



Tracked Legislation

Passed in 113th General Assembly

COMMERCIAL LAW

SB2097/HB1891 **Protecting Children from Social Media Act.**

Sponsors: Sen. Johnson, Jack , Rep. Lamberth, William

Summary: Enacts the "Protecting Children from Social Media Act," which requires a social media company to verify the age of an individual who attempts to become an account holder or is an account holder. Requires the social media company to obtain parental consent if the individual is a minor in order for the individual to obtain an account or to continue as an account holder. Requires a social media company to allow a parent to revoke consent for a minor to become or continue as an account holder. Prohibits a social media company or third party from retaining personally identifying information that was used to verify age or parental consent. Part of Administration Package.

Amendment Summary: House amendment 1 (015588) makes the following changes: (1) Revises the definition of "account holder" to, instead, mean a person who has an account or profile to use a social media company's platform, with such account or profile having been created on or after January 1, 2025; (2) Clarifies that, as used in the bill, "content" means text, image, or video, but does not include interactive gaming or educational entertainment; (3) Clarifies that, as used in the bill, a "social media platform" does not include an online shopping service, if the interaction with other account holders or users is limited to the ability to send, receive, request, or settle funds, comment on transactions, display goods for sale, engage as consumers about products and reviews, or post a wish list; (4) Clarifies that, as used in the bill, a "social media platform" does not include an internet service, internet application, or website that primarily provides career development opportunities; and (5) Changes the effective date to January 1, 2025. Senate Amendment 1 (015722) requires a social media company to verify the age of an individual before the individual can become an account member. Requires parental consent for a minor to become an account holder.

Subcommittee Banking_Sub_Amendment_02.13.24.PDF

Amendments: Banking_Sub_Amendments_02.27.24.pdf

Senate Status: 04/23/24 - Signed by Senate speaker.

House Status: 04/23/24 - Signed by House speaker.

Executive Status: 05/08/24 - Enacted as Public Chapter 0899, effective January 1, 2025.

CORRECTIONS

SB2879/HB2959 **Creates a committee to study the establishment of incarcerated parenting plans.**

Sponsors: Sen. Kyle, Sara , Rep. Hardaway, G.A.

Summary: Creates a committee to study the establishment of incarcerated parenting plans to facilitate the ongoing relationships between incarcerated parents and their children within this state. Requires the committee to report its findings and recommendations to the civil justice committee of the house of representatives and the judiciary committee of the senate by December 1, 2024, including any model incarcerated parenting plan and any proposed legislation. Broadly captioned.

Senate Status: 05/09/24 - Signed by Senate speaker.

House Status: 05/15/24 - Signed by House speaker.

Executive Status: 05/28/24 - Enacted as Public Chapter 1068, effective May 28, 2024.

CRIMINAL LAW

SB624/HB430 **Blended sentence for 16 and older children.**

Sponsors: Sen. Taylor, Brent , Rep. White, Mark

Summary: Allows a juvenile court to impose a blended sentence on a child 16 years of age or older for a juvenile offense that would be a Class A, B, or C felony if committed by an adult. Defines blended sentencing as a combination of any disposition otherwise provided for juveniles and a period of adult probation to be served after the child turns 18 years of age and which ends on or before the child's twenty-fifth birthday. Broadly captioned.

*Amendment**Summary:*

Senate amendment 1 (007085) rewrites this bill to authorize a court to classify a child 16 years of age or older as a serious youthful offender if the child is adjudicated delinquent for: (1) An act that would be a Class A felony if committed by an adult; (2) An act that would be a Class B felony if committed by an adult and the child has two or more previous adjudications of delinquency for acts that would be Class A, B, or C felonies if committed by an adult; or (3) An act that would be a Class C felony if committed by an adult and the child has three or more previous adjudications of delinquency for acts that would be Class A, B, or C felonies if committed by an adult. This amendment authorizes a court to impose any of the dispositions authorized for a child who is adjudicated delinquent under present law upon a juvenile classified as a serious youthful offender. If the court imposes a determinate commitment for the serious youthful offender, then the time credits for good institutional behavior or satisfactory performance do not apply to shorten the time of a serious youthful offender's determinate commitment. This amendment authorizes a court to impose an additional sentence to be served after a serious youthful offender turns 19 years of age, which ends on or before the offender's twenty-fourth birthday. If imposed, the additional sentence beyond the serious youthful offender's nineteenth birthday must extend for at least: (1) Four years if the child is adjudicated delinquent for an act that would be a Class A felony if committed by an adult; (2) Three years if the child is adjudicated delinquent for an act that would be a Class B felony if committed by an adult; or (3) One year if the child is adjudicated delinquent for an act that would be a Class C felony if committed by an adult. A court may set aside an additional sentence imposed pursuant to (1)-(3). This amendment requires the court to conduct a hearing within four months of the serious youthful offender's nineteenth birthday to review the offender's circumstances and determine whether the additional sentence should be set aside. The full text of this amendment specifies five factors for the court's consideration when making such determination. If the court imposes an additional sentence beyond a serious youthful offender's nineteenth birthday, then the court is required to enter an order on or before the offender's nineteenth birthday committing the offender to the custody of the department of correction to serve the additional sentence imposed by the juvenile court. This amendment requires a court to make an audio recording of a hearing conducted pursuant to this amendment, which recording must include all proceedings in open court and such other proceedings as the judge may direct and must be preserved as part of the record of the hearing. House amendment 2 (015022) deletes the provision requiring the juvenile court to hold a hearing to review the child's circumstances and determine the reasonable conditions of probation to be imposed during the period of adult probation, within six months before the child's eighteenth birthday and, instead, authorizes the court to impose any of the dispositions set forth in the law regarding a delinquent child or a combination of any such dispositions, upon a juvenile classified as a serious youthful offender. However, the disposition must be for a fixed period of time that does not end before the serious youthful offender's nineteenth birthday. If the court commits the serious youthful offender to the custody of the department, then the time credits set forth in the law regarding commitment of delinquent children to the department of children's services must not apply to shorten the time of a serious youthful offender's disposition imposed pursuant to this amendment. House amendment 3 (018803) rewrites the bill to, instead, make the changes described below to the law relevant to juvenile courts and proceedings on January 1, 2025.

Subcommittee: Criminal_Justice_Sub_Amendments_04.04.2023.pdf
Amendments: Finance_Sub_Amendments_03.06.2024.pdf
Senate Status: 05/09/24 - Signed by Senate speaker.
House Status: 05/15/24 - Signed by House speaker.
Executive Status: 05/29/24 - Enacted as Public Chapter 1007, effective January 1, 2025.

SB1577/HB1602 Audio or video recording required for interrogation of juvenile.

Sponsors: Sen. Lamar, London , Rep. Chism, Jesse
Summary: Requires an audio or video recording to be made of any formal interview or interrogation of a child who has been taken into custody on suspicion that the child committed a delinquent act or unruly conduct unless a technical issue with the equipment or exigent circumstances prevents the recording.
Senate Status: 03/06/24 - Signed by Senate speaker.
House Status: 03/06/24 - Signed by House speaker.
Executive Status: 04/03/24 - Enacted as Public Chapter 0565 effective July 1, 2024.

SB1587/HB1727 Leaving a minor child in the care of a sexual offender.

Sponsors: Sen. Haile, Ferrell , Rep. Gant, Ron
Summary: Specifies that a parent or guardian who knowingly allows their minor child to be under the care or supervision of a person who is required to register as a sexual offender commits a Class A misdemeanor. Broadly captioned.
Senate Status: 04/25/24 - Signed by Senate speaker.
House Status: 04/26/24 - Signed by House speaker.
Executive Status: 05/13/24 - Enacted as Public Chapter 0952, effective July 1, 2024.

SB1792/HB1614 Protect Tennessee Minors Act.

Sponsors: Sen. Massey, Becky , Rep. Hazlewood, Patsy
Summary: Enacts the Protect Tennessee Minors Act, which requires an individual or commercial entity that publishes or distributes in this state a website that contains a substantial portion of material harmful to minors to perform reasonable age-verification methods to verify the age of individuals attempting to access the material. Requires a website owner, commercial entity, or third party that executes a required age-verification method to (1) retain at least seven years of historical anonymized age-verification data; and (2) not retain any personally identifying information of the active user after access to the content harmful to minors has been granted. Specifies that a violation of age-verification or data retention requirements is a Class C felony.
Amendment Summary: Senate amendment 2 (016023) makes the following changes: (1) Changes the definition of "substantial portion," as used in the bill, from 10 percent or more of the total amount of data available on a website to 33 1/3 percent or more of the total amount of data available on a website; (2) Changes the entity responsible for enforcement of the bill from the department of safety to the attorney general, who is authorized to bring any appropriate action or proceeding in a court of competent jurisdiction against a commercial entity that fails to comply with the bill; and (3) Changes the effective date to January 1, 2025
Subcommittee: CriminalSubAmendmentPacket03.12.24.pdf
Amendments: 03.12.24CrimSubAdoptedAmendments.pdf
Senate Status: 05/09/24 - Signed by Senate speaker.
House Status: 05/15/24 - Signed by House speaker.
Executive Status: 05/29/24 - Enacted as Public Chapter 1021, effective January 1, 2025.

SB1834/HB1663 Authorization of the death penalty as a punishment for rape of a child.

Sponsors: Sen. Johnson, Jack , Rep. Lamberth, William
Summary: Authorizes the death penalty as a punishment for rape of a child, aggravated rape of a child, or especially aggravated rape of a child.

*Amendment**Summary:*

Senate amendment 1 (013184) revises the punishment in the bill for the offense of rape of a child when the defendant was a juvenile at the time of the offense to punishing the defendant as a Range II offender. However the sentence imposed may, if appropriate, be within Range III, but in no case can it be lower than Range II. House amendment 2 (018241) requires an individual convicted of rape of a child be sentenced to death, imprisonment for life without possibility of parole, or imprisonment for life. Requires the sentence for a juvenile convicted of rape of a child be as a Range II offender. Authorizes a sentence of death for an individual convicted of aggravated rape of a child and especially aggravated rape of a child. Changes the age at which a person can be a victim of especially aggravated child rape, from less than 18 years old, to more than 12 years but less than 18 years. Prohibits a defendant with intellectual disability from a sentence of death for any offense.

*Subcommittee**Amendments:**Senate Status:**House Status:**Executive Status:*

Finance_Sub_Amendments_02.07.2024.pdf

04/25/24 - Signed by Senate speaker.

04/26/24 - Signed by House speaker.

05/13/24 - Enacted as Public Chapter 0951, effective July 1, 2024.

SB1929/HB2223 Creates an Amber+ Alert system.*Sponsors:**Summary:**Amendment**Summary:*

Sen. Akbari, Raumesh , Rep. Love Jr., Harold

Creates a missing person alert program called the Amber+ Alert system which is to be used for missing persons between the ages of 12 and 25 who are reported missing under either unexplained or suspicious circumstances, are at risk of harm, or are developmentally disabled or cognitively impaired.

Senate amendment 1 (015559) rewrites the bill to, instead, revise the present law providing that for purposes of any endangered child and young adult alert program implemented by the Tennessee bureau of investigation that is distinct from the America's Missing Broadcast Emergency Response (AMBER) Alert system and that is used to notify local media about a missing child or young adult, along with any additional available information, such program must be applied to a person who is under 21 and who meets the criteria of being endangered, as established or determined by the bureau by, instead, requiring such program to be applied to a person who is under 25 years of age and who meets the criteria of being endangered, as established or determined by the bureau.

*Subcommittee**Amendments:**Senate Status:**House Status:**Executive Status:*

CriminalSubAmendmentPacketRegCal03.19.24.pdf

03.26.24CrimSubAdoptedAmendments.pdf

04/22/24 - Signed by Senate speaker.

04/23/24 - Signed by House speaker.

05/06/24 - Enacted as Public Chapter 0837, effective July 1, 2024.

SB2020/HB1695 Autopsy reports of minors who were victims of violent crimes.*Sponsors:**Summary:**Amendment**Summary:*

Sen. Reeves, Shane , Rep. Alexander, Rebecca

States that reports of county medical examiners and autopsy reports of victims of violent crime who are minors are not public documents. Authorizes the release of these records if the parent or legal guardian consents to the release. Broadly captioned.

House amendment 1 (013524) makes the following changes to the bill: (1) Provides that reports of county medical examiners and autopsy reports of minors whose manner of death is listed as a homicide are not public documents; (2) Allows for the report of a county medical examiner or autopsy report of a minor whose death is listed as a homicide to be released if another state or federal law requires such release; and (3) Deletes the definition of a "violent crime." House amendment 7 (018220) makes the following changes: (1) Authorizes the report of a county medical examiner or autopsy report of a minor whose manner of death is listed as a homicide to also be inspected, instead of just released, if (i) the minor's parent or legal guardian is not a suspect in the circumstances of the minor's death, and the parent or legal guardian consents to the release; (ii) a court orders the release of the report upon a showing of good cause; or (iii) another state or federal law requires such release; and (2) Allows for the report of a county medical examiner or autopsy report of a minor whose death is listed as a homicide to be released or inspected, as applicable, if the reports are only available for in-person inspection and no photographs, photocopies, or electronic images are taken of the reports. Senate State & Local Government Committee amendment 1 (015628) establishes reports of the county medical examiners, toxicological reports, and autopsy reports as public records with the exception of medical records of deceased persons, law enforcement investigative reports, and images of deceased persons. Specifies that a person shall not make or knowingly receive any image of autopsy reports of minors whose manner of death is listed as a homicide with an exception for the minor's parents or legal guardian that is not a suspect in the minor's death, a court order for the release with good cause, and another state or federal law requires such release.

*Subcommittee**Amendments:**Senate Status:**House Status:**Executive Status:*

Public_Service_02.06.24.pdf

04/23/24 - Signed by Senate speaker.

04/23/24 - Signed by House speaker.

05/08/24 - Enacted as Public Chapter 0906, effective May 3, 2024.

SB2263/HB2198 Threat of mass violence on school property or at a school related activity.*Sponsors:**Summary:**Amendment**Summary:**Subcommittee**Amendments:**Senate Status:**House Status:**Executive Status:*

Sen. Lundberg, Jon , Rep. Mitchell, Bo

Increases the penalty for threatening to commit an act of mass violence on school property or at a school related activity from a Class A misdemeanor to a Class E felony.

House amendment 1 (013960) provides that the law regarding a threat of mass violence on school property or at a school related activity does not apply to a person with an intellectual disability.

CriminalSubAmendmentPacket03.12.24.pdf

CriminalSubAmendmentPacket03.05.24.pdf

CriminalSubAmendmentPacket02.27.24.pdf

03.12.24CrimSubAdoptedAmendments.pdf

04/22/24 - Signed by Senate speaker.

04/22/24 - Signed by House speaker.

05/08/24 - Enacted as Public Chapter 0887, effective July 1, 2024.

SB2278/HB2433 Annual report on efforts to prevent the sale of tobacco products to persons under 21.*Sponsors:*

Sen. Massey, Becky , Rep. Terry, Bryan

Summary: Allows for the annual report of enforcement efforts against underage use of tobacco, smoking hemp, and vapor products by the department of agriculture to be submitted to the general assembly electronically and published on the department's website. Broadly captioned.

Amendment Summary: Senate amendment 1 (015630) rewrites the bill to, instead, require the Tennessee advisory commission on intergovernmental relations (TACIR) to conduct a study on the effects of vaping and the use of all vapor products by persons under 21. TACIR must include in the study, but is not limited to, initiation of vapor product usage, health outcomes, enforcement of underage sales, best practices to address usage on school grounds, taxation, and access to cessation products and services. The study must identify the prevalence of vaping among such persons, including demographic information and usage trends. TACIR must submit a report disclosing the findings of the study to members of the general assembly no later than January 31, 2025.

Subcommittee Amendments: Health_Sub_Amendments_03.26.2024.pdf

Senate Status: 04/24/24 - Signed by Senate speaker.

House Status: 04/24/24 - Signed by House speaker.

Executive Status: 05/08/24 - Enacted as Public Chapter 0937, effective May 6, 2024.

SB2507/HB2665 Child adjudicated as a traffic violator.

Sponsors: Sen. Johnson, Jack , Rep. Slater, William

Summary: Allows for courts to impose a fine of no more than \$50 on a child as well as the child's parent or legal guardian when a child is adjudicated as a traffic violator. Broadly captioned.

Amendment Summary: Senate Amendment 1 (017878) rewrites the bill to, instead, require a child who has been admitted to a juvenile detention facility, prior to being adjudicated for an alleged delinquent act, to be allowed at least one telephone call with the child's parent, guardian, or legal custodian and one 30-minute in-person visit with the child's parent, guardian, or legal custodian within 24 hours after the child is admitted to the juvenile detention facility. The telephone call and in-person visit must occur as soon as practical after the request has been made by the parent, guardian, or legal custodian to the juvenile detention facility, however, the telephone call or in-person visit may be delayed by the detention facility for no more than six hours if the child is subject to disciplinary action. If the juvenile detention facility delays contact to the parent, guardian, or legal custodian, the detention facility must explain the actions of the child which resulted in the contact being timely withheld. During the time period following the first 24 hours a child has been admitted to a juvenile detention facility, but prior to being adjudicated for an alleged delinquent act, this amendment requires a child to be allowed at least three separate telephone calls with the child's parent, guardian, or legal custodian, and one in-person visit with the child's parent, guardian, or legal custodian per week. This amendment applies to juvenile detention facilities approved, certified, or licensed by the department of children's services, including youth development centers.

Subcommittee Amendments: Children_and_Family_Affairs_Sub_03.19.2024.pdf

Senate Status: 04/18/24 - Signed by Senate speaker.

House Status: 04/18/24 - Signed by House speaker.

Executive Status: 05/06/24 - Enacted as Public Chapter 0866, effective May 1, 2024.

SB2514/HB2643 The Gabby Act.

Sponsors: Sen. Lundberg, Jon , Rep. Crawford, John

Summary: Adds the short title "The Gabby Act" to Chapter 237 of the Public Acts of 2023, which requires district attorneys general to designate one assistant district attorney general as the lead prosecutor in cases involving crimes committed against children and requires the Tennessee bureau of investigation to provide annual training to assistant district attorneys designated as lead prosecutors in crimes committed against children. Broadly captioned.

Senate Status: 03/25/24 - Signed by Senate speaker.

House Status: 03/25/24 - Signed by House speaker.

Executive Status: 04/05/24 - Enacted as Public Chapter 0649 effective April 4, 2024.

