for at least five consecutive years immediately prior to appointment and authorizes the Board of Pharmacy to dismiss the executive director without consulting the Division. Authorizes the Board of Nursing to employ an executive director in consultation with the Governor, rather than required to be approved by the Governor, and to dismiss an executive director without approval by the governor. Requires the Board of Examiners for Nursing Home Administrators to appoint an executive director with consultation of the Commissioner of Health, but not bound by any such recommendation, and to dismiss an executive director without consulting the recommendation of the Commissioner of Health. Senate amendment 2 (016029) requires the Board of Pharmacy to consider the recommendation of the Division of Health Related Boards (Division) and employ an executive director who has been a licensed pharmacist in the state for at least five consecutive years immediately prior to appointment and authorizes the Board of Pharmacy to dismiss the executive director without consulting the Division. Authorizes the Board of Nursing to employ an executive director in consultation with the Governor, rather than required to be approved by the Governor, and to dismiss an executive director without approval by the Governor.

*Fiscal Note:* (Dated February 1, 2022) NOT SIGNIFICANT  
*Intro Dates:* S: 02/02/22, H: 02/03/22  
*Senate Status:* 04/04/22 - Senate passed with amendment 2 (016029).  
*House Status:* 04/11/22 - House concurred in Senate amendment 2 (016029).  
*Executive Status:* 04/29/22 - Signed by governor.

**SB2446/HB2131 Permits pharmacy technicians to perform tasks delegated by a pharmacist.**

Sen. Haile, Ferrell  
Rep. Marsh, Pat

*Summary:* Allows pharmacy technicians to complete tasks delegated to them by a pharmacist including participation in drug, dietary supplement and device selection, storage, and distribution and

administration. Adds that tasks must fall under technicians' education and experience level. Broadly captioned.

*Fiscal Note:* (Dated February 8, 2022) NOT SIGNIFICANT  
*Intro Dates:* S: 02/03/22, H: 02/02/22  
*Senate Status:* 03/28/22 - Senate passed.  
*House Status:* 03/07/22 - House passed.  
*Executive Status:* 04/13/22 - Enacted as Public Chapter 0812 effective April 8, 2022.

**SB2630/HB2744 Tennessee Pharmacy Act.**

Sen. Niceley, Frank  
Rep. Towns Jr., Joe

*Summary:* Enacts the "Tennessee Pharmacy Act," which requires a pharmacy to dispense ivermectin or hydroxychloroquine to an individual with a valid prescription from a healthcare provider with prescribing authority for ivermectin or hydroxychloroquine. Prohibits a health-related board from suspending, denying, revoking, or otherwise taking disciplinary action against a healthcare provider with prescribing authority for the prescribing of ivermectin or hydroxychloroquine. Also prohibits such action against a licensed pharmacist for dispensing or failing or refusing to dispense ivermectin or hydroxychloroquine.

*Fiscal Note:* (Dated February 24, 2022) NOT SIGNIFICANT  
*Intro Dates:* S: 02/03/22, H: 02/03/22  
*Senate Status:* 03/23/22 - Taken off notice in Senate Health & Welfare Committee.  
*House Status:* 02/08/22 - Referred to House Health Subcommittee.

**PUBLIC EMPLOYEES**

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**SB1805/HB1658 COVID-19 essential employee retirement service credit.**

Sen. Jackson, Ed  
Rep. Russell, Lowell

*Summary:* Establishes COVID-19 essential employee retirement service credit for members of the TN consolidated retirement system who reach twenty-five years or more of consecutive service. Applies to participants in the Hybrid Retirement Plan for State Employees and Teachers and members of the legacy pension plan of the TN Consolidated Retirement System who retire on or after April 27, 2021.

*Amendment Summary:* Senate State & Local Government Committee amendment 1, House State Government Committee amendment 1 (014964) authorizes members of the Tennessee Consolidated Retirement Service (TCRS) who are either emergency medical services employees, state or local law enforcement personnel, or firefighters, and reach 25 years or more of consecutive service, to obtain a COVID-19 essential employee service credit for one bonus hour of creditable service for each hour of creditable service worked at the member's worksite from March 12, 2020 to April 27, 2021. Requires the total essential employee service credit hours to not exceed three years.