SB2569/HB2126 Child to be tried as an adult who commits offense of organized retail crime or theft of a firearm.

Sponsors: Sen. Taylor, Brent , Rep. Grills, Rusty

Summary: Allows a juvenile court to transfer a child 15 years of age or older to be tried as an adult in criminal court for the offense of organized retail crime, theft of a firearm, or an attempt to commit such offense. Broadly captioned.

Amendment Summary: House amendment 1 (014134) adds to the bill by revising present law that provides that when a child transferred from juvenile court is detained, the juvenile court may, in its discretion, order confinement in a local juvenile detention facility, or a juvenile detention facility with which it contracts or an adult detention facility separate and removed from adult detainees. This amendment revises the present law by, instead, requiring that when a child transferred from juvenile court is detained, the juvenile court must order confinement in a local juvenile detention facility or a juvenile detention facility with which it contracts, except that the juvenile court may order confinement in an adult detention facility separate and removed from adult detainees if the sheriff affirms to the court that the adult detention facility has the ability to comply with the requirements of existing law, and that the population of the adult detention facility does not exceed the capacity of the facility.

Senate Status: 03/20/24 - Signed by Senate speaker.

House Status: 03/20/24 - Signed by House speaker.

Executive Status: 04/05/24 - Enacted as Public Chapter 0635 effective July 1, 2024.

SB2571/HB1930 Parental Accountability Act.

Sponsors: Sen. Taylor, Brent , Rep. Gillespie, John

Summary:

Creates the Parental Accountability Act. Present law provides that if a child is found to be delinquent, the court must determine if any monetary damages actually resulted from the child's delinquent conduct. Upon a determination that monetary damages resulted from such conduct, the court must order the child to make restitution for such damages unless the court further determines that the specific circumstances of the individual case render such restitution, or a specified portion thereof, inappropriate. The court must also identify whether a restorative justice program addressing loss resulting from a delinquent act is available and may be utilized appropriately in the place of financial restitution. Any financial obligations or restitution assessed against the child or the child's parents, legal custodians, or guardians must be considered collectively with community service work to ensure that the order of disposition is reasonable and, where applicable, prioritizes restitution to the victim. Adds to the present law by providing that if the child is found to be delinquent for a second or subsequent delinquent act, then the court must assess a fine of \$1,000 as part of the disposition. The fine must be assessed against the child's parent, legal custodian, or guardian who had custody of the child at the time of the offense. If the court finds the child's parent, legal custodian, or guardian is indigent, then the court must order the child's parent, legal custodian, or guardian to perform community service work in lieu of the mandatory fine. Specifies that this bill applies to acts committed on or after July 1, 2024.

*Amendment**Summary:*

Senate amendment 1 (014198) rewrites the bill to, instead, revise present law relative to permitting juvenile courts to assess a fine against a child who is found to be delinquent for a second or subsequent delinquent act to be paid by the child's parent, legal custodian, or guardian who had custody of the child at the time of the offense, as described below. Present law provides that if a child is found to be delinquent, then the court must determine if any monetary damages actually resulted from the child's delinquent conduct. Upon a determination that monetary damages resulted from such conduct, the court must order the child to make restitution for such damages unless the court further determines that the specific circumstances of the individual case render such restitution, or a specified portion thereof, inappropriate. The court must also identify whether a restorative justice program addressing loss resulting from a delinquent act is available and may be utilized appropriately in the place of financial restitution. Any financial obligations or restitution assessed against the child or the child's parents, legal custodians, or guardians must be considered collectively with community service work to ensure that the order of disposition is reasonable and, where applicable, prioritizes restitution to the victim. This amendment adds to the present law above by providing that if a child is found to be delinquent for a second or subsequent delinquent act, then the court may enter an order of restitution against the parent, legal custodian, or guardian who had custody of the child at the time of the act for the expenses incurred by any law enforcement agency in responding to and investigating the delinquent act. Such a restitution order must be no less than \$250, if the act committed by the child would be a misdemeanor if committed by an adult, or no less than \$500, if the act committed by the child would be a felony if committed by an adult. However, such a restitution order must not exceed \$1,000. If the court finds that the child's parent, legal custodian, or guardian is indigent and waives restitution, then the court must order them to perform community service work in lieu of the restitution.

Senate Status: 04/24/24 - Signed by Senate speaker.

House Status: 04/24/24 - Signed by House speaker.

Executive Status: 05/08/24 - Enacted as Public Chapter 0943, effective July 1, 2024.

SB2662/HB1817 Offense of child endangerment by a parent or custodian.*Sponsors:*

Sen. White, Dawn , Rep. Littleton, Mary

Summary:

Increases the penalty from a Class A misdemeanor to a Class D felony for the offense of child endangerment by a parent or custodian of a child eight years of age or less if the parent or guardian knowingly exposes the child to, or knowingly fails to protect the child from, abuse or neglect resulting in physical injury or imminent danger to the child; increases the penalty from a Class D felony to a Class B felony for a person who negligently, by act or omission, engages in conduct that places a child eight years of age or less in imminent danger of death, bodily injury, or physical or mental impairment. Broadly captioned.

*Amendment**Summary:*

House amendment 1 (014635) enhances, from a Class D felony to a Class B felony, the penalty for a person who negligently, by act or omission, engages in conduct that places a child eight years of age or less in imminent danger of death, bodily injury, or physical or mental impairment.

Senate Status: 04/22/24 - Signed by Senate speaker.

House Status: 04/22/24 - Signed by House speaker.

Executive Status: 05/08/24 - Enacted as Public Chapter 0885, effective July 1, 2024.

SB2668/HB2163 Sexual exploitation of children - images created by artificial intelligence.*Sponsors:*

Sen. White, Dawn , Rep. Littleton, Mary

Summary:

Expands the definition of material in relation to the sexual exploitation of children to include any computer image, or computer-generated image, including an image created, adapted, or modified by artificial intelligence. Also introduces a definition for artificial intelligence. Broadly captioned.

*Amendment**Summary:*

Senate amendment 1 (014522) makes the following changes: (1) Revises the definition of "artificial intelligence" to, instead, mean machine learning technology, including generative artificial intelligence, that uses data to train statistical models for the purpose of enabling a computer system or service to autonomously perform any task, including visual perception, natural language processing, or speech recognition, that is normally associated with human intelligence or perception; and (2) Revises the definition of "generative artificial intelligence" to, instead, mean artificial intelligence based on a foundation model that is capable of and used to produce synthetic digital content, including audio, images, text, and videos.

Senate Status: 04/23/24 - Signed by Senate speaker.

House Status: 04/23/24 - Signed by House speaker.

Executive Status: 05/08/24 - Enacted as Public Chapter 0911, effective July 1, 2024.

SB2696/HB2279 Sexual offender registry - offenses that constitute a violent juvenile sexual offense.*Sponsors:*

Sen. Southerland, Steve , Rep. Hawk, David

Summary:

Expands the definition of Violent juvenile sexual offense for the purposes of registering the offender to include an offense where the victim is less than four years younger than the offender and the judge orders that the juvenile be required to register as a violent juvenile sexual offender with consideration to the facts and circumstances surrounding the offense. Broadly captioned.

*Amendment**Summary:*

House amendment 1 (014385) clarifies that a "violent juvenile sexual offense" includes, in addition to other offenses, the rape of a child if (i) the victim is at least four years younger than the offender; or (ii) for acts occurring on or after July 1, 2024, the victim is less than four years younger than the offender, and the judge, taking into account the facts and circumstances surrounding the delinquent act, orders that the juvenile be required to register as a violent juvenile sexual offender.

Subcommittee CriminalSubAmendmentPacket02.27.24.pdf

Amendments: 02.27.24CrimSubAdoptedAmendments.pdf

Senate Status: 04/22/24 - Signed by Senate speaker.

House Status: 04/22/24 - Signed by House speaker.

Executive Status: 05/08/24 - Enacted as Public Chapter 0888, effective July 1, 2024.

SB2911/HB1600 Juvenile offenders - prohibits purchase or possession of a firearm.

Sponsors: Sen. Bailey, Paul , Rep. Williams, Ryan

Summary: Prohibits the purchase or possession of a firearm by a person under 25 years of age if the person was previously adjudicated delinquent for an act that, if committed by an adult, would have constituted one or more certain offenses. Allows TBI access to juvenile court records for the limited purpose of performing a background check prior to the purchase or transfer of a firearm to determine whether a person has been adjudicated as a mental defective or committed to a mental health institution at 16 years of age or older, as required by federal law, or is prohibited from purchasing a firearm because of an adjudication as delinquent.

Amendment Summary: House amendment 1 (018173) makes the following changes: (1) Removes cruelty to animals from the offenses listed in (1)-(9) in the bill summary; (2) Revises the provision in the bill requiring the clerk of the juvenile court to notify the Tennessee bureau of investigation (TBI) of final disposition of delinquency proceedings against a juvenile adjudicated delinquent for an act described in this bill as soon as practicable but not later than three business days after final disposition of the delinquency proceedings by, instead, requiring the clerk of the juvenile court to electronically submit to the instant check unit of the TBI the final disposition of delinquency proceedings against a juvenile adjudicated delinquent for an act described in this bill as soon as practicable but not later than three business days after final disposition of the delinquency proceedings; (3) If a person prohibited from purchasing or possessing a firearm until the juvenile reaches 25 or older and at least one year removed from person's most recent delinquency adjudication and completion of any disposition imposed, then authorizes the person to petition the juvenile court for reinstatement of the person's right to purchase or possess a firearm. In determining whether to grant a petition, the court must consider (i) the behavior of the person since the delinquency adjudication resulting in the prohibition; (ii) the likelihood that the person will engage in further criminal activity; and (iii) any other information the court considers relevant. The criminal court, or a court having criminal jurisdiction, may review the juvenile court's determination; (4) If the court grants a petition for reinstatement of the person's right to purchase or possess a firearm and the court's order is not appealed, then requires the clerk of the juvenile court to electronically submit to the instant check unit of the Tennessee bureau of investigation a certified copy of the order reinstating the person's right to purchase or possess a firearm within three business days after the time period for filing an appeal has closed; (5) Provides that the juvenile court has exclusive original jurisdiction over the proceedings arising under (1) and (2) above; (6) Provides that the provisions relevant to the unlawful possession of a firearm in the bill summary do not apply if a court has reinstated the person's right to possess a firearm pursuant to (1) and (2) above; (7) Revises the provision in the bill authorizing a person appropriately licensed by the federal government to stock and sell firearms to persons desiring firearms; however, sales are prohibited to persons who are under 25 and have been adjudicated delinquent on or after July 1, 2024, for an act which, if committed by an adult, would have constituted one more of the following offenses listed in (A)-(E) in the bill summary by, instead, prohibiting sales to persons who are under 25 and are currently prohibited from purchasing a firearm as a result of having been adjudicated delinquent on or after July 1, 2024, for an act which, if committed by an adult, would have constituted one or more of the following offenses listed in (A)-(E) in the bill summary; (8) Revises the provision in the bill authorizing the TBI to inspect files and records of the court in a proceeding for the limited purpose of performing a background check prior to the transfer of a firearm to determine whether a person has been adjudicated as a mental defective or committed to a mental institution at 16 or older, as required by federal law, or is prohibited from purchasing a firearm pursuant to this bill by, instead, authorizing the TBI to inspect files and records of the court in a proceeding for the limited purpose of performing a background check prior to the transfer of a firearm pursuant to this bill or to determine eligibility for a handgun carry permit pursuant to existing law; (9) Provides that the disposition of a child and evidence adduced in a juvenile court hearing can be used in a proceeding determining the suspension or revocation a handgun permit; (10) Provides that it is an eligibility requirements for obtaining an enhanced handgun carry permit that if the applicant is under 25, that the applicant is not currently prohibited from purchasing or possessing a firearm as a result of having been adjudicated delinquent on or after July 1, 2024, for an act which, if committed by an adult, would have constituted one or more of the following offenses: (i) aggravated assault; (ii) aggravated assault against a first responder or nurse; (iii) criminal homicide; (iv) robbery, aggravated robbery, especially aggravated robbery, or carjacking; (v) burglary, aggravated burglary, especially aggravated burglary; (vi) aggravated cruelty to animals; (vii) a threat of mass violence; or (viii) a criminal offense involving the use or display of a firearm; (11) Requires the department of safety to suspend or revoke a handgun permit upon a showing by its records or other sufficient evidence that the permit holder is under 25 and is currently prohibited from possessing a firearm as a result of having been adjudicated delinquent on or after July 1, 2024, for an act which, if committed by an adult, would have constituted one or more of the offenses (i)-(viii) in (4) above; and (12) Authorizes a petitioner or the state to appeal a court's determination under (1) and (2) above to the criminal court or a court having criminal jurisdiction. The criminal court, or court having criminal jurisdiction, must hear the case de novo. An appeal from a court's determination under (1) and (2) above must be filed within 10 days, excluding nonjudicial days, following the entry of the juvenile court's order. House amendment 3 (018860) clarifies that the Tennessee bureau of investigation must transmit the final disposition to the department of safety for the department's use in determining eligibility under law relative to enhanced handgun carry permits and concealed handgun carry permits.

Subcommittee CriminalSubAmendmentPacket02.13.24.pdf

Amendments: CriminalSubAmendmentPacketRegCal03.19.24.pdf

Senate Status: 05/09/24 - Signed by Senate speaker.

House Status: 05/01/24 - Signed by House speaker.

Executive Status: 05/23/24 - Enacted as Public Chapter 0973, effective July 1, 2024.

EDUCATION**SB1663/HB1697 Pretest administered to students participating in an after-school learning mini-camp.**

Sponsors: Sen. White, Dawn , Rep. Stevens, Robert

Summary: Removes the requirement that LEAs administer a pretest to students participating in an after-school learning mini-camp, learning loss bridge camp, or summer learning camp. Deletes various reporting, funding, and accountability provisions regarding such pretests. Broadly captioned.

Senate Status: 03/20/24 - Signed by Senate speaker.

House Status: 03/26/24 - Signed by House speaker.

Executive Status: 04/05/24 - Enacted as Public Chapter 0639 effective April 4, 2024.

SB1712/HB1655 Mathematics Supports Act.

Sponsors: Sen. Hensley, Joey , Rep. Cepicky, Scott

Summary: Requires the department of education to identify and approve at least one standards-aligned professional development course on mathematics instruction skills that is available, at no cost, to teachers in kindergarten through grade eight. Requires the department to revise the standards for high school students participating in a teaching-as-a-profession career pathway to include standards-aligned mathematics instruction skills in alignment with the professional development course on mathematics instruction skills identified and approved by the department. Requires the department to review and evaluate the mathematics professional development options available in Tennessee. Broadly captioned.

Amendment Summary: Senate amendment 1 (012356) creates the Mathematics Supports Act. Requires the Department of Education (DOE), by July 1, 2025, to: (1) conduct a landscape analysis of mathematics education; (2) convene a mathematics expert review committee to help identify a professional development course on mathematics instruction skills; and (3) identify and approve at least one standards-aligned professional development course on mathematics instruction skills that is available, at no cost, to teachers in kindergarten through grade eight. Requires the DOE to report the findings of the landscape analysis and the review committee to the education committees of the Senate and the House of Representatives by January 31, 2025. Requires the DOE to revise the standards for high school students participating in a teaching-as-a-profession career pathway to include standards-aligned mathematics instruction skills by August 1, 2025.

Senate Status: 02/26/24 - Signed by Senate speaker.
House Status: 02/27/24 - Signed by House speaker.
Executive Status: 03/20/24 - Enacted as Public Chapter 0551 effective March 11, 2024.

SB1715/HB1664 Law enforcement officers assigned as school resource officers.

Sponsors: Sen. Hensley, Joey , Rep. Warner, Todd
Summary: Authorizes a law enforcement agency to assign a law enforcement officer to serve as a school resource officer at a school within a local board of education's control that has not entered into a memorandum of understanding with a law enforcement agency to assign a school resource officer to the school. Broadly captioned.

Senate Status: 04/08/24 - Signed by Senate speaker.
House Status: 04/08/24 - Signed by House speaker.
Executive Status: 04/28/24 - Enacted as Public Chapter 0729 effective July 1, 2024.

SB1721/HB1633 Creation of de-escalation training for teachers, administrators, and other school personnel.

Sponsors: Sen. Hensley, Joey , Rep. Ragan, John
Summary: Requires the department of safety to create de-escalation training for teachers, administrators, and other school personnel. Requires LEAs and public charter schools to ensure that the LEA's or public charter school's teachers, administrators, and other school personnel annually receive the de-escalation training beginning with the 2024-2025 school year. Broadly captioned.

Senate Status: 04/04/24 - Signed by Senate speaker.
House Status: 04/05/24 - Signed by House speaker.
Executive Status: 04/19/24 - Enacted as Public Chapter 0675 effective April 1, 2024.

SB1726/HB2826 Development of a conflict resolution program to be implemented by LEAs and public charter schools.

Sponsors: Sen. Lamar, London , Rep. Camper, Karen
Summary: Requires the department, using existing resources, to develop a conflict resolution program that may be adopted and implemented by LEAs and public charter schools to assist students in any of the grades K-12 in developing the skills necessary for nonviolent conflict resolution. Broadly captioned.

Amendment Summary: Senate Education Committee amendment 1 (013527) requires the Department of Education (DOE) to develop a conflict resolution program which local education agencies (LEAs) and public charter schools must adopt and implement for students in grade kindergarten to 12.

Senate Status: 03/27/24 - Signed by Senate speaker.
House Status: 03/28/24 - Signed by House speaker.
Executive Status: 04/25/24 - Enacted as Public Chapter 0676 effective March 25, 2024.

SB1745/HB1837 Sharing of students' personal information.

Sponsors: Sen. Walley, Page , Rep. Rudd, Tim
Summary: Prohibits a public institution of higher learning that holds personal information of students, including campus or home addresses and phone numbers, from sharing the personal information with a third party, unless the third party agrees in writing that the personal information will only be used for the purpose for which information is originally requested. Broadly captioned.

Amendment Summary: House amendment 1 (012682) prohibits a public institution of higher learning from sharing its students' personal information with a third party that has contracted with the public institution to input personal information of students for administrative purposes, unless the third party agrees in writing that the personal information will only be used for the purpose for which the information was originally provided to the third party.

Subcommittee Amendments: Higher_Education_Sub_Amendments_02.12.2024.pdf
Senate Status: 03/19/24 - Signed by Senate speaker.
House Status: 03/18/24 - Signed by House speaker.
Executive Status: 04/02/24 - Enacted as Public Chapter 0619 effective March 27, 2024.

SB1853/HB2059 Number of credits a student may earn in a work-based learning program.

Sponsors: Sen. Lowe, Adam , Rep. Hicks, Tim
Summary: Increases from three to six the maximum number of credits a student may earn in a work-based learning program in one school year. Broadly captioned.

Amendment Summary: House amendment 1 (013764) rewrites the bill to, instead, establish that in a work-based learning program, a maximum of six credits may be earned in one school year. At least one credit must be earned through related classroom experience, which must include a minimum of two periods per week of classroom instruction. A minimum of five hours per week of supervised work experience is required for each additional credit earned. Students earning credits for work experience must be supervised by a certified work-based learning coordinator. Additionally, work-based learning programs must adhere to all state and federal child labor laws.

Senate Status: 02/28/24 - Signed by Senate speaker.
House Status: 02/28/24 - Signed by House speaker.
Executive Status: 03/07/24 - Enacted as Public Chapter 0543 effective March 7, 2024.

SB2106/HB2272 Directives from the U.S. Department of Education regarding the implementation of department rules.

Sponsors: Sen. Pody, Mark , Rep. Slater, William
Summary: Requires the Tennessee Department of Education to submit the U.S. Department of Education's interpretations and directives on the implementation of department rules providing guidance to this state to the chairs of the house and senate government operations committees, in addition to the chair of the education instruction committee of the house, the chair of the education administration committee of the house, the chair of the education committee of the senate, the speaker of the house, and the speaker of the senate. Requires such information to be submitted to each member of the joint government operations rule review committee prior to each rule review meeting. Broadly captioned.
Senate Status: 03/25/24 - Senate passed.
House Status: 04/02/24 - Signed by House speaker.
Executive Status: 04/26/24 - Enacted as Public Chapter 0722 effective July 1, 2024.

SB2365/HB2142 Students who have been adjudicated delinquent.

Sponsors: Sen. Watson, Bo , Rep. Martin, Greg
Summary: Increases from a Class C misdemeanor to a Class B misdemeanor the penalty for a student's parent, guardian, or legal custodian failing to report an adjudication that the student committed certain delinquent acts to the student's school principal or the principal's designee. Specifies that a school principal shall ask in writing a student's parent, guardian, or legal custodian whether the student has been adjudicated delinquent for certain offenses, including rape, robbery, kidnapping, or aggravated assault.
Senate Status: 04/03/24 - Signed by Senate speaker.
House Status: 04/02/24 - Signed by House speaker.
Executive Status: 04/26/24 - Enacted as Public Chapter 0721 effective July 1, 2024.

SB2582/HB2687 Revises the instruction required as part of the family life curriculum.

Sponsors: Sen. Taylor, Brent , Rep. Doggett, Clay
Summary: Revises the instruction required as part of a family life curriculum. Requires the Tennessee joint task force on children's justice and child sexual abuse, in consultation with the children's services advisory council, to annually recommend certain age-appropriate curricula to the department of education. Revises the information that LEAs and public charter schools must annually provide to the department of children's services. Broadly captioned.
Senate Status: 03/06/24 - Signed by Senate speaker.
House Status: 03/06/24 - Signed by House speaker.
Executive Status: 04/03/24 - Enacted as Public Chapter 0571 effective July 1, 2024.

SB2655/HB2697 Paid leave for public charter school educators after birth or adoption of child.

Sponsors: Sen. White, Dawn , Rep. Moody, Debra
Summary: Requires public charter schools to provide educators six work weeks of paid leave after the birth or stillbirth of the educator's child or after the educator's adoption of a newly placed minor child. Broadly captioned.
Senate Status: 04/16/24 - Signed by Senate speaker.
House Status: 04/18/24 - Signed by House speaker.
Executive Status: 05/06/24 - Enacted as Public Chapter 0875, effective May 1, 2024.

SB2931/HB2487 Threats of mass violence made by a student.

Sponsors: Sen. Powers, Bill , Rep. Hurt, Chris
Summary: Conditions the expulsion of a student for committing the zero-tolerance offense of threatening mass violence on school property or at a school-related activity to threats of mass violence determined to be valid based on the results of a threat assessment. Requires directors of schools and heads of public charter schools to report threats of mass violence on school property or at a school-related activity made by a student that are determined, based on the results of a threat assessment, to be valid. Broadly captioned.
Senate Status: 04/18/24 - Signed by Senate speaker.
House Status: 04/18/24 - Signed by House speaker.
Executive Status: 05/06/24 - Enacted as Public Chapter 0882, effective May 1, 2024.

SB2933/HB2494 Education funding for students admitted to residential mental health facilities.

Sponsors: Sen. Powers, Bill , Rep. Hurt, Chris
Summary: Revises certain enrollment, attendance, individualized education program, and resident requirements for certain education funding to follow a student who is admitted to a state-licensed or out-of-state mental health facility from the student's LEA to the facility. Broadly captioned.
Senate Status: 04/22/24 - Signed by Senate speaker.
House Status: 04/23/24 - Signed by House speaker.
Executive Status: 05/06/24 - Enacted as Public Chapter 0884, effective July 1, 2024.

FAMILY LAW

SB1585/HB2183 Removal of provision repealing the Tennessee Zero to Three Court Initiative.

Sponsors: Sen. Haile, Ferrell , Rep. White, Mark
Summary: Removes the statutory provision that would repeal the Tennessee Zero to Three Court Initiative on January 1, 2025.
Senate Status: 03/20/24 - Signed by Senate speaker.
House Status: 03/26/24 - Signed by House speaker.
Executive Status: 04/05/24 - Enacted as Public Chapter 0638 effective April 4, 2024.

SB1586/HB2788 Child protective teams - data sharing.

Sponsors: Sen. Haile, Ferrell , Rep. Littleton, Mary
Summary: Permits the district attorneys general conference, the administrative office of the courts, the Tennessee chapter of children's advocacy centers, the department of children's services, and law enforcement agencies to enter into data sharing agreements that allow for the sharing of information necessary to ensure compliance with statutory reporting requirements. Specifies that data shared pursuant to an agreement retains its confidential status consistent with current law. Broadly captioned.
Senate Status: 02/28/24 - Signed by Senate speaker.
House Status: 02/29/24 - Signed by House speaker.
Executive Status: 03/20/24 - Enacted as Public Chapter 0559 effective March 12, 2024.

SB1738/HB2169 Tennessee Foster and Adoptive Parent Protection Act.

Sponsors: Sen. Rose, Paul , Rep. Littleton, Mary
Summary: Prohibits the department of children's services from requiring a current or prospective adoptive or foster parent to affirm, accept, or support any government policy regarding sexual orientation or gender identity that conflicts with the parent's sincerely held religious or moral beliefs. Prohibits the department from denying a parent's eligibility to foster or adopt based, in whole or in part, upon the parent's sincerely held religious or moral beliefs regarding sexual orientation or gender identity. Specifies if a parent's rights are violated under this chapter, then the parent may bring a civil action for injunctive relief, compensatory damages, reasonable attorney's fees, court costs, and expenses in a judicial or administrative proceeding. Also, permits a parent to raise a defense under this chapter in a judicial or administrative proceeding.
Amendment Summary: Senate amendment 2 (017102) rewrites the bill to, instead, enact the "Tennessee Foster and Adoptive Parent Protection Act," as described below. This amendment prohibits the department of children's services from doing the following: (1) Requiring a current or prospective adoptive or foster parent ("parent") to affirm, accept, or support any government policy regarding sexual orientation or gender identity that conflicts with the parent's sincerely held religious or moral beliefs; (2) Denying a parent's eligibility to foster or adopt based, in whole or in part, upon the parent's sincerely held religious or moral beliefs regarding sexual orientation or gender identity; and (3) Establishing or enforcing a standard, rule, or policy that precludes consideration of a parent for a placement based, in whole or in part, upon the parent's sincerely held religious or moral beliefs regarding sexual orientation or gender identity. Such beliefs do not create a presumption that any particular placement is contrary to the best interest of the child. However, this amendment does not preclude the department from considering the religious or moral beliefs of an adoptive or foster child or the child's family of origin, including in relation to the religious or moral beliefs of a prospective adoptive or foster parent, when determining the most appropriate placement for that child. Additionally, this amendment must be read in harmony with the duty of the department to make placements consistent with the best interests of the child.
Subcommittee Amendments: Children_and_Family_Affairs_Sub_03.05.2024.pdf
Senate Status: 04/04/24 - Signed by Senate speaker.
House Status: 04/05/24 - Signed by House speaker.
Executive Status: 04/25/24 - Enacted as Public Chapter 0677 effective July 1, 2024.

SB1806/HB2046 DCS to submit written summaries of policies and guidelines adopted.

Sponsors: Sen. Oliver, Charlane , Rep. Chism, Jesse
Summary: Requires the department of children's services to submit written summaries of policies and guidelines adopted by it to the chairs of the government operations committees of each house, with the policies and guidelines to be posted on the subsequent joint rule review committee agenda for the month following the submission of the summaries. Broadly captioned.
Amendment Summary: Senate amendment 2 (014086) adds the senate and house of representatives government operations committees to the list of committees the department of children's services must submit new departmental policy changes within 60 days of adoption of the policies.
Subcommittee Amendments: Children_and_Family_Affairs_Sub_03.19.2024.pdf
Senate Status: 05/09/24 - Signed by Senate speaker.
House Status: 05/15/24 - Signed by House speaker.
Executive Status: 05/29/24 - Enacted as Public Chapter 1022, effective May 28, 2024.

SB2070/HB1676 Juvenile court proceedings - taking of child into custody or removal of child from parent.

Sponsors: Sen. Johnson, Jack , Rep. Lamberth, William
Summary: Specifies that a juvenile court proceeding may be commenced by the taking of a child into custody or the removal of custody from a parent or legal guardian. Requires the juvenile court in a dependency and neglect proceeding to determine whether a parent, guardian, relative, or caregiver of the child cannot be excluded as a perpetrator of severe child abuse against the child. Prohibits a juvenile court from returning a child victim of severe child abuse to the custody of a person who cannot be excluded as the perpetrator unless certain circumstances are met. Makes various other changes regarding abuse, severe child abuse, and token support
Amendment Summary: House amendment 1 (013967) makes the following changes to the bill: (1) Clarifies that support is presumptively token support if it is less than the amount of the minimum child support order established by the department of human services child support guidelines under the definition of "abandonment" under adoption; (2) Adds that a parent or guardian bears the burden of proving by a preponderance of the evidence that any support provided was more than token support; (3) Removes the clarification that support is token support if it is less than the amount of the minimum child support order established by the department of human services child support guidelines under the definition of token support under foster care; (4) Specifies that a court must look at each of the child's parents, guardians, relatives, and caregivers who provided care during the relevant time period of abuse if a petition alleged a child was dependent and neglected or if the court finds the child was dependent and neglected regardless of the ground alleged in the petition; and (5) Removes the specification that a home is not suitable if the parent or guardian resides with or maintains an ongoing relationship with an individual who has been determined by the court to be a perpetrator of severe child abuse, or who a court has determined cannot be excluded as a perpetrator of severe child abuse.
Subcommittee Amendments: Children_and_Family_Affairs_Sub_02.20.2024.pdf
Senate Status: 03/18/24 - Signed by Senate speaker.
House Status: 03/14/24 - Signed by House speaker.
Executive Status: 04/02/24 - Enacted as Public Chapter 0613 effective July 1, 2024.

SB2071/HB1675 Expands eligibility for reimbursement as a relative caregiver.

Sponsors: Sen. Johnson, Jack , Rep. Lamberth, William
Summary: Expands the eligibility for reimbursement as a relative caregiver by removing the income limitations and including a relative caregiver who meets the eligibility requirements and has been awarded custody by an order of any court. Part of Administration Package.
Senate Status: 03/07/24 - Signed by Senate speaker.
House Status: 03/06/24 - Signed by House speaker.
Executive Status: 04/03/24 - Enacted as Public Chapter 0574 effective March 15, 2024.

SB2349/HB2404 Redefines dependent and neglected child.

Sponsors: Sen. Haile, Ferrell , Rep. Slater, William
Summary: Revises the definition of a dependent and neglected child in juvenile court proceedings to provide that a child must be dependent and neglected at the time of the filing of the court petition and adds that dependency and neglect due to a condition of want or suffering may be due to the child's mental health or substance abuse issues. Broadly captioned.
Amendment Summary: Senate amendment 1 (013933) revises the definition of a dependent and neglected child to specify that the criteria for dependence and neglect must be present at the time of the filing of the petition.
Subcommittee Amendments: Children_and_Family_Affairs_Sub_02.27.2024.pdf
Senate Status: 04/18/24 - Signed by Senate speaker.
House Status: 04/18/24 - Signed by House speaker.
Executive Status: 05/06/24 - Enacted as Public Chapter 0862, effective July 1, 2024.

SB2359/HB1726 Prohibits immunization requirement as a condition of adoption or fostering.

Sponsors: Sen. Watson, Bo , Rep. Gant, Ron
Summary: Prohibits the department of children's services from requiring an immunization as a condition of adopting or overseeing a child in foster care if an individual or member of an individual's household objects to immunization on the basis of religious or moral convictions. Broadly captioned.
Senate Status: 03/27/24 - Signed by Senate speaker.
House Status: 03/28/24 - Signed by House speaker.
Executive Status: 04/25/24 - Enacted as Public Chapter 0699 effective March 25, 2024.

SB2627/HB2760 Continuing education courses on domestic violence or child abuse required for judges.

Sponsors: Sen. Massey, Becky , Rep. Alexander, Rebecca
Summary: Increases, from two to three, the number of hours of training or continuing education courses on domestic violence or child abuse all judges in child custody proceedings are required to complete per year. Increases, from 10 to 15, the number of hours of such training required every five years. Broadly captioned.
Amendment Summary: House amendment 1 (016562) rewrites the bill to, instead, make the following changes to the present law relevant to child custody. In a suit for annulment, divorce, separate maintenance, or in any other proceeding requiring the court to make a custody determination regarding a minor child, present law requires the determination to be made on the basis of the best interest of the child. In taking into account the child's best interest, the court must order a custody arrangement that permits both parents to enjoy the maximum participation possible in the life of the child, the location of the residences of the parents, the child's need for stability and all other relevant factors. The court must consider, along with several other factors, evidence of physical or emotional abuse to the child, to the other parent or to any other person. The court must, where appropriate, refer any issues of abuse to juvenile court for further proceedings. This amendment revises the present law and, instead, requires the court to consider evidence of physical or emotional abuse to the child, to the other parent, or to any other person, including the child's siblings. The court may, where appropriate, refer any issues of abuse to juvenile court for further proceedings. As required by the existing law regarding a permanent parenting plan, only if the limitations of the existing law regarding a permanent parenting plan are not dispositive of the child's residential schedule, then this amendment requires the court to consider the factors found in the present law relevant to child custody regarding making a determination based on the best interest of the child. Present law requires all judges involved in child custody proceedings to complete at least two hours of training or continuing education courses on domestic violence or child abuse per year or 10 hours per five years. This amendment adds to the present law by requiring the training to (i) be provided by a judge or retired judge with experience in assisting survivors of domestic violence, child abuse, or child sexual abuse or a professional with experience in assisting survivors of domestic violence, child abuse, or child sexual abuse; and (ii) rely on evidence-based research by recognized experts in the listed topics. This amendment also requires a court to take into account the training required by the present law above in a custody proceeding. This amendment prohibits the court from ordering reunification treatment to reestablish a relationship with a parent or caregiver if a court has made findings against the parent or caregiver (i) that a parent has engaged in willful abandonment that continues for an extended period of time or substantial refusal to perform parenting responsibilities, or physical or sexual abuse or a pattern of emotional abuse of the parent, child or of another person living with that child; (ii) if a parent, or if a parent resides with an adult who, has been convicted as an adult of a sexual offense or has been found to be a sexual offender; or (iii) relating to severe child abuse, unless the court finds that reunification efforts are in the best interest of the child. The court must file written findings of fact that are the basis of its conclusions on that issue in the order addressing reunification. An order of reunification must not cut off contact with a parent who is non-abusive. In any proceeding in which a court makes an initial custody or custody modification determination after a court has made findings against a parent or caregiver as mentioned in the provision above, then this amendment prohibits the court from issuing an order restoring parenting time of the child to the parent or caregiver unless the court finds that the child will not be subject to further abuse or harm. The court must file written findings of fact that are the basis of its conclusions on that issue in the order addressing parenting time. However, if the court made findings against the parent or as mentioned in the provisions above and finds that reunification efforts are in the best interest of the child, then the court may order reunification treatment to reestablish a relationship with a parent or caregiver. The court must consider the safety of the child during and after reunification treatment and must file written findings of fact that are the basis of its conclusions on the issues of reunification treatment and the child's safety within 30 days of the close of the hearing or, if an appeal or petition for certiorari is filed, within five days thereafter, excluding Sundays. An order of reunification must not cut off contact with a parent who is non-abusive.
Subcommittee Amendments: Children_and_Family_Affairs_Sub_03.12.2024.pdf
Senate Status: 04/10/24 - Signed by Senate speaker.
House Status: 04/10/24 - Signed by House speaker.

Executive Status: 04/23/24 - Enacted as Public Chapter 0799, effective April 23, 2024.

SB2660/HB1808 Termination of parental rights due to substantial parental noncompliance.

Sponsors: Sen. White, Dawn , Rep. Butler, Ed
Summary: Requires the department of children's services to file a petition for termination of parental rights within 10 business days if there has been substantial noncompliance by a parent or guardian with the statement of responsibilities in a permanency plan over a period of six months. Broadly captioned.
Amendment Summary: Senate amendment 1 (013997) requires the Department of Children Services (DCS) to petition to terminate the parental rights within 90 days of a juvenile court's finding that the parent or guardian has been substantially noncompliant with the statement of responsibilities in the child's permanency plan.
Subcommittee Amendments: Children_and_Family_Affairs_Sub_03.05.2024.pdf
Senate Status: 03/20/24 - Signed by Senate speaker.
House Status: 03/26/24 - Signed by House speaker.
Executive Status: 04/05/24 - Enacted as Public Chapter 0652 effective July 1, 2024.

SB2744/HB2945 Parent's right to unimpeded phone conversations with child.