*Fiscal Note:* (Dated February 25, 2022) Increase State Expenditures \$762,424,000/FY22-23 \$2,087,008,400/FY23-24 Increase Federal Expenditures \$192,269,100/FY22-23 Increase Local Expenditures \$123,744,400/FY22-23\* \$1,391,338,900/FY23-24\* Up to \$5,486,400/FY22-23/Permissive Up to \$1,509,596,900/FY23-24/Permissive Other Fiscal Impact The total additional lump sum pension liability to the Tennessee Consolidated Retirement System is estimated to be \$4,364,515,721.

*Intro Dates:* S: 01/20/22, H: 01/11/22  
*Senate Status:* 04/27/22 - Taken off notice in Senate Finance, Ways & Means Committee.  
*House Status:* 04/26/22 - Taken off notice in House Finance, Ways & Means Subcommittee.  
*Executive Status:* 03/07/22 - Joint Council on Pensions released to standing committees with a negative recommendation.



## TENNCARE

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### **SB529/HB739 Time frame for applicant or enrollee to notify bureau of a material change.**

Sen. Briggs, Richard  
Rep. Windle, John

*Summary:* Reduces from 30 days to 15 days the time within which an enrollee or applicant is responsible for mailing documentation of any material change affecting any information given to the bureau or in the enrollee's or applicant's application. Broadly captioned.

*Fiscal Note:* (Dated February 8, 2021) NOT SIGNIFICANT

*Intro Dates:* S: 02/10/21, H: 02/10/21

*Senate Status:* 02/11/21 - Referred to Senate Health & Welfare Committee.

*House Status:* 02/11/21 - Caption bill held on House clerk's desk.

### **SB1278/HB1258 Annual report on the all payer claims database.**

Sen. Reeves, Shane  
Rep. Smith, Robin - RESIGNED 03-07-22

*Summary:* Requires reporting on the cost, utilization, and effectiveness of the all payer claims database to be submitted annually on February 15 to the general assembly.

*Amendment Summary:* House Insurance Subcommittee amendment 1 (006197) deletes all original language in the bill and establishes a health information committee. Specifies that the purposes of this committee are to facilitate evidence-based improvements to the access, quality and cost of healthcare. Requires the health information committee to establish and operate the all payer claims database. Establishes the membership and appointment process for the committee.

*Fiscal Note:* (Dated February 11, 2021) NOT SIGNIFICANT

*Intro Dates:* H: 02/22/21

*Senate Status:* 04/06/21 - Taken off notice in Senate Commerce & Labor Committee.

*House Status:* 04/06/21 - House Insurance Subcommittee deferred to summer study after adopting amendment 1 (006197).

### **SB2063/HB2104 New TennCare waiver.**

Sen. Campbell, Heidi  
Rep. Hakeem, Yusuf

*Summary:* Directs the governor to submit a new waiver for medicare and medicaid services no later than 180 days after this act goes into effect, which shall provide medical assistance coverage for the same population groups and services as the Insure Tennessee proposal, as described in TennCare Demonstration Amendment #25. Such a waiver, upon federal approval, goes into effect immediately.

*Fiscal Note:* (Dated February 21, 2022) Increase State Revenue \$27,299,000/FY22-23, \$59,021,800/FY23-24, \$33,219,600/FY24-25. Increase State Expenditures \$84,910,000/FY22-23, \$176,500,800/FY23-24, \$102,712,300/FY24-25. Increase Federal Expenditures \$651,813,800/FY22-23, \$1,418,567,900/FY23-24, \$801,798,500/FY24-25.

*Intro Dates:* S: 01/31/22, H: 01/31/22

*Senate Status:* 02/02/22 - Referred to Senate Health & Welfare Committee.

*House Status:* 02/22/22 - Failed in House Insurance Subcommittee.

### **SB2276/HB2486 TennCare report date on quality and outcomes of perinatal care.**

Sen. Pody, Mark  
Rep. Warner, Todd

*Summary:* Changes the date TennCare must have their annual report on quality and outcomes of perinatal care submitted from March 1st to March 30th. Broadly captioned.

*Fiscal Note:* (Dated February 1, 2022) NOT SIGNIFICANT

*Intro Dates:* S: 02/02/22, H: 02/02/22

*Senate Status:* 03/09/22 - Taken off notice in Senate Health & Welfare Committee.  
*House Status:* 03/22/22 - House Health Subcommittee deferred to special calendar subject to the call of the chair.