Sponsors: Sen. Haile, Ferrell , Rep. Grills, Rusty
Summary: Expands the right to unimpeded telephone calls twice a week at reasonable times within the parenting plan with the parent's child to include video conference conversations if available. Broadly captioned.
Senate Status: 04/04/24 - Signed by Senate speaker.
House Status: 04/05/24 - Signed by House speaker.
Executive Status: 04/26/24 - Enacted as Public Chapter 0711 effective April 1, 2024.

SB2749/HB2936 Families' Rights and Responsibilities Act.

Sponsors: Sen. Haile, Ferrell , Rep. Faison, Jeremy
Summary: Enacts the "Families' Rights and Responsibilities Act," which allows all parental rights to be exclusively reserved to a parent of a child without obstruction by or interference from a government entity unless abuse, neglect, or endanger a child occurs. Details violations by a government entity. States that medical procedures done on a child must be done with notification and consent of the parent. Details violations of the practice if occurs. Broadly captioned.

*Amendment**Summary:*

Senate Amendment 3 (017296) makes the following changes to the bill: (1) Provides that "biometric data," as used in the bill, means data generated by automatic measurements of an individual's biological characteristics, such as a fingerprint, voiceprint, eye retina or iris, or other unique biological pattern or characteristic, that is used to identify a specific individual, but does not include (i) a physical or digital photograph, a video or audio recording, or data generated from the recording, or information collected, used, or stored for healthcare treatment, payment, or operations under HIPPA; and (ii) data or information collected, used, or stored for law enforcement purposes; (2) Adds to the bill that parents have the right to be notified promptly if an employee of the state reasonably believes that abuse, neglect, or any criminal offense has been committed against the child by someone other than the parent, unless an employee of the state, a political subdivision of the state, a local education agency, a public charter school, or any other governmental entity is required by law to withhold such information; (3) Revises the bill to provide that parents have the right to consent before any government entity makes a video or voice recording of the child, unless the video or voice recording is made during or as a part of a law enforcement interaction, instead of a law enforcement investigation; (4) Provides that the provisions in the bill prohibiting a government entity from substantially burdening the fundamental rights of parents unless the government entity demonstrates that the burden, as applied to the parent and the child, is required by a compelling governmental interest of the highest order and is the least restrictive means of furthering that compelling governmental interest and the provisions of this bill providing that all parental rights are exclusively reserved to a parent of a child without obstruction by or interference from a government entity does not prevent the department of children's services from conducting an investigation or otherwise carrying out its responsibilities under state law; (5) Provides that the provisions in the bill prohibiting a government entity from substantially burdening the fundamental rights of parents unless the government entity demonstrates that the burden, as applied to the parent and the child, is required by a compelling governmental interest of the highest order and is the least restrictive means of furthering that compelling governmental interest and the provisions of this bill providing that all parental rights are exclusively reserved to a parent of a child without obstruction by or interference from a government entity do not apply when (i) a parent of the minor has given blanket consent authorizing the person or entity to perform an activity; (ii) a government entity or any other person reasonably relies in good faith on an individual's representations that the individual is the parent of a minor or has otherwise been granted authority to make decisions regarding a minor's care under state law; (iii) a person participates or assists in rendering emergency care; (iv) an employee of a local education agency acts to control bleeding using a bleeding control kit; or (v) services are provided to or information is received or maintained about a minor enrolled in an institution of higher education or a minor participating in a program for which the minor's parent has consented to the child's participation by an employee of the institution of higher education or other school official; (6) Clarifies that a public employee must not withhold from a child's parent information that is relevant to the physical, emotional, or mental health of the child unless required by law to withhold such information; (7) Prohibits a person or entity that is not a parent from having standing to raise in any proceeding in this state the fundamental rights of a parent established in this bill; (8) Revises the provision in the bill that provides if a child has no affirmative right of access to a particular surgical, medical, or mental health procedure or service, then this bill does not grant that child's parent an affirmative right of access to that procedure or service on that child's behalf by, instead, providing that this bill does not give parents a right to medical treatments for their children that have been prohibited by state law; (9) Adds to the provisions in the bill prohibiting a government entity, healthcare provider, or other person from knowingly taking any of the following actions with regard to a minor without first obtaining the consent of a parent of the minor: (i) treating, professing to diagnose, operating on, or prescribing for any physical ailment, physical injury, or deformity; (ii) prescribing, dispensing, delivering, or administering any drug or medication; (iii) rendering certain psychological services; or (iv) rendering certain counseling services. This amendment clarifies that the above prohibitions do not apply when services are provided to a minor enrolled in an institution of higher education by a licensed provider employed by the institution of higher education; (10) Revises the bill to no longer authorize a parent to bring a civil cause of action to recover punitive damages when an entity or healthcare provider allegedly violates the provisions of the bill prohibiting a government entity, healthcare provider, or other person from knowingly taking any of the following actions with regard to a minor without first obtaining the consent of a parent of the minor: (i) treating, professing to diagnose, operating on, or prescribing for any physical ailment, physical injury, or deformity; (ii) prescribing, dispensing, delivering, or administering any drug or medication; (iii) rendering certain psychological services; or (iv) rendering certain counseling services; and (11) Requires a civil action commenced against a healthcare provider to be brought within one year after the cause of action accrued. However, in the event the alleged injury is not discovered within such one-year period, the period of limitation is one year from the date of such discovery, but in no event must any such action be brought more than three years after the date on which the negligent act or omission occurred except where there is fraudulent concealment on the part of the defendant, in which case the action must be commenced within one year after discovery that the cause of action exists. However, the previous limitations do not apply in cases where a foreign object has been negligently left in a patient's body, in which case the action must be commenced within one year after the alleged injury or wrongful act is discovered or should have been discovered. House amendment 4 (018448) makes the following changes: (1) Provides that the enumeration of parental rights in this bill does not abridge any additional parental rights codified or recognized under current law or prohibit the codification or recognition of additional parental rights; and (2) Deletes the provision in the bill providing that the prohibitions relevant to healthcare in the bill summary do not apply when services are provided to a minor enrolled in an institution of higher education by a licensed provider employed by the institution of higher education. House amendment 5 (018918) revises the provision requiring the "Families' Rights and Responsibilities Act" to be construed using the protections of the fundamental right of parents to the care, custody, and control of their child afforded by such Act in addition to the protections provided under federal law, state law, and the state and federal constitutions by deleting the federal constitution from the additional protections.

*Subcommittee**Amendments:*

Children_and_Family_Affairs_Sub_03.05.2024.pdf

Senate Status:

05/09/24 - Signed by Senate speaker.

House Status:

05/15/24 - Signed by House speaker.

Executive Status:

05/30/24 - Enacted as Public Chapter 1061, effective July 1, 2024.

SB2929/HB2704 Report requirement for second look commission.*Sponsors:*

Sen. Powers, Bill , Rep. Littleton, Mary

Summary:

Permits the second look commission to electronically submit the report detailing the commission's findings and recommendations from a review of an appropriate sampling of cases involving a second or subsequent incident of severe child abuse to the governor, the senate judiciary and health and welfare committees, and the house of representatives civil justice committee. Broadly captioned.

*Amendment**Summary:*

Senate amendment 1 (014357) rewrites the bill to, instead, require the department of children's services, county medical examiners, chief medical examiners, and facilities that perform autopsies to establish policies and procedures for the prioritization of the completion of final autopsy reports for fatalities of (i) any child in the custody of the department; (ii) any child who is the subject of an ongoing investigation by child protective services or has been the subject of an investigation by child protective services within the 45 days immediately preceding the child's fatality or near fatality; or (iii) any child whose fatality or near fatality resulted in an investigation of the safety and well-being of another child in the home.

*Subcommittee**Amendments:*

Children_and_Family_Affairs_Sub_03.26.2024.pdf

Senate Status:

04/16/24 - Signed by Senate speaker.

House Status: 04/18/24 - Signed by House speaker.

Executive Status: 05/06/24 - Enacted as Public Chapter 0881, effective May 1, 2024.

GOVERNMENT ORGANIZATION

SB447/HB619 **Required notice for the proposed discharge of a child committed to the custody of DCS.**

Sponsors: Sen. Lowe, Adam , Rep. Travis, Ron

Summary: Requires the commissioner of the department of children's services to notify the committing court at least 15 days prior to the proposed discharge of a child committed to custody under the department. Requires an objection to a proposed discharge by the committee court to be made in writing to the commissioner of DCS where the commissioner shall review the file in a hearing. Requires a hearing by a three-judge panel if the department and committing judge cannot reach an agreement.

Amendment Summary: House amendment 1 (004574) removes all of this bill's provisions, except for the provision that requires the commissioner of children's services to notify the committing court at least 15 days prior to the proposed discharge of a delinquent child who was committed to the custody of the department of children's services for an indefinite time. Senate amendment 1 (014283) changes the bill's effective date to July 1, 2024.

Senate Status: 03/19/24 - Signed by Senate speaker.

House Status: 03/18/24 - Signed by House speaker.

Executive Status: 04/02/24 - Enacted as Public Chapter 0611 effective July 1, 2024.

SB1602/HB1745 **Sunset - child care agency licensing board.**

Sponsors: Sen. Roberts, Kerry , Rep. Ragan, John

Summary: Extends the child care agency licensing board of review to June 30, 2030.

Senate Status: 02/26/24 - Signed by Senate speaker.

House Status: 02/26/24 - Signed by House speaker.

Executive Status: 03/15/24 - Enacted as Public Chapter 0535 effective March 7, 2024.

SB1605/HB1748 **Sunset - commission on children and youth.**

Sponsors: Sen. Roberts, Kerry , Rep. Ragan, John

Summary: Extends the commission on children and youth to June 30, 2028.

Senate Status: 04/16/24 - Signed by Senate speaker.

House Status: 04/18/24 - Signed by House speaker.

Executive Status: 05/06/24 - Enacted as Public Chapter 0825 effective May 1, 2024.

SB1608/HB1751 **Sunset - department of children's services.**

Sponsors: Sen. Roberts, Kerry , Rep. Ragan, John

Summary: Extends the department of children's services to June 30, 2026. Requires the department to submit quarterly written reports to the government operations committees during 2024 and 2025 to provide updates on the department's progress in addressing the findings set forth in the December 2022 performance audit report.

Senate Status: 03/18/24 - Signed by Senate speaker.

House Status: 03/18/24 - Signed by House speaker.

Executive Status: 04/02/24 - Enacted as Public Chapter 0592 effective March 27, 2024.

SB1625/HB1768 **Sunset - standards committee, department of children's services.**

Sponsors: Sen. Roberts, Kerry , Rep. Ragan, John

Summary: Extends the standards committee, department of children's services to June 30, 2030.

Senate Status: 02/17/24 - Signed by Senate speaker.

House Status: 02/15/24 - Signed by House speaker.

Executive Status: 03/15/24 - Enacted as Public Chapter 0515 effective March 1, 2024.

SB2445/HB2254 **Child fatality review team board members.**

Sponsors: Sen. Akbari, Raumesh , Rep. Love Jr., Harold

Summary: Adds three persons to the state child fatality review team who are each state residents with a child under 18 years of age. Requires the state child fatality review team to distribute the team's annual report to each local education agency and to the board of the Tennessee Chapter of the American Academy of Pediatrics. Broadly captioned.

Senate Status: 03/27/24 - Signed by Senate speaker.

House Status: 03/28/24 - Signed by House speaker.

Executive Status: 04/26/24 - Enacted as Public Chapter 0703 effective March 25, 2024.

SB2503/HB2610 **Terminates the human rights commission.**

Sponsors: Sen. Stevens, John , Rep. Garrett, Johnny

Summary: Terminates the human rights commission with no wind-down period. Creates the human rights division in the office of attorney general and transfers the duties and functions of the human rights commission to the new division (11 pp.).

Amendment Summary: Senate amendment 1 (014812) requires the attorney general and reporter to conduct a review of the human rights commission including the responsibilities and functions of the commission in order to evaluate if the attorney general and reporter could take on the responsibilities. The human rights commission must cooperate and provide information to the attorney general promptly and continue fulfilling the existing responsibilities while the review is in order. The attorney general and reporter will submit their findings to the speaker of the house and the speaker of the senate before Jan. 1, 2025.

Subcommittee

Amendments:

Departments_03.13.24.pdf

Senate Status:

04/10/24 - Signed by Senate speaker.

House Status:

04/11/24 - Signed by House speaker.

Executive Status:

05/01/24 - Enacted as Public Chapter 0778, effective April 23, 2024.

HEALTH CARE

SB1791/HB1973 **Newborn screening.**

Sponsors:

Sen. Massey, Becky , Rep. Hawk, David

Summary:

Requires all infants born in this state to be screened for specific genetic, metabolic, or other heritable conditions, including, but not limited to, conditions listed on the Recommended Uniform Screening Panel (RUSP). Allows the department of health to require newborn screening for conditions not listed on the RUSP. Requires certain implementation and reporting requirements regarding such newborn screening.

Amendment

Summary:

Senate amendment 1 (014247) rewrites the bill to, instead, provide that, when screening for a condition is not implemented within 36 months of being added to the Recommended Uniform Screening Panel, the department of health ("department") must provide a report on the status and the reason for delay to the health and welfare committee of the senate, the health committee of the house, the genetics advisory committee of the department, and the Tennessee rare disease advisory council. The report is required no later than six months after the 36-month period has expired, and by January 1 of each year thereafter until screening for the condition is implemented.

Subcommittee

Amendments:

Health_Sub_Amendments_02.27.2024.pdf

Senate Status:

04/10/24 - Signed by Senate speaker.

House Status:

04/11/24 - Signed by House speaker.

Executive Status:

05/01/24 - Enacted as Public Chapter 0768, effective July 1, 2024.

SB1832/HB2226 **Tennessee Maternal Health Equity Advisory Committee Act.**

Sponsors:

Sen. Lamar, London , Rep. Love Jr., Harold

Summary:

Enacts the "Tennessee Maternal Health Equity Advisory Committee Act," which creates within the department of health the Tennessee Maternal Health Equity Advisory Committee composed of 11 members appointed by the governor. Specifies that the purpose of the committee is to systematically review maternal health data, identify disparities in maternal healthcare delivery, and formulate recommendations to the department aimed at enhancing maternal health outcomes, with a specific focus on minority women and women residing in urban and rural communities within this state. Requires the committee to make recommendations to the department based on its findings. Also requires the committee to submit an annual report to the governor, the chair of the health and welfare committee of the senate, and to the chair of the house health committee summarizing its findings and recommendations.

Amendment

Summary:

Senate amendment 1 (015087) rewrites the bill to, instead, add to the composition of the Tennessee maternal mortality review and prevention team four members appointed by the commissioner of health who are from community-based organizations and include the following: (1) One member from the middle grand division of this state; (2) One member from the eastern grand division of this state; and (3) Two members from the western grand division of this state, including one member from Memphis; and one member from Jackson.

Subcommittee

Amendments:

Health_Sub_Amendments_03.26.2024.pdf

Senate Status:

04/22/24 - Signed by Senate speaker.

House Status:

04/23/24 - Signed by House speaker.

Executive Status:

05/06/24 - Enacted as Public Chapter 0834, effective July 1, 2024.

SB2063/HB2232 **Pilot project to invest in the self-sufficiency of employees of childcare agencies.**

Sponsors:

Sen. Oliver, Charlane , Rep. Freeman, Bob

Summary:

Creates a pilot project to place a moratorium on the loss of public assistance benefits for childcare workers based solely on wage increases that cause their income to exceed program eligibility limits. Requires TACIR to study wages and related issues for childcare workers, including the benefits cliff. Broadly captioned.

Amendment

Summary:

Senate amendment 1 (017090) rewrites the bill to, instead, direct the Tennessee advisory commission on intergovernmental relations (TACIR) to conduct a study on the following: (1) The current landscape of child care workers in this state, including (i) demographic and racial makeup of the child care workforce; (ii) salary and wage compensation; (iii) tenure of employment at a child care agency; (iv) amount of child care workers on public assistance or working second employment; and (v) whether the child care workers have children enrolled in a child care agency; (2) The establishment, feasibility, and impact of implementing a program that covers the cost of child care for a child care worker who (i) works at least 20 hours per week at a licensed child care agency, regardless of the employee's role at the agency; (ii) has worked continuously at a child care agency for at least 90 days; (iii) is eligible to have their children attend the child care agency at no cost, or has children that attend a licensed, certified, or registered provider that accepts and is approved to receive child care assistance payments; and (iv) is a resident of this state; and (3) For the purpose of excluding a child care worker's income or household income level from being considered when determining eligibility as a protected population and addressing the workforce shortage by incentivizing child care workers to remain employed in the early education industry: (i) the feasibility and impact of expanding financial supports for early educators, such as through the use of the child care WAGE\$ program, bonuses, and other public benefit eligibility options; (ii) the establishment and feasibility of a target compensation scale for employees of child care agencies; and (iii) the benefits cliff and whether public benefits program eligibility thresholds are in alignment with state program income eligibility requirements. For purposes of this (3), "benefits cliff" means the loss of public benefits by employees of child care agencies whose incomes exceed public benefits eligibility thresholds following wage increases. This amendment requires all appropriate departments and agencies of this state to provide assistance to TACIR in connection with the analysis required in (1)-(3) above. This amendment requires TACIR to submit a report disclosing the findings of the study and recommendations to the speaker of the senate, the speaker of the house of representatives, and the legislative librarian no later than January 31, 2025.

Subcommittee

Amendments:

Health_Sub_Amendments_03.20.2024.pdf

Senate Status:

04/24/24 - Signed by Senate speaker.

House Status:

04/24/24 - Signed by House speaker.

Executive Status:

05/08/24 - Enacted as Public Chapter 0934, effective May 6, 2024.

SB2136/HB2318 Scope of practice of physician assistants and advanced practice nurses.

Sponsors: Sen. Reeves, Shane , Rep. Williams, Ryan

Summary: Makes revisions to the authorized scope of practice of physician assistants and advanced practice nurses who meet certain qualifications (35 pp.).

Amendment House amendment 2 (017953) rewrites the bill as follows: (1) Authorizes a physician assistant to do the following: (A) Perform medical diagnosis and treatment as a physician assistant pursuant either to a protocol or collaborative agreement, as applicable, for which the physician assistant has been prepared by education, training, and experience, and that the physician assistant is competent to perform only if licensed by the board of physician assistants ("board") and only within the usual scope of practice of the collaborating physician; (B) Perform minor surgical procedures, including (i) simple laceration or surgery repair; (ii) excision of skin lesions, moles, warts, cysts, or lipomas; (iii) incision and draining of superficial abscesses; (iv) skin biopsies; (v) arthrocentesis; (vi) thoracentesis; (vii) paracentesis; (viii) endometrial biopsies; (ix) IUD insertion; and (x) colposcopy; (C) Assist a physician who performs procedures considered Level II office-based surgery or Level III office-based surgery, as those are defined in state law, or a more complex procedure, if (i) the physician assistant is credentialed or receives privileges from the medical staff of the facility to assist a physician with enumerated procedures; (ii) the physician performing the procedure is credentialed or privileged to perform the procedure by the medical staff of the facility; and (iii) the physician is present or immediately available for consultation with the physician assistant during and after the procedure; (D) Issue drugs authorized by law pursuant to protocols or collaborative agreement, and as applicable, (i) prescribe, dispense, order, administer, and procure appropriate medical devices, legend drugs, and controlled substances that are within the physician assistant's scope of practice if the physician assistant has registered and complied with all applicable requirements of state law and rule and the federal drug enforcement administration; and (ii) only prescribe or issue a Schedule II or Schedule III opioid for a maximum of a nonrefillable, thirty-day course of treatment. This (1)(D) does not apply to a prescription issued in a hospital, a licensed nursing home, or a licensed inpatient facility; (E) Unless a physician assistant's protocols or collaborative agreement indicate otherwise, plan and initiate a therapeutic regimen that includes ordering and prescribing non-pharmacological interventions, including (i) durable medical equipment; (ii) nutrition; (iii) blood and blood products; and (iv) diagnostic support services that include, but are not limited to, home health care, hospice, and physical and occupational therapy; and (F) Complete, sign, and file medical certifications of death, if authorized to do so in the physician assistant's protocol or collaborative agreement; (2) Requires a physician assistant who has not received endorsement from the board to practice under protocols jointly developed by the collaborating physician and the physician assistant; (3) Requires the physician assistant to maintain a copy of the protocols either on paper or electronically at each of the physician assistant's practice locations and make the protocols available upon request by the board, the licensing board of the collaborating physician, or an authorized agent thereof; (4) Requires the protocols to set forth the range of services that may be provided by the physician assistant and must also contain a discussion of the problems and conditions likely to be encountered by the physician assistant and the appropriate treatment for such problems and conditions; (5) Establishes that physician assistant practice under protocols requires active and continuous overview of the physician assistant's activities to ensure that the physician's directions and advice are implemented, but does not require the continuous and constant physical presence of the collaborating physician; (6) Authorizes a physician assistant to perform only those tasks that are within the physician assistant's range of skills and competence, that are within the usual scope of practice of the collaborating physician, and that are consistent with the protection of the health and well-being of the patients; (7) Requires protocols to also include, at a minimum, the following: (A) The physician assistant's name, license number, and primary practice location; (B) The collaborating physician's name, license number, medical specialty, and primary practice location; (C) A general description of the oversight of the physician assistant by the collaborating physician; (D) A general description of the physician assistant's process for collaboration with physicians and other members of the healthcare team; (E) A process by which 100 percent of patient charts are reviewed by the collaborating physician within 10 days when a prescription for a controlled drug is issued by the physician assistant; (F) A process by which at least 20 percent of the physician assistant's patient charts are reviewed by the collaborating physician every 30 days; (G) If the physician assistant changes practice settings to practice in a new medical specialty, a description of a process by which the patient medical charts prepared by the physician assistant are reviewed by the collaborating physician for a minimum of six months or until the physician assistant becomes eligible for endorsement, whichever period is longer; (H) If the physician assistant practices in a remote location site from the collaborating physician's practice site, that the collaborating physician conduct a remote site visit at least every 30 days; (I) That the physician assistant collaborates with, consults with, or refers to, the collaborating physician or appropriate healthcare professional as indicated by the patient's condition and the applicable standard of care when a patient presents with a condition that is outside of the competence, scope of practice, or experience of the physician assistant or collaborating physician; and (J) Designation of one or more alternative physicians for consultation in situations in which the collaborating physician is not available for consultation; (8) Requires a physician assistant who has received an endorsement from the board to have a collaborative agreement with a physician; (9) Requires the physician assistant to maintain a copy of the collaborative agreement either on paper or electronically at each of the physician assistant's practice locations and make the collaborative agreement available upon request by the board of physician assistants, the licensing board of the collaborating physician, or an authorized agent of such boards; (10) To be eligible to receive endorsement from the board, requires a physician assistant to, at a minimum, have 6,000 hours of documented postgraduate clinical experience, have a physician willing to enter into a collaborative agreement with the physician assistant, and meet such other requirements as set forth in rules promulgated by the board. A physician assistant with 6,000 hours or more of documented postgraduate clinical experience must not practice pursuant to the requirements in state physician assistant law or rules promulgated thereto for endorsed physician assistants without first receiving endorsement by the board. State physician assistant law does not require a physician assistant to become endorsed by the board. Unless a physician assistant has received an endorsement from the board, the requirements under this heading apply; (11) Requires collaborative agreements governing physician assistants who have 6,000 or more hours of documented postgraduate clinical experience and are endorsed by the board to include, at a minimum, the following: (i) the physician assistant's name, license number, and primary practice location; (ii) the collaborating physician's name, license number, medical specialty, and primary practice location; (iii) that the physician assistant performs only those services that are within the physician assistant's competence, knowledge, and skills that are within the usual scope of practice of the collaborating physician, and that are consistent with the protection of the health and well-being of patients; (iv) a process by which 100 percent of patient charts are reviewed by the collaborating physician within 30 days when a prescription for any drug containing buprenorphine for use in recovery or medication treatment or a Schedule II controlled drug is issued by the physician assistant; (v) that if the physician assistant changes practice settings to practice in a new medical specialty, a description of a process by which a sample of patient medical charts prepared by the physician assistant are reviewed by the collaborating physician, or a physician designated by the collaborating physician, for a minimum of six months; (vi) that the physician assistant collaborates with, consults with, or refers to the collaborating physician or appropriate healthcare professional as indicated by the patient's condition and the applicable standard of care; (vii) methods of communication between the physician assistant and collaborating physician; and (viii) requirements of patient chart review and remote site visits, if any, established at the practice level and commensurate with the level of training, experience, and competence of the physician assistant within the expected scope of practice of the physician assistant; (12) Establishes that, regarding a physician assistant practicing in collaboration with a licensed podiatrist, in addition to meeting the requirements of other relevant state law, the following apply: (i) prohibits providing services that are outside the scope of practice of a podiatrist; (ii) requires complying with the requirements of, and rules adopted pursuant to, the bill and other relevant state law governing the collaboration with a physician assistant; and (iii) authorizes only prescribing drugs that are rational to the practice of podiatry; (13) Authorizes a physician assistant to render emergency medical services in cases where immediate diagnosis

and treatment are necessary to avoid patient death or disability; (14) Establishes that the standard of care for a physician assistant is the same standard of care as applicable to a physician who performs the same service; (15) Requires that the initial rules governing the collaborative agreements of physician assistants with licensed physicians be established and promulgated in accordance with the Uniform Administrative Procedures Act, by a task force composed of (i) one member from the board of medical examiners; (ii) one member from the board of osteopathic examination; (iii) one member from the board of podiatric medical examiners; and (iv) three members from the board of physician assistants; (16) Requires the task force to create uniform rules governing the collaboration of physician assistants with licensed physicians, which are binding on each board listed in (15); (17) Requires the rules created by the taskforce to create standard procedures to determine the responsibility for the review of patient medical charts; (18) Requires each board listed in (15) to select and appoint by a majority vote of its members a board member to serve on the task force before September 1, 2024; (19) Requires the task force to select and appoint a member to serve as chair of the task force; (20) Establishes that a majority of the task force constitutes a quorum, and a majority vote of the task force members present is required for any action; (21) Requires the task force to hear public comment at any required hearing on behalf of all boards listed in (15) when a hearing is required. The task force is authorized to vote to promulgate the rules governing the collaboration of physician assistants with licensed physicians for each board listed in (15); (22) Requires the task force to terminate upon the effective date of a permanent rule establishing collaboration pursuant to the bill. All future rules regarding collaboration pursuant to the bill after the termination of the task force must be adopted jointly by each relevant board in (15); (23) Establishes that the bill does not prohibit the licensing boards listed in (15) from promulgating additional rules regarding the licensees of such boards; (24) Requires a licensed physician collaborating with a physician assistant to comply with the following practices: (A) Ensure that protocols or a collaborative agreement, as applicable, is in place for each physician assistant with whom the physician collaborates and that such protocols or collaborative agreement meets the requirements of the bill and the duly promulgated rules. More than one physician may collaborate with the same physician assistant if alternative collaborating physicians are available to collaborate with the physician assistant in the absence or unavailability of the primary collaborating physician. Each physician assistant must notify the board of physician assistants of the name, address, and license number of the physician assistant's primary collaborating physician and notify the board of physician assistants of a change in the primary collaborating physician within 15 days of the change. The number of physician assistants for whom a physician may serve as the collaborating physician must be determined by the physician at the practice level, consistent with good medical practice. The collaborating physician must designate one or more alternate physicians who have agreed to accept the responsibility of collaborating with the physician assistant on a prearranged basis in the collaborating physician's absence; (B) Complete the patient chart reviews of each physician assistant with whom the collaborating physician collaborates as set forth in the bill, in rules promulgated pursuant to the bill, and in protocols or a collaborative agreement, as applicable; (C) Conduct reviews of charts submitted to the collaborating physician by the physician assistant deemed by the physician assistant medically indicated for consultation. The collaborating physician is responsible for reviewing 100 percent of patient charts within 30 days when the physician assistant issues a prescription for a controlled drug pursuant to protocols. The collaborating physician is responsible for reviewing 100 percent of patient charts within 30 days when the physician assistant issues a prescription for any drug containing buprenorphine for use in recovery or medication-assisted treatment or a Schedule II controlled drug pursuant to a collaborative agreement; (D) Conduct the requisite remote site visits with each physician assistant with whom the physician collaborates, as set forth in the bill or by rule, and in protocols or a collaborative agreement, as applicable; (E) Each physician assistant must notify the board of the name and address of the physician assistant's primary practice location and notify the board within 15 days of a practice location change; (F) The board of physician assistants is authorized to monitor the prescriptive practices of the physician assistant through site visits by members of the board or their authorized agents; (G) Complaints against physician assistants must be reported to the office of investigations of the division of health related boards; (H) Every prescription order issued by a physician assistant pursuant to the bill must be entered in the medical records of the patient, and every handwritten prescription must be written on a preprinted prescription pad bearing the name, address, and telephone number of the physician assistant, and the physician assistant must sign each prescription order so written; (I) A handwritten prescription order for a drug prepared by a physician assistant who is authorized by law to prescribe a drug must be legible so that it is comprehensible by the pharmacist who fills the prescription. The handwritten prescription order must contain the name of the prescribing physician assistant, the name and strength of the drug prescribed, the quantity of the drug prescribed, handwritten in letters or in numerals, instructions for the proper use of the drug and the month and day that the prescription order was issued, recorded in letters or in numerals or a combination thereof. The prescribing physician assistant must sign the handwritten prescription order on the day it is issued, unless it is a standing order issued in a hospital, a nursing home, or an assisted-care living facility; (J) A typed or computer-generated prescription order for a drug issued by a physician assistant who is authorized by law to prescribe a drug must be legible so that it is comprehensible by the pharmacist who fills the prescription order. The typed or computer-generated prescription order must contain the name of the prescribing physician assistant, the name and strength of the drug prescribed, the quantity of the drug prescribed, recorded in letters or in numerals, instructions for the proper use of the drug, and the month and day that the typed or computer-generated prescription order was issued, recorded in letters or in numerals or a combination thereof. The prescribing physician assistant must sign the typed or computer-generated prescription order on the day it is issued, unless it is a standing order issued in a hospital, a nursing home, or an assisted-care living facility; (K) The bill does not prevent a physician assistant from issuing a verbal prescription order; (L) Handwritten, typed, or computer-generated prescription orders must be issued on either tamper-resistant prescription paper or printed utilizing a technology that results in a tamper-resistant prescription that meets the current centers for Medicare and Medicaid services guidance to state Medicaid directors regarding § 7002(b) of the federal United States Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007, and meets or exceeds specific TennCare requirements for tamper-resistant prescriptions; (M) Establishes that (L) does not apply to prescriptions written for inpatients of a hospital, outpatients of a hospital where the doctor or other person authorized to write prescriptions writes the order into the hospital medical record and then the order is given directly to the hospital pharmacy and the patient never has the opportunity to handle the written order, a nursing home or an assisted-care living facility, inpatients or residents of a mental health hospital or residential facility, or individuals incarcerated in a local, state, or federal correctional facility; (N) A physician assistant authorized to prescribe drugs under the bill who provides services in a free or reduced fee clinic under the Volunteer Health Care Services Act may arrange for required personal review of the physician assistant's charts by a collaborating physician in the office or practice site of the physician or remotely via HIPAA-compliant electronic means rather than at the site of the clinic; (O) A physician assistant authorized to prescribe drugs under the bill who provides services in a community mental health center, or federally qualified health center, or solely via telehealth, may arrange for the required personal review of the physician assistant's charts by a collaborating physician, with the same authority to render prescriptive services that the physician assistant is authorized to render, in the remote office or practice site of the physician, or any required visit by a collaborating physician to any remote site, or both, via HIPAA-compliant electronic means rather than at the site of the clinic; (P) A physician assistant licensed to prescribe drugs who provides services at a remote healthcare setting may arrange for any required personal review of the physician assistant's charts by a collaborating physician either via HIPAA-compliant electronic means or in person; (Q) A physician assistant licensed to prescribe drugs may arrange for up to 10 of the required annual remote site visits by a collaborating physician by HIPAA-compliant electronic means rather than at the site of the clinic. All other of the required site visits by a collaborating physician to a remote site must take place in person at the site of the clinic. As used in this subdivision, "annual" means a rolling twelve-month period; (R) A patient receiving services from a physician assistant must be fully informed that the individual is a physician assistant and a sign must be conspicuously placed within the office indicating that certain services may be rendered by a physician assistant; (S) A physician who does not normally provide patient care must not enter into protocols with, collaborate with, or utilize the services of a physician assistant; (T) A physician assistant must only perform invasive procedures involving a portion of the spine, spinal cord, sympathetic nerves of the spine, or block of major peripheral nerves of the spine in any setting not licensed

as a health facility or resource, under the direct supervision of a licensed physician licensed who is actively practicing spinal injections and has current privileges to do so at a licensed facility. The direct supervision provided by a physician in this (T) must only be offered by a physician who meets the qualifications established in state law relative to interventional pain management; (U) For purposes of subdivision (T), "direct supervision" means being physically present in the same building as the physician assistant at the time the invasive procedure is performed; and (V) This (V) does not apply to a physician assistant performing major joint injections, except sacroiliac injections, or to performing soft tissue injections or epidurals for surgical anesthesia or labor analgesia in unlicensed settings; (25) Requires that the board exercise its powers under state law on the grounds of holding oneself out as board-certified in a medical specialty, or utilizing a medical specialty designation with (i) a title or title reference; (ii) an advertisement; (iii) the name of any healthcare setting that is majority-owned by physician assistants; (iv) credentialing with any licensed healthcare facility or health insurance entity; or (v) an application for healthcare liability insurance coverage; (26) Establishes that (25) is not grounds for discipline of a licensee who worked in a healthcare setting that used a medical specialty designation prior to January 1, 2024, as long as: (A) The licensee's collaborating physician (i) is board-certified or board eligible in the designated specialty; (ii) owns part of the practice that provided the services in such healthcare setting; and (iii) sees patients in such healthcare setting on a regular basis; (B) Ownership of the practice has not changed on or after January 1, 2024; (C) Prior to March 1, 2025, a licensee who practices in a healthcare setting described in (26) must submit proof satisfactory to the board that the licensee's healthcare setting meets the requirements of (26); and (D) If a licensee who, prior to March 1, 2025, meets the requirements of (26), ceases to meet such requirements on or after March 1, 2025, then the licensee must notify the board within 30 days; (27) Authorizes the funeral director who first assumes custody of a dead body, medical examiner, attending or pronouncing physician in a hospital, or physician assistant authorized by protocol or collaborative agreement to sign and file the death certificate. The funeral director, medical examiner, attending or pronouncing physician in a hospital, or physician assistant authorized by protocol or collaborative agreement must obtain the personal data from the next of kin or the best qualified person or source available, and obtain the medical certification from the person responsible for medical certification; (28) Requires medical certification to be completed, signed, and returned to the funeral director by the physician or physician assistant in charge of the patient's care for the illness or condition that resulted in death within 48 hours after death, except when inquiry is required by the county medical examiner or to obtain a veteran's medical records. In the absence of the physician or physician assistant, the certificate may be completed and signed by another physician designated by the physician, by the chief medical officer of the institution in which the death occurred, or by a physician assistant authorized by protocol or collaborative agreement. In cases of deaths that occur outside of a medical institution and are either unattended by a physician or physician assistant, or not under hospice care, the county medical examiner must investigate and certify the death certificate when one of the following conditions exists: (A) There is no physician or physician assistant who had attended the deceased during the four months preceding death, except that a physician or physician assistant authorized by protocol or collaborative agreement who had attended the patient more than four months preceding death may elect to certify the death certificate if the physician or physician assistant authorized by protocol or collaborative agreement can make a good faith determination as to cause of death and if the county medical examiner has not assumed jurisdiction; or (B) The physician who had attended the deceased during the four months preceding death or physician assistant authorized by protocol or collaborative agreement communicates, orally or in writing, to the county medical examiner that, in the physician's or physician assistant's best medical judgment, the patient's death did not result from the illness or condition for which the physician or physician assistant was attending the patient; (29) If the cause of death cannot be determined within 48 hours after death, requires that the medical certification be completed as provided by rule. The attending physician, medical examiner, or physician assistant authorized by protocol or collaborative agreement must give the funeral director notice of the reason for the delay, and final disposition of the body must not be made until authorized by the attending physician, medical examiner, or physician assistant authorized by protocol or collaborative agreement; (30) For purposes of this heading, "referral" means a written or telecommunicated authorization for genetic counseling services from a physician licensed to practice medicine in all its branches or a physician assistant who has protocols or a collaborative agreement with a supervising physician that authorizes referrals to a genetic counselor; (31) Authorizes a physician order for scope of treatment (POST) to be issued by a physician assistant for a patient with whom the physician assistant has a bona fide physician assistant-patient relationship only if, among other conditions, such authority to issue is contained in the physician assistant's protocols or collaborative agreement; (32) Authorizes a POST to be issued by a physician assistant for a patient with whom the physician assistant has a bona fide physician assistant-patient relationship only if, among other conditions, the patient is a minor or is otherwise incapable of making an informed decision regarding consent for such an order and the agent, surrogate, or other person authorized to consent on the patient's behalf under the Tennessee Health Care Decisions Act is not reasonably available and such authority to issue is contained in the physician assistant's protocols or collaborative agreement, and the physician assistant determines that the provision of cardiopulmonary resuscitation would be contrary to accepted medical standards; (33) Requires that a licensed physician assistant have the same authority that a physician has under this heading to issue certified statements of disability or deafness to accompany the application of disabled or deaf persons to obtain the appropriate registration, license plates, placards and decals from the department, only if the authority is expressly included in the written protocol or collaborative agreement developed jointly by the supervising physician and the physician assistant, setting forth the range of services that may be performed by the physician assistant; (34) Requires the board of medical examiners to establish and maintain an online registry of licensed physicians who are willing to enter into a collaborative agreement with a physician assistant; (35) Requires the online registry to include, at a minimum (i) the physician's name and physical practice address; (ii) designation as a medical doctor or doctor of osteopathy; (iii) the physician's medical specialty and board certifications, if any; (iv) the region or regions of the state in which the physician is willing to enter into a collaborative agreement with a physician assistant; and (v) an address, telephone number, or email address at which the physician can be contacted by a physician assistant who may desire to enter into a collaborative relationship with the physician; (36) Requires a physician included on the registry to update the physician's information described in (35); (37) Establishes that inclusion by a physician on the registry does not obligate a physician to enter into a collaborative agreement with a physician assistant; (38) Prohibits the bill from being construed to prohibit service rendered by a registered nurse, a licensed practical nurse, or a pharmacist pursuant to a collaborative pharmacy practice agreement, if such service is rendered under the supervision, control and responsibility of a licensed physician or to prohibit the provision of anesthesiology services in licensed health care facilities by a dentist licensed in this state who completed a residency program in anesthesiology at an accredited medical school in years 1963 through 1977; and (39) Prohibits the bill from being construed to prohibit service rendered by a physician assistant practicing in collaboration with a physician, osteopathic physician, or podiatrist, whether through protocols or a collaborative agreement. Senate amendment 1 (017651) rewrites the bill as follows: (1) Authorizes a physician assistant to do the following: (A) Perform medical diagnosis and treatment as a physician assistant pursuant either to a protocol or collaborative agreement, as applicable, for which the physician assistant has been prepared by education, training, and experience, and that the physician assistant is competent to perform only if licensed by the board of physician assistants ("board") and only within the usual scope of practice of the collaborating physician; (B) Perform minor surgical procedures, including (i) simple laceration or surgery repair; (ii) excision of skin lesions, moles, warts, cysts, or lipomas; (iii) incision and draining of superficial abscesses; (iv) skin biopsies; (v) arthrocentesis; (vi) thoracentesis; (vii) paracentesis; (viii) endometrial biopsies; (ix) IUD insertion; and (x) colposcopy; (C) Assist a physician who performs procedures considered Level II office-based surgery or Level III office-based surgery, as those are defined in state law, or a more complex procedure, if (i) the physician assistant is credentialed or receives privileges from the medical staff of the facility to assist a physician with enumerated procedures; (ii) the physician performing the procedure is credentialed or privileged to perform the procedure by the medical staff of the facility; and (iii) the physician is present or immediately available for consultation with the physician assistant during and after the procedure; (D) Issue drugs authorized by law pursuant to protocols or collaborative agreement, and as applicable, (i) prescribe, dispense, order, administer, and procure appropriate medical devices, legend drugs, and controlled