**SB2459/HB2233 Annual report to general assembly regarding pharmacy benefits.**

Sen. Reeves, Shane  
Rep. Helton, Esther

*Summary:* Changes the date from January 15 to February 1 of each calendar year for TennCare to annually report on pharmacy benefits under the medical assistance program. Requires the report to specifically cover the use and cost of opioids and other controlled substances in the program. Broadly captioned.

*Fiscal Note:* (Dated February 1, 2022) NOT SIGNIFICANT

*Intro Dates:* S: 02/03/22, H: 02/02/22

*Senate Status:* 03/15/22 - Taken off notice in Senate Commerce & Labor Committee.

*House Status:* 03/15/22 - Taken off notice in House Insurance Subcommittee.

**SB2676/HB2821 Medicaid expansion in accordance with the Affordable Care Act authorized.**

Sen. Kyle, Sara  
Rep. Stewart, Mike

*Summary:* Authorizes the governor to expand medicaid eligibility in accordance with the Patient Protection and Affordable Care Act. Authorizes the governor to negotiate with the federal centers for medicare and medicaid services for medicaid expansion. Broadly captioned.

*Fiscal Note:* TENNESSEE GENERAL ASSEMBLY FISCAL REVIEW COMMITTEE FISCAL NOTE HB 2821 - SB 2676 March 29, 2022SUMMARY OF BILL: Authorizes the Governor to expand Medicaid eligibility in accordance with the Patient Protection and Affordable Care Act and to negotiate with the Federal Centers for Medicare and Medicaid Services with respect to the terms of Medicaid expansion. FISCAL IMPACT: Increase State Revenue \$27,299,000/FY22-23 \$59,021,800/FY23-24 \$33,219,600/FY24-25 Increase State Expenditures \$84,910,000/FY22-23 \$176,500,800/FY23-24 \$102,712,300/FY24-25 Increase Federal Expenditures \$651,813,800/FY22-23 \$1,418,567,900/FY23-24 \$801,798,500/FY24-25

*Intro Dates:* S: 02/03/22, H: 02/03/22

*Senate Status:* 02/07/22 - Referred to Senate Health & Welfare Committee.

*House Status:* 02/08/22 - Referred to House Insurance Subcommittee.

**SJR25 Authorizes the governor to implement the TennCare III demonstration waiver.**

Sen. Johnson, Jack

*Summary:* Authorizes the governor to implement the TennCare III demonstration waiver.

*Fiscal Note:* (Dated January 13, 2021) Other Fiscal Impact An exact fiscal impact cannot be determined with reasonable certainty. No significant administrative cost increases are anticipated as a result of this waiver. Any increase in federal funding associated with achieved savings under this demonstration will not be known until FY22-23.

*Intro Dates:* S: 01/13/21

*Senate Status:* 01/14/21 - Senate adopted.

*House Status:* 01/15/21 - House concurred.

*Executive Status:* 01/15/21 - Signed by governor.

**HJR18 Authorizes the governor to implement the TennCare III demonstration waiver.**

Rep. Lamberth, William

*Summary:* Authorizes the governor to implement the TennCare III demonstration waiver.

*Fiscal Note:* (Dated January 13, 2021) Other Fiscal Impact An exact fiscal impact cannot be determined with reasonable certainty. No significant administrative cost increases are anticipated as a result of

this waiver. Any increase in federal funding associated with achieved savings under this demonstration will not be known until FY22-23.

*House Status:* 01/15/21 - House substituted and conformed to SJR25.

## **WELFARE**

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### **SB418/HB602 Medicaid Buy-In Act.**

Sen. Yarbro, Jeff

Rep. Hodges, Jason

*Summary:* Enacts the "Medicaid Buy-In Act," which establishes a medicaid buy-in program to provide residents with a choice of quality, affordable health insurance. Requires the department of finance and administration to establish benefits under the medicaid buy-in plan and to ensure that the covered benefits include ambulatory patient services, emergency services, maternity and newborn care, behavioral health treatment, and other services. Requires the department to pursue available federal funding and financial participation for the services and benefits provided.

*Intro Dates:* S: 02/08/21, H: 02/10/21

*Senate Status:* 02/10/21 - Referred to Senate Commerce & Labor Committee.

*House Status:* 02/20/21 - Referred to House Insurance Subcommittee.