substances that are within the physician assistant's scope of practice if the physician assistant has registered and complied with all applicable requirements of state law and rule and the federal drug enforcement administration; and (ii) only prescribe or issue a Schedule II or Schedule III opioid for a maximum of a nonrefillable, thirty-day course of treatment. This (1)(D) does not apply to a prescription issued in a hospital, a licensed nursing home, or a licensed inpatient facility; (E) Unless a physician assistant's protocols or collaborative agreement indicate otherwise, plan and initiate a therapeutic regimen that includes ordering and prescribing non-pharmacological interventions, including (i) durable medical equipment; (ii) nutrition; (iii) blood and blood products; and (iv) diagnostic support services that include, but are not limited to, home health care, hospice, and physical and occupational therapy; and (F) Complete, sign, and file medical certifications of death, if authorized to do so in the physician assistant's protocol or collaborative agreement; (2) Requires a physician assistant who has not received endorsement from the board to practice under protocols jointly developed by the collaborating physician and the physician assistant; (3) Requires the physician assistant to maintain a copy of the protocols either on paper or electronically at each of the physician assistant's practice locations and make the protocols available upon request by the board, the licensing board of the collaborating physician, or an authorized agent thereof; (4) Requires the protocols to set forth the range of services that may be provided by the physician assistant and must also contain a discussion of the problems and conditions likely to be encountered by the physician assistant and the appropriate treatment for such problems and conditions; (5) Establishes that physician assistant practice under protocols requires active and continuous overview of the physician assistant's activities to ensure that the physician's directions and advice are implemented, but does not require the continuous and constant physical presence of the collaborating physician; (6) Authorizes a physician assistant to perform only those tasks that are within the physician assistant's range of skills and competence, that are within the usual scope of practice of the collaborating physician, and that are consistent with the protection of the health and well-being of the patients; (7) Requires protocols to also include, at a minimum, the following: (A) The physician assistant's name, license number, and primary practice location; (B) The collaborating physician's name, license number, medical specialty, and primary practice location; (C) A general description of the oversight of the physician assistant by the collaborating physician; (D) A general description of the physician assistant's process for collaboration with physicians and other members of the healthcare team; (E) A process by which 100 percent of patient charts are reviewed by the collaborating physician within 10 days when a prescription for a controlled drug is issued by the physician assistant; (F) A process by which at least 20 percent of the physician assistant's patient charts are reviewed by the collaborating physician every 30 days; (G) If the physician assistant changes practice settings to practice in a new medical specialty, a description of a process by which the patient medical charts prepared by the physician assistant are reviewed by the collaborating physician for a minimum of six months or until the physician assistant becomes eligible for endorsement, whichever period is longer; (H) If the physician assistant practices in a remote location site from the collaborating physician's practice site, that the collaborating physician conduct a remote site visit at least every 30 days; (I) That the physician assistant collaborates with, consults with, or refers to, the collaborating physician or appropriate healthcare professional as indicated by the patient's condition and the applicable standard of care when a patient presents with a condition that is outside of the competence, scope of practice, or experience of the physician assistant or collaborating physician; and (J) Designation of one or more alternative physicians for consultation in situations in which the collaborating physician is not available for consultation; (8) Requires a physician assistant who has received an endorsement from the board to have a collaborative agreement with a physician; (9) Requires the physician assistant to maintain a copy of the collaborative agreement either on paper or electronically at each of the physician assistant's practice locations and make the collaborative agreement available upon request by the board of physician assistants, the licensing board of the collaborating physician, or an authorized agent of such boards; (10) To be eligible to receive endorsement from the board, requires a physician assistant to, at a minimum, have 6,000 hours of documented postgraduate clinical experience, have a physician willing to enter into a collaborative agreement with the physician assistant, and meet such other requirements as set forth in rules promulgated by the board. A physician assistant with 6,000 hours or more of documented postgraduate clinical experience must not practice pursuant to the requirements in state physician assistant law or rules promulgated thereto for endorsed physician assistants without first receiving endorsement by the board. State physician assistant law does not require a physician assistant to become endorsed by the board. Unless a physician assistant has received an endorsement from the board, the requirements under this heading apply; (11) Requires collaborative agreements governing physician assistants who have 6,000 or more hours of documented postgraduate clinical experience and are endorsed by the board to include, at a minimum, the following: (i) the physician assistant's name, license number, and primary practice location; (ii) the collaborating physician's name, license number, medical specialty, and primary practice location; (iii) that the physician assistant performs only those services that are within the physician assistant's competence, knowledge, and skills that are within the usual scope of practice of the collaborating physician, and that are consistent with the protection of the health and well-being of patients; (iv) a process by which 100 percent of patient charts are reviewed by the collaborating physician within 30 days when a prescription for any drug containing buprenorphine for use in recovery or medication treatment or a Schedule II controlled drug is issued by the physician assistant; (v) that if the physician assistant changes practice settings to practice in a new medical specialty, a description of a process by which a sample of patient medical charts prepared by the physician assistant are reviewed by the collaborating physician, or a physician designated by the collaborating physician, for a minimum of six months; (vi) that the physician assistant collaborates with, consults with, or refers to the collaborating physician or appropriate healthcare professional as indicated by the patient's condition and the applicable standard of care; (vii) methods of communication between the physician assistant and collaborating physician; and (viii) requirements of patient chart review and remote site visits, if any, established at the practice level and commensurate with the level of training, experience, and competence of the physician assistant within the expected scope of practice of the physician assistant; (12) Establishes that, regarding a physician assistant practicing in collaboration with a licensed podiatrist, in addition to meeting the requirements of other relevant state law, the following apply: (i) prohibits providing services that are outside the scope of practice of a podiatrist; (ii) requires complying with the requirements of, and rules adopted pursuant to, the bill and other relevant state law governing the collaboration with a physician assistant; and (iii) authorizes only prescribing drugs that are rational to the practice of podiatry; (13) Authorizes a physician assistant to render emergency medical services in cases where immediate diagnosis and treatment are necessary to avoid patient death or disability; (14) Establishes that the standard of care for a physician assistant is the same standard of care as applicable to a physician who performs the same service; (15) Requires that the initial rules governing the collaboration of physician assistants with licensed physicians be established and promulgated in accordance with the Uniform Administrative Procedures Act, by a task force composed of (i) one member from the board of medical examiners; (ii) one member from the board of osteopathic examination; (iii) one member from the board of podiatric medical examiners; and (iv) three members from the board of physician assistants; (16) Requires the task force to create uniform rules governing the collaboration of physician assistants with licensed physicians, which are binding on each board listed in (15); (17) Requires the rules created by the taskforce to create standard protocols to determine the responsibility for the review of patient medical charts; (18) Requires each board listed in (15) to select and appoint by a majority vote of its members a board member to serve on the task force before September 1, 2024; (19) Requires the task force to select and appoint a member to serve as chair of the task force; (20) Establishes that a majority of the task force constitutes a quorum, and a majority vote of the task force members present is required for any action; (21) Requires the task force to hear public comment at any required hearing on behalf of all boards listed in (15) when a hearing is required. The task force is authorized to vote to promulgate the rules governing the collaboration of physician assistants with licensed physicians for each board listed in (15); (22) Requires the task force to terminate upon the effective date of a permanent rule establishing collaboration pursuant to the bill. All future rules regarding collaboration pursuant to the bill after the termination of the task force must be adopted jointly by each relevant board in (15); (23) Establishes that the bill does not prohibit the licensing boards listed in (15) from promulgating additional rules regarding the licensees of such boards; (24) Requires a licensed physician collaborating with a physician assistant to comply with the following practices: (A) Ensure that protocols or a collaborative agreement, as applicable, is in place for each physician assistant with

whom the physician collaborates and that such protocols or collaborative agreement meets the requirements of the bill and the duly promulgated rules. More than one physician may collaborate with the same physician assistant if alternative collaborating physicians are available to collaborate with the physician assistant in the absence or unavailability of the primary collaborating physician. Each physician assistant must notify the board of physician assistants of the name, address, and license number of the physician assistant's primary collaborating physician and notify the board of physician assistants of a change in the primary collaborating physician within 15 days of the change. The number of physician assistants for whom a physician may serve as the collaborating physician must be determined by the physician at the practice level, consistent with good medical practice. The collaborating physician must designate one or more alternate physicians who have agreed to accept the responsibility of collaborating with the physician assistant on a prearranged basis in the collaborating physician's absence; (B) Complete the patient chart reviews of each physician assistant with whom the collaborating physician collaborates as set forth in the bill, in rules promulgated pursuant to the bill, and in protocols or a collaborative agreement, as applicable; (C) Conduct reviews of charts submitted to the collaborating physician by the physician assistant deemed by the physician assistant medically indicated for consultation. The collaborating physician is responsible for reviewing 100 percent of patient charts within 30 days when the physician assistant issues a controlled drug pursuant to protocols. The collaborating physician is responsible for reviewing 100 percent of patient charts within 30 days when the physician assistant issues any drug containing buprenorphine for use in recovery or medication-assisted treatment or a Schedule II controlled drug pursuant to a collaborative agreement; (D) Conduct the requisite remote site visits with each physician assistant with whom the physician collaborates, as set forth in the bill or by rule, and in protocols or a collaborative agreement, as applicable; (E) Each physician assistant must notify the board of the name and address of the physician assistant's primary practice location and notify the board within 15 days of a practice location change; (F) The board of physician assistants is authorized to monitor the prescriptive practices of the physician assistant through site visits by members of the board or their authorized agents; (G) Complaints against physician assistants must be reported to the office of investigations of the division of health related boards; (H) Every prescription order issued by a physician assistant pursuant to the bill must be entered in the medical records of the patient, and every handwritten prescription must be written on a preprinted prescription pad bearing the name, address, and telephone number of the physician assistant, and the physician assistant must sign each prescription order so written; (I) A handwritten prescription order for a drug prepared by a physician assistant who is authorized by law to prescribe a drug must be legible so that it is comprehensible by the pharmacist who fills the prescription. The handwritten prescription order must contain the name of the prescribing physician assistant, the name and strength of the drug prescribed, the quantity of the drug prescribed, handwritten in letters or in numerals, instructions for the proper use of the drug and the month and day that the prescription order was issued, recorded in letters or in numerals or a combination thereof. The prescribing physician assistant must sign the handwritten prescription order on the day it is issued, unless it is a standing order issued in a hospital, a nursing home, or an assisted-care living facility; (J) A typed or computer-generated prescription order for a drug issued by a physician assistant who is authorized by law to prescribe a drug must be legible so that it is comprehensible by the pharmacist who fills the prescription order. The typed or computer-generated prescription order must contain the name of the prescribing physician assistant, the name and strength of the drug prescribed, the quantity of the drug prescribed, recorded in letters or in numerals, instructions for the proper use of the drug, and the month and day that the typed or computer-generated prescription order was issued, recorded in letters or in numerals or a combination thereof. The prescribing physician assistant must sign the typed or computer-generated prescription order on the day it is issued, unless it is a standing order issued in a hospital, a nursing home, or an assisted-care living facility; (K) The bill does not prevent a physician assistant from issuing a verbal prescription order; (L) Handwritten, typed, or computer-generated prescription orders must be issued on either tamper-resistant prescription paper or printed utilizing a technology that results in a tamper-resistant prescription that meets the current centers for medicare and medicaid services guidance to state medicaid directors regarding § 7002(b) of the federal United States Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007, and meets or exceeds specific TennCare requirements for tamper-resistant prescriptions; (M) Establishes that (L) does not apply to prescriptions written for inpatients of a hospital, outpatients of a hospital where the doctor or other person authorized to write prescriptions writes the order into the hospital medical record and then the order is given directly to the hospital pharmacy and the patient never has the opportunity to handle the written order, a nursing home or an assisted-care living facility, inpatients or residents of a mental health hospital or residential facility, or individuals incarcerated in a local, state, or federal correctional facility; (N) A physician assistant authorized to prescribe drugs under the bill who provides services in a free or reduced fee clinic under the Volunteer Health Care Services Act may arrange for required personal review of the physician assistant's charts by a collaborating physician in the office or practice site of the physician or remotely via HIPAA-compliant electronic means rather than at the site of the clinic; (O) A physician assistant authorized to prescribe drugs under the bill who provides services in a community mental health center, or federally qualified health center, or solely via telehealth, may arrange for the required personal review of the physician assistant's charts by a collaborating physician, with the same authority to render prescriptive services that the physician assistant is authorized to render, in the remote office or practice site of the physician, or any required visit by a collaborating physician to any remote site, or both, via HIPAA-compliant electronic means rather than at the site of the clinic; (P) A physician assistant licensed to prescribe drugs who provides services at a remote healthcare setting may arrange for any required personal review of the physician assistant's charts by a collaborating physician either via HIPAA-compliant electronic means or in person; (Q) A physician assistant licensed to prescribe drugs may arrange for up to 10 of the required annual remote site visits by a collaborating physician by HIPAA-compliant electronic means rather than at the site of the clinic. All other of the required site visits by a collaborating physician to a remote site must take place in person at the site of the clinic. As used in this subdivision, "annual" means a rolling twelve-month period; (R) A patient receiving services from a physician assistant must be fully informed that the individual is a physician assistant and a sign must be conspicuously placed within the office indicating that certain services may be rendered by a physician assistant; (S) A physician who does not normally provide patient care must not enter into protocols with, collaborate with, or utilize the services of a physician assistant; (T) A physician assistant must only perform invasive procedures involving a portion of the spine, spinal cord, sympathetic nerves of the spine, or block of major peripheral nerves of the spine in any setting not licensed as a health facility or resource, under the direct supervision of a licensed physician licensed who is actively practicing spinal injections and has current privileges to do so at a licensed facility. The direct supervision provided by a physician in this (T) must only be offered by a physician who meets the qualifications established in state law relative to interventional pain management; (U) For purposes of subdivision (T), "direct supervision" means being physically present in the same building as the physician assistant at the time the invasive procedure is performed; and (V) This (V) does not apply to a physician assistant performing major joint injections, except sacroiliac injections, or to performing soft tissue injections or epidurals for surgical anesthesia or labor analgesia in unlicensed settings; (25) Requires that the board exercise its powers under state law on the grounds of holding oneself out as board-certified in a medical specialty, or utilizing a medical specialty designation with (i) a title or title reference; (ii) an advertisement; (iii) the name of any healthcare setting that is majority-owned by physician assistants; (iv) credentialing with any licensed healthcare facility or health insurance entity; or (v) an application for healthcare liability insurance coverage; (26) Establishes that (25) is not grounds for discipline of a licensee who worked in a healthcare setting that used a medical specialty designation prior to January 1, 2024, as long as: (A) The licensee's collaborating physician (i) is board-certified or board eligible in the designated specialty; (ii) owns part of the practice that provided the services in such healthcare setting; and (iii) sees patients in such healthcare setting on a regular basis; (B) Ownership of the practice has not changed on or after January 1, 2024; (C) Prior to March 1, 2025, a licensee who practices in a healthcare setting described in (26) must submit proof satisfactory to the board that the licensee's healthcare setting meets the requirements of (26); and (D) If a licensee who, prior to March 1, 2025, meets the requirements of (26), ceases to meet such requirements on or after March 1, 2025, then the licensee must notify the board within 30 days; (27) Authorizes the funeral director who first assumes custody of a dead body, medical examiner, attending or pronouncing physician in a hospital, or physician assistant authorized by protocol or collaborative agreement to sign and file the death certificate. The funeral director, medical

examiner, attending or pronouncing physician in a hospital, or physician assistant authorized by protocol or collaborative agreement must obtain the personal data from the next of kin or the best qualified person or source available, and obtain the medical certification from the person responsible for medical certification; (28) Requires medical certification to be completed, signed, and returned to the funeral director by the physician or physician assistant in charge of the patient's care for the illness or condition that resulted in death within 48 hours after death, except when inquiry is required by the county medical examiner or to obtain a veteran's medical records. In the absence of the physician or physician assistant, the certificate may be completed and signed by another physician designated by the physician, by the chief medical officer of the institution in which the death occurred, or by a physician assistant authorized by protocol or collaborative agreement. In cases of deaths that occur outside of a medical institution and are either unattended by a physician or physician assistant, or not under hospice care, the county medical examiner must investigate and certify the death certificate when one of the following conditions exists: (A) There is no physician or physician assistant who had attended the deceased during the four months preceding death, except that a physician or physician assistant authorized by protocol or collaborative agreement who had attended the patient more than four months preceding death may elect to certify the death certificate if the physician or physician assistant authorized by protocol or collaborative agreement can make a good faith determination as to cause of death and if the county medical examiner has not assumed jurisdiction; or (B) The physician who had attended the deceased during the four months preceding death or physician assistant authorized by protocol or collaborative agreement communicates, orally or in writing, to the county medical examiner that, in the physician's or physician assistant's best medical judgment, the patient's death did not result from the illness or condition for which the physician or physician assistant was attending the patient; (29) If the cause of death cannot be determined within 48 hours after death, requires that the medical certification be completed as provided by rule. The attending physician, medical examiner, or physician assistant authorized by protocol or collaborative agreement must give the funeral director notice of the reason for the delay, and final disposition of the body must not be made until authorized by the attending physician, medical examiner, or physician assistant authorized by protocol or collaborative agreement; (30) For purposes of this heading, "referral" means a written or telecommunicated authorization for genetic counseling services from a physician licensed to practice medicine in all its branches or a physician assistant who has protocols or a collaborative agreement with a supervising physician that authorizes referrals to a genetic counselor; (31) Authorizes a physician order for scope of treatment (POST) to be issued by a physician assistant for a patient with whom the physician assistant has a bona fide physician assistant-patient relationship only if, among other conditions, such authority to issue is contained in the physician assistant's protocols or collaborative agreement; (32) Authorizes a POST to be issued by a physician assistant for a patient with whom the physician assistant has a bona fide physician assistant-patient relationship only if, among other conditions, the patient is a minor or is otherwise incapable of making an informed decision regarding consent for such an order and the agent, surrogate, or other person authorized to consent on the patient's behalf under the Tennessee Health Care Decisions Act is not reasonably available and such authority to issue is contained in the physician assistant's protocols or collaborative agreement, and the physician assistant determines that the provision of cardiopulmonary resuscitation would be contrary to accepted medical standards; (33) Requires that a licensed physician assistant have the same authority that a physician has under this heading to issue certified statements of disability or deafness to accompany the application of disabled or deaf persons to obtain the appropriate registration, license plates, placards and decals from the department, only if the authority is expressly included in the written protocol or collaborative agreement developed jointly by the supervising physician and the physician assistant, setting forth the range of services that may be performed by the physician assistant; (34) Requires the board of medical examiners to establish and maintain an online registry of licensed physicians who are willing to enter into a collaborative agreement with a physician assistant; (35) Requires the online registry to include, at a minimum (i) the physician's name and physical practice address; (ii) designation as a medical doctor or doctor of osteopathy; (iii) the physician's medical specialty and board certifications, if any; (iv) the region or regions of the state in which the physician is willing to enter into a collaborative agreement with a physician assistant; and (v) an address, telephone number, or email address at which the physician can be contacted by a physician assistant who may desire to enter into a collaborative relationship with the physician; (36) Requires a physician included on the registry to update the physician's information described in (35); (37) Establishes that inclusion by a physician on the registry does not obligate a physician to enter into a collaborative agreement with a physician assistant; (38) Prohibits the bill from being construed to prohibit service rendered by a registered nurse, a licensed practical nurse, or a pharmacist pursuant to a collaborative pharmacy practice agreement, if such service is rendered under the supervision, control and responsibility of a licensed physician or to prohibit the provision of anesthesiology services in licensed health care facilities by a dentist licensed in this state who completed a residency program in anesthesiology at an accredited medical school in years 1963 through 1977; and (39) Prohibits the bill from being construed to prohibit service rendered by a physician assistant practicing in collaboration with a physician, or podiatrist, whether through protocols or a collaborative agreement.

Subcommittee Enacted by the Tennessee General Assembly
Amendments: Health_Sub_Amendments_03.27.2024.pdf
Senate Status: 05/09/24 - Signed by Senate speaker.
House Status: 05/15/24 - Signed by House speaker.
Executive Status: 05/30/24 - Enacted as Public Chapter 1042, effective May 28, 2024.

SB2151/HB2861 Report on immunization rates of children by county.

Sponsors: Sen. Johnson, Jack , Rep. Carringer, Michele
Summary: Requires the commissioner of health to submit an electronic copy of the annual report on immunization rates of children, by county, to the governor and the speakers of the senate and the house of representatives. Broadly captioned.
Amendment Senate amendment 1 (015523) rewrites the bill to, instead, do the following: (1) Prohibit a healthcare provider from (i) coercing a person to receive a vaccination; (ii) misleading or misrepresenting that a vaccination is required by state law, when state law provides a person with an exemption; or (iii) misleading or misrepresenting that a newborn screening test is required by state law, when state law does not require such screening without providing a person with an exemption to such requirement; (2) Establish that a violation of the bill section is an unlawful practice and is grounds for the offending healthcare provider's licensing authority to suspend, revoke, or refuse to renew the healthcare provider's license or take other disciplinary action allowed by law; and (3) If the licensing authority of a healthcare provider receives information of a violation or potential violation of the bill by the healthcare provider, require the licensing authority to conduct an immediate investigation and take appropriate disciplinary action. House amendment 1 (017149) makes the following changes: (1) Defines, for purposes of the bill, "coerce" to mean to compel a person to act by force, intimidation, or threat; (2) Revises the definition of a "vaccination," for purposes of the bill, to mean the act of introducing a vaccine into the body of a child under two years of age; and (3) Revises the provision that prohibits a healthcare provider from (i) coercing a person to receive a vaccination; (ii) misleading or misrepresenting that a vaccination is required by state law, when state law provides a person with an exemption; or (iii) misleading or misrepresenting that a newborn screening test is required by state law, when state law does not require such screening without providing a person with an exemption to such requirement to, instead, prohibit a healthcare provider from (i) coercing a person, who has legal authority to make healthcare decisions for a child, to consent to a vaccination; (ii) misleading or misrepresenting that a vaccination is required by state law, when state law provides an exemption; or (iii) misleading or misrepresenting that a newborn screening test is required by state law, when state law does not require such screening without providing an exemption to such requirement.

Subcommittee
Amendments: Health_Sub_Amendments_03.12.2024.pdf

Senate Status: 05/09/24 - Signed by Senate speaker.

House Status: 05/15/24 - Signed by House speaker.

Executive Status: 05/30/24 - Enacted as Public Chapter 1043, effective July 1, 2024.

SB2398/HB2371 Timeframe for which a cause of death of a patient must be determined.

Sponsors: Sen. Briggs, Richard , Rep. Terry, Bryan

Summary: Increases from 48 hours to two business days the time by which a physician in charge of a patient who dies or a medical examiner must determine the cause of death and complete and sign a medical certification of death. Broadly captioned.

Senate Status: 03/20/24 - Signed by Senate speaker.

House Status: 03/26/24 - Signed by House speaker.

Executive Status: 04/05/24 - Enacted as Public Chapter 0648 effective April 4, 2024.

SB2482/HB2773 Parental access to a minor child's medical information.

Sponsors: Sen. Rose, Paul , Rep. Cochran, Mark

Summary: Requires a minor's parent, legal guardian, or legal custodian to be granted access to any prescription records resulting from medical treatment of the minor, even if the treatment was provided to the minor without parental consent. Captioned Broadly.

Amendment Summary: House amendment 1 (015824) rewrites the bill to, instead, enact the "Cassie Wright Act," as follows: (1) If a service recipient is an unemancipated minor, authorizes the duty imposed on a professional to warn of violent behavior to be discharged by the professional or service provider by notifying the unemancipated minor's parent, legal guardian, or legal custodian and satisfying the following requirements: (i) informing the clearly identified victim of the threat; (ii) having the service recipient admitted on a voluntary basis to a hospital; (iii) taking steps to seek admission of the service recipient to a hospital or treatment resource on an involuntary basis pursuant to state law; or (iv) pursuing a course of action consistent with current professional standards that will discharge the duty; (2) If a professional or service provider reports to law enforcement regarding a threat of bodily harm communicated by a service recipient who is an unemancipated minor, requires the professional to also report information about the threat to the unemancipated minor's parent, legal guardian, or legal custodian; (3) In the context of the rights of a child 16 or older, authorizes a child's parent, legal guardian, or legal custodian to access any prescription records resulting from treatment provided to an unemancipated minor; (4) Prohibits a child's parent, legal guardian, or legal custodian from accessing prescription records resulting from the treatment provided to an unemancipated minor if the treating professional is required to report abuse of the unemancipated minor and the treating professional believes that access to the prescription records is reasonably likely to endanger the life or physical safety of the minor; (5) If an unemancipated minor communicates suicidal ideations to the treating professional, and the professional, using the reasonable skill, knowledge, and care ordinarily possessed and exercised by the professional's specialty under similar circumstances, has determined or reasonably should have determined that the unemancipated minor has the apparent ability to attempt suicide and is likely to attempt suicide unless prevented from doing so, requires the treating professional to, in addition to any other duties required by law, report such suicidal ideations to the unemancipated minor's parent, legal guardian, or legal custodian; (6) If an unemancipated minor receives medical treatment, authorizes the minor's parent, legal guardian, legal custodian, or other person with medical decision-making authority for the unemancipated minor to access, and requires a healthcare provider or healthcare facility to provide access to, any prescription records resulting from medical treatment of the minor, even if the treatment was provided to the unemancipated minor without parental consent, including treatment provided pursuant to state law on STDs, contraceptives for minors, treatment for juvenile drug abuse, emergency treatment of minors, or prenatal or peripartum treatment of minors; and (7) Prohibits a child's parent, legal guardian, or legal custodian from accessing prescription records resulting from the treatment provided to an unemancipated minor without parental consent, including treatment provided pursuant to state law on STDs, contraceptives for minors, treatment of juvenile drug abusers, emergency treatment of minors, prenatal or peripartum treatment of minors, if the treating professional is required to report abuse of the unemancipated minor and the treating professional believes that access to the prescription records is reasonably likely to endanger the life or physical safety of the minor.

Subcommittee Amendments: Health_Sub_Amendments_03.05.2024.pdf

Senate Status: 04/08/24 - Signed by Senate speaker.

House Status: 04/04/24 - Signed by House speaker.

Executive Status: 05/01/24 - Enacted as Public Chapter 0761, effective April 22, 2024.

JUDICIARY

SB1842/HB2053 Notification to TBI of final disposition of criminal proceedings.

Sponsors: Sen. Walley, Page , Rep. Capley, Kip

Summary: Requires clerks of circuit court, criminal court, general sessions courts, other special courts created by law, and municipal courts exercising concurrent general sessions jurisdiction, to notify the Tennessee Bureau of Investigation of the final disposition in criminal proceedings within three business days of the disposition, rather than 72 hours.

Senate Status: 02/26/24 - Signed by Senate speaker.

House Status: 02/27/24 - Signed by House speaker.

Executive Status: 03/20/24 - Enacted as Public Chapter 0554 effective March 11, 2024.

SB2059/HB2791 Report on juvenile court noncompliance regarding data collection.

Sponsors: Sen. Walley, Page , Rep. Littleton, Mary

Summary: Requires the administrative office of the courts to submit a report, by July 1 and January 1 of each year, listing each juvenile court, if any, that is not in compliance with quality statewide data collection requirements, including the dates of noncompliance and steps that could be taken to bring the court into compliance. Requires the report to be filed with the juvenile court judge for the court that is not in compliance with this section and the chairs of the judiciary committee of the senate and the civil justice committee of the house of representatives.

Amendment Summary: Senate amendment 1 (013998) rewrites the bill to, instead, require the administrative office of the courts to submit a report, by October 1 of each year, listing each juvenile court, if any, that is not in compliance with quality statewide data collection requirements, including the dates of noncompliance and steps that could be taken to bring the court into compliance. The report must be submitted to the juvenile court judges of the courts that are not in compliance and the chairs of the judiciary committee of the senate and the civil justice committee of the house of representatives.

Subcommittee

Amendments: Children_and_Family_Affairs_Sub_03.05.2024.pdf

Senate Status: 04/04/24 - Signed by Senate speaker.

House Status: 04/05/24 - Signed by House speaker.

Executive Status: 04/25/24 - Enacted as Public Chapter 0685 effective April 1, 2024.

SB2689/HB2930 Directs AOC to define and develop a centralized system of case management.

Sponsors: Sen. White, Dawn , Rep. Sexton, Cameron

Summary: Directs the AOC to define and develop a centralized system of case management, document management, electronic case filing, electronic payment methods, data reporting, and any other capability deemed necessary for collection and reporting of all state and local court public case level data. Specifies that the development of the centralized system must include projections for ongoing costs and maintenance of such a system. Broadly captioned.

Senate Status: 04/24/24 - Signed by Senate speaker.

House Status: 04/24/24 - Signed by House speaker.

Executive Status: 05/08/24 - Enacted as Public Chapter 0947, effective May 6, 2024.

MENTAL HEALTH**SB1673/HB1625 Duty to predict, warn or take precautions to provide protection - liability.**

Sponsors: Sen. Massey, Becky , Rep. Zachary, Jason

Summary: Requires a qualified mental health professional or behavior analyst to warn or protect an identified victim or group of people, including students at a day care or school, when the professional or analyst determines that a service recipient has communicated an intent for actual threat of bodily harm. Requires the professional or behavior analyst to take reasonable care to warn of or take precautions to protect the identified victim or group of people from the service recipient's violent behavior and to report the threat to a local law enforcement agency. Provides immunity from civil, criminal, and regulatory liability for a professional or analyst who takes reasonable action to warn or protect identified victims or groups and to report such threats.

Amendment Summary: House amendment 1 (013125) requires a qualified mental health professional or behavior analyst who determines that a service recipient has communicated an intent for actual threat of bodily harm against a clearly identified victim or group of people, if the service recipient has the apparent ability to commit such an act and is likely to carry out the threat unless prevented from doing so, to report the threat to local law enforcement, or, if the threat is general and not imminent, to 988 or local crisis response service. Establishes that a qualified mental health professional or behavior analyst who makes such a report is not liable for damages in a civil action, subject to prosecution in a criminal proceeding, or subject to disciplinary action by a regulatory board. Senate amendment 1 (014093) adds that inpatient hospitalization of the service recipient discharges the duty to warn imposed on a qualified mental health professional or behavior analyst by state law.

Senate Status: 04/10/24 - Signed by Senate speaker.

House Status: 04/10/24 - Signed by House speaker.

Executive Status: 05/01/24 - Enacted as Public Chapter 0783, effective April 23, 2024.

SB1769/HB1640 Adjudication as a mental defective.

Sponsors: Sen. Lundberg, Jon , Rep. Lamberth, William

Summary: Expands the definition of "adjudication as a mental defective" to include a person who has been found incompetent to stand trial in a criminal proceeding and requires the clerk of court in such a proceeding to collect and report any such finding to the federal bureau of investigation-NICS Index and the department of safety. Establishes a rebuttable presumption that a person who has been charged with a criminal offense and found incompetent to stand trial poses a substantial likelihood of serious harm. Prohibits the purchase or possession of a firearm by a person who has been adjudicated as a mental defective. Broadly captioned.

Amendment Summary: House amendment 1 (013322) makes the following changes to the bill: (1) Names the bill "Jillian's Law"; (2) Permits a person who has been adjudicated as a mental defective or judicially committed to a mental institution under this bill to petition the appropriate court that entered the judicial commitment or adjudication order for relief from the firearm disabilities imposed by the adjudication or judicial commitment. However, the person may not petition the court until three years from the date of release from commitment or the date of the adjudication order, whichever is later; (3) Clarifies that there is a rebuttable presumption that a person meets the standards for judicial commitment if the person was charged with a felony or Class A misdemeanor and found by a court to be incompetent to stand trial for the offense due to an intellectual disability, and this presumption may only be rebutted by clear and convincing evidence that the person does not pose a substantial likelihood of serious harm; (4) Adds that a person judicially committed must remain committed until the competency of the person to stand trial is restored or, if competency is unable to be restored but the person no longer meets the standard set in present law, until the court with criminal jurisdiction over the charges approves a mandatory outpatient treatment plan that accounts for the safety of the community; (5) Clarifies that there is a rebuttable presumption that a person meets the standard for admission to treatment facility for emergency admission to a hospital or treatment resource if the person was charged with a felony or Class A misdemeanor and found by a court to be incompetent to stand trial for the offense due to mental illness, and the presumption established in this amendment may only be rebutted by clear and convincing evidence that the person does not pose an immediate substantial likelihood of serious harm; (6) Clarifies that the rebuttable presumption is for a person who meets the standard for judicial commitment if the person was charged with a felony or Class A misdemeanor and found by a court to be incompetent to stand trial for the offense due to mental illness and that this presumption may only be rebutted by clear and convincing evidence that the person does not pose a substantial likelihood of serious harm; (7) Adds that if a person is committed involuntarily by a criminal or juvenile court after being found incompetent to stand trial or if the criminal or juvenile court determines at the time of commitment that, due to the nature of the person's criminal conduct that created a serious risk of physical harm to other persons, the person must not be discharged from the commitment without proceedings under present law to review eligibility for discharge, then the hospital must proceed under present law to effect discharge from the commitment; and (8) Adds that an admission must remain in effect until the competency of the person to stand trial is restored or, if competency is unable to be restored, until the court with criminal jurisdiction over the charges approves a mandatory outpatient treatment plan that accounts for the safety of the community. House amendment 2 (015789) revises the bill to authorize a rebuttable presumption that a person meets the standard for emergency admission to a hospital or treatment resource if the person was charged with a felony or Class A misdemeanor and found by a court to be incompetent to stand trial for the offense due to mental illness, to only be rebutted by clear and convincing evidence that the person does not pose an imminent, instead of immediate, substantial likelihood of serious harm. House amendment 3 (017844) directs that if Senate Bill 2098 / House Bill 2089 becomes law, the Tennessee Code Commission is directed to incorporate the language from SECTIONS 10-12 into the newly created §§ 52-5-404, 52-5-411, and 52-5-501.

Subcommittee CriminalSubAmendmentPacket01.30.24.pdf
Amendments: Finance_Sub_Amendments_03.27.2024.pdf
01.30.24CrimSubAdoptedAmendments.pdf
Senate Status: 04/15/24 - Signed by Senate speaker.
House Status: 04/15/24 - Signed by House speaker.
Executive Status: 05/01/24 - Enacted as Public Chapter 0784, effective July 1, 2024.

SB1787/HB2327 Annual report on suicide by the department of health.

Sponsors: Sen. Campbell, Heidi , Rep. Freeman, Bob
Summary: Requires the department of health to submit an annual report to the governor, and post the report on the department's website, stating the total number of attempted suicides and completed suicides in the previous calendar year. Requires the report to include the county in which it occurred, demographic information, historical trends, and the method of the attempted or completed suicide.
Amendment Summary: Senate amendment 1 (013982) requires the Department of Health (DOH) to publish an annual report by May 31, 2025, and each May 31 thereafter, stating the total number of attempted suicides and completed suicides that occurred in the state in the previous calendar year. Requires the DOH to submit the report electronically to all members of the General Assembly within seven calendar days of its publication.
Subcommittee Amendments: Health_Sub_Amendments_03.05.2024.pdf
Senate Status: 03/27/24 - Signed by Senate speaker.
House Status: 03/28/24 - Signed by House speaker.
Executive Status: 04/25/24 - Enacted as Public Chapter 0678 effective March 25, 2024.

PROFESSIONS & LICENSURE

SB2134/HB2405 Social Work Licensure Compact.

Sponsors: Sen. Walley, Page , Rep. Freeman, Bob
Summary: Establishes the Social Work Licensure Compact for the purpose of increasing public access to social work services and reducing overly burdensome and duplicative requirements associated with holding multiple licenses. Specifies criteria for a potential member state to meet in order to participate in the compact. Specifies requirements for an applicant to meet in order to be eligible for a multistate license under the terms and provisions of this compact. Establishes the social work licensure compact commission. Details authority of interstate compact commission and member state licensing authorities (38 pp.).
Amendment Summary: Senate amendment 1 (014077) makes the following changes to the bill: (1) Authorizes the department of health, in consultation with the board of social work licensure, to promulgate rules to implement the bill; and (2) Requires the chair of the board of social work licensure to notify the chair of the government operations committee of the senate, the chair of the government operations committee of the house of representatives, and the revisor of statutes in the general assembly's office of legal services within 30 days of the date the compact comes into effect.
Subcommittee Amendments: Health_Sub_Amendments_02.27.2024.pdf
Senate Status: 05/09/24 - Signed by Senate speaker.
House Status: 05/15/24 - Signed by House speaker.
Executive Status: 05/30/24 - Enacted as Public Chapter 1041, effective July 1, 2024.

SB2628/HB2666 Qualifications to receive a professional counselor license - reciprocal agreements.

Sponsors: Sen. Massey, Becky , Rep. Zachary, Jason
Summary: Establishes qualifications for a person to receive a professional counselor license through a reciprocal agreement entered into by the board for professional counselors, marital and family therapists and clinical pastoral therapists on or before January 1, 2024. Specifies such qualifications include having a master's degree in counseling or education, having a valid, unencumbered license in the state with which this state has such reciprocal agreement, having actively practiced for at least the preceding 24 months in the state with which this state has such reciprocal agreement, and having passed the examination offered by the National Board for Certified Counselors or other examination approved by the board. Broadly captioned.
Senate Status: 03/07/24 - Signed by Senate speaker.
House Status: 03/06/24 - Signed by House speaker.
Executive Status: 04/03/24 - Enacted as Public Chapter 0586 effective March 15, 2024.

PUBLIC EMPLOYEES

SB1941/HB2143 Foster parent training and in-service training completed by state employees.

Sponsors: Sen. Haile, Ferrell , Rep. Martin, Greg
Summary: Allows for employees within the executive, legislative, or judicial branches of the state government to participate in Tennessee foster parent training once for up to 25 hours without using paid time off. Also allows for state employees to complete annual in-service training for up to 8 hours without using paid time off. Broadly captioned.
Senate Status: 03/20/24 - Signed by Senate speaker.
House Status: 03/26/24 - Signed by House speaker.
Executive Status: 04/05/24 - Enacted as Public Chapter 0642 effective April 4, 2024.

SB2556/HB2753 Annual report by each district attorney general on arrests, indictments, and dispositions in previous calendar year.

Sponsors: Sen. Taylor, Brent , Rep. Carr, Dale

Summary: Requires each district attorney general to provide an annual report by March 1 to the governor and attorney general and reporter containing aggregate, non-personally identifying information on arrests, indictments, transfers, and dispositions in the previous calendar year. Requires the attorney general and reporter to compile a statewide report summarizing the information provided by each district attorney general and submit the report to the governor, speaker of the house of representatives, and speaker of the senate for distribution to appropriate standing committees of the general assembly. Broadly captioned.

Amendment Summary: House amendment 1 (017303) makes the following changes: (1) Revises the provision in the bill requiring each district attorney general to provide an annual report by March 1 of each year to the governor and attorney general and reporter and make such report available to the public upon request by, instead, requiring each district attorney general to provide an annual report by March 1 of each year to the governor, speaker of the house of representatives, speaker of the senate, chair of the criminal justice committee of the house of representatives, chair of the judiciary committee of the senate, and district attorneys general conference and make such report available to the public upon request; (2) Revises the provisions in the bill requiring the attorney general to compile a statewide report summarizing the information provided by each district attorney general in a uniform fashion that is sortable by offense and jurisdiction. The attorney general and reporter must make the report available to the public, and submit the report to the governor, speaker of the house of representatives, and speaker of the senate. The speakers must distribute the report to the appropriate standing committees of the general assembly by. This amendment, instead, requires the district attorneys general conference to compile a statewide report summarizing the information provided by each district attorney general in a uniform fashion that is sortable by offense and jurisdiction. The district attorneys general conference must make the report available to the public, and submit the report to the governor, speaker of the house of representatives, speaker of the senate, chair of the criminal justice committee of the house of representatives, and chair of the judiciary committee of the senate; and (3) Changes the effective date to July 1, 2026.

Subcommittee Amendments: 03.26.24CrimSubAdoptedAmendments.pdf

Senate Status: 04/22/24 - Signed by Senate speaker.

House Status: 04/22/24 - Signed by House speaker.

Executive Status: 05/08/24 - Enacted as Public Chapter 0895, effective July 1, 2026.

SB2741/HB2934 **Agenda for public meetings.**

Sponsors: Sen. Gardenhire, Todd , Rep. Bricken, Rush

Summary: Requires a state or local governing body to make the agenda for a regular meeting available to the public at a place accessible to the public, including on its website, if available, not less than 48 hours prior to the meeting. Clarifies that a state or local governing body may deliberate or act upon matters not listed on the agenda of its regular meeting if the body follows its bylaws or properly adopted rules and procedures and complies with all other applicable state laws.

Amendment Summary: Senate amendment 1 (013910) rewrites the bill to, instead, do the following: (1) At least 48 hours prior to a regular meeting, require a state governing body or a local government legislative body to make available to the public, at no charge, the agenda for the upcoming regular meeting in a place accessible to the public. The agenda must reasonably describe the matters to be deliberated or acted upon during the public meeting; (2) Authorize a state governing body or a local government legislative body to deliberate or act upon matters not listed on the agenda of its regular meeting if the body follows its bylaws or properly adopted rules and procedures and complies with all other applicable state laws; (3) Prohibit a state governing body or a local government legislative body from circumventing the spirit or requirements of the bill by withholding items from an agenda for the purpose of avoiding public disclosure of business to be considered by the state governing body or a local government legislative body; and (4) Authorize a state governing body or a local government legislative body that maintains a website to make an agenda available to the public through the website. The website is considered a place that is accessible to the public for purposes of compliance with (1) above.

Senate Status: 04/04/24 - Signed by Senate speaker.

House Status: 04/05/24 - Signed by House speaker.

Executive Status: 04/26/24 - Enacted as Public Chapter 0710 effective April 1, 2024.

SB2813/HB2373 **Period for public comments at a public meeting.**

Sponsors: Sen. Reeves, Shane , Rep. Terry, Bryan

Summary: Allows for a governing body to provide a period of public comment on an agenda for a public meeting after each item or on collective items at the end of the agenda. Broadly captioned.

Amendment Summary: Senate amendment 1 (015611) rewrites the bill to, instead, provide that one or more members of a local legislative body who meet with one or more members of the state legislative delegation that represent the county or city is not a meeting under the law regarding open meetings for governing bodies, so long as the meeting is an exchange of information and not deliberative in nature or the member or members of the state legislative delegation conduct the meeting to discuss state matters. However, a meeting under this amendment must not be used to decide or deliberate public business in circumvention of the spirit or requirements of the present law.

Subcommittee Amendments: Public_Service_03.12.24.pdf

Senate Status: 04/16/24 - Signed by Senate speaker.

House Status: 04/16/24 - Signed by House speaker.

Executive Status: 05/06/24 - Enacted as Public Chapter 0818 effective April 29, 2024.

PUBLIC FINANCE

SB2940/HB2971 **Deletes the Tennessee job skills program and fund.**

Sponsors: Sen. Johnson, Jack , Rep. Lamberth, William

Summary: Deletes the Tennessee job skills program and fund.

Senate Status: 05/09/24 - Signed by Senate speaker.

House Status: 05/01/24 - Signed by House speaker.

Executive Status: 05/17/24 - Enacted as Public Chapter 0964, effective May 15, 2024.

SB2941/HB2972 **Bond issuance.**

Sponsors: Sen. Johnson, Jack , Rep. Lamberth, William

Summary: Authorizes the state to issue and sell bonds of up to \$87,700,000.
Amendment House amendment 1 (014000) decreases the allocation of the proceeds of any and all issues of bonds to the Department of Finance and Administration for the purpose of acquisition of equipment, and erection, construction and equipment of site and buildings expressly for repairs to existing structures for the Tennessee Board of Regents from \$34 million to \$12 million. Increases the allocation of the proceeds of any and all issues of bonds to the Department of Finance and Administration for the purpose of acquisition of equipment, and erection, construction and equipment of site and buildings expressly for repairs to existing structures and for the purpose of making grants to any county, metropolitan government, incorporated town, city, special district of the state, or any governmental agency or instrumentality of any of them as approved by the State Building Commission from \$7.9 million to \$29.9 million.
Subcommittee Finance_Sub_Amendments_04.16.24.pdf
Amendments: House_Finance_Sub_Amendments_04.16.24.pdf
Senate Status: 05/09/24 - Signed by Senate speaker.
House Status: 05/01/24 - Signed by House speaker.
Executive Status: 05/17/24 - Enacted as Public Chapter 0965, effective May 15, 2024.

SB2942/HB2973 Appropriations - FY beginning July 1, 2023, and July 1, 2024.

Sponsors: Sen. Johnson, Jack , Rep. Lamberth, William
Summary: Makes appropriations for the fiscal years beginning July 1, 2023, and July 1, 2024.
Amendment House amendment 2 (013900) is the administration amendment to the appropriations bill. House amendment 3 (015000) is the legislative schedule amendment to the appropriations bill.
Subcommittee Finance_Sub_Amendments_04.16.24.pdf
Amendments: House_Finance_Sub_Amendments_04.16.24.pdf
Senate Status: 05/09/24 - Signed by Senate speaker.
House Status: 05/01/24 - Signed by House speaker.
Executive Status: 05/17/24 - Enacted as Public Chapter 0966, effective July 1, 2024.

TENNCARE

SB1674/HB2461 Reimbursement of remote ultrasound procedures and remote fetal nonstress tests.

Sponsors: Sen. Massey, Becky , Rep. Davis, Elaine
Summary: Directs the bureau of TennCare to amend existing or promulgate new rules by December 31, 2024, to allow for the reimbursement of qualifying remote ultrasound procedures and remote fetal nonstress tests utilizing established CPT codes for such procedures when the patient is in a residence or other off-site location that is separate from the patient's provider and the same standard of care is met.
Senate Status: 03/27/24 - Signed by Senate speaker.
House Status: 03/28/24 - Signed by House speaker.
Executive Status: 04/19/24 - Enacted as Public Chapter 0674 effective March 25, 2024.

SB2299/HB2376 Annual report on quality and outcomes in perinatal care.

Sponsors: Sen. Yager, Ken , Rep. Butler, Ed
Summary: Changes from March 1 to January 15 the date by which the bureau of TennCare must submit an annual report to the general assembly concerning aspects of quality and outcomes in perinatal care for the previous two years that includes a description of initiatives by managed care organizations to improve key performance indicators of perinatal care outcomes, and a determination of the effectiveness of managed care organizations' initiatives toward improving perinatal care outcomes to residents in each health region of the state. Broadly captioned.
Amendment Senate amendment 1 (015674) rewrites the bill to, instead, relative to law regulating health facilities and resources: (1) Define a "home care organization" to mean an organization that provides home health services, home medical equipment services, professional support services, or hospice services to one or more patients on an outpatient basis in either the patient's regular or temporary place of residence. A provider is operating a home care organization if the provider does the following: (A) Holds itself out to the public as providing home health services, home medical equipment services, or hospice services; (B) Contracts or agrees to deliver home health services, home medical equipment services, or hospice services; (C) Accepts physician orders for home health services, home medical equipment services, or hospice services; (D) Accepts responsibility for the delivery of home health services, home medical equipment services, or hospice services; or (E) Contracts to provide professional support services with the state agency financially responsible for services to individuals with mental, intellectual, or developmental disabilities; and (2) Establish that the absence of one or more of the factors in (1) above does not necessarily exclude the provider from the meaning of the definition.
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Amendments: Health_Sub_Amendments_03.26.2024.pdf
Senate Status: 04/18/24 - Signed by Senate speaker.
House Status: 04/18/24 - Signed by House speaker.
Executive Status: 05/06/24 - Enacted as Public Chapter 0858, effective July 1, 2024.

SB2801/HB2921 Coverage for mental health services and treatment.

Sponsors: Sen. Massey, Becky , Rep. Sexton, Cameron
Summary: Requires all TennCare health benefit plans to provide coverage and reimbursement for mental health services and treatment to the same extent that the plans provide coverage and reimbursement for the treatment of alcoholism and drug dependence. Broadly captioned.

*Amendment**Summary:*

Senate amendment 2 (016205) makes the following changes: (1) Requires an individual or group health benefit plan issued by a health insurance carrier regulated pursuant to this bill to provide coverage for mental health or alcoholism or drug dependency services in compliance with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008; (2) Adds to the present law providing that present law does not prohibit an employee health benefit plan, or a plan issuer offering an individual or group health plan from utilizing managed care practices for the delivery of benefits, as long as that for an utilization review or benefit determination for the treatment of alcoholism or drug dependence the clinical review criteria is the most recent Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions established by the American Society of Addiction Medicine or other evidence-based clinical guidelines, such as those referenced by the federal substance abuse and mental health services administration. Additional criteria must not be used during utilization review or benefit determination for treatment of substance use disorders. This amendment adds to the present law by providing that for purposes of a TennCare health benefit plan, additional criteria used must ensure that benefit determination, including coverage and reimbursement for the treatment of alcoholism or drug dependence, remain in parity with benefit determination for the treatment of mental health disorders; (3) Revises the present law that requires the department of commerce and insurance to issue a report to the general assembly and provide an educational presentation to the general assembly. The report and presentation must, among other things, identify market conduct examinations and full scope examinations conducted or completed during the preceding 12-month period and summarize the results of the examinations. This discussion must include any examination regarding compliance with parity in mental health or alcoholism or drug dependency benefits under state and federal laws. This amendment revises the present law by, instead, requiring the discussion to include a detailed explanation regarding parity in coverage and rates of reimbursement for mental health services and alcoholism and drug dependency services; (4) Revises the present law requiring any individual, franchise, blanket or group policy of insurance that provides hospital expense and surgical expense insurance and that is entered into, delivered, issued for delivery, or renewed, excepting individual insurance policy renewal, by agreement or otherwise, commencing on July 1, 1974, to provide benefits for expense of residents of this state covered under the policy or plan, arising from psychiatric disorders, mental or nervous conditions, alcoholism, drug dependence, or the medical complication of mental illness or intellectual disability, unless the policy or plan of insurance specifically excludes or reduces these benefits. This amendment excludes a TennCare health benefit plan from the exception in the above provisions for policy or plans of insurance that specifically excludes or reduces these benefits; (5) Adds to the present law providing that when benefits are made available for treatment received at the community mental health center, the benefits that cover services rendered by a physician in accordance with the policy or service plan contract must also be made available when services are rendered by a member of the clinical staff, so long as the community mental health center has in effect a plan for quality assurance approved by the department of mental health and substance abuse services and the treatment is supervised by a licensed physician or a licensed psychologist designated as a health service provider. However, nothing in this present law affects the license of a physician or psychologist designated as a health service provider providing the service or supervision. The benefits must be provided at the usual and customary rates established by the community mental health center for the services rendered. However, the benefits provided must be subject to deductibles and coinsurance factors that are not less favorable than for physical illness generally, and in no event must coverage be required to be made available for more than 30 outpatient visits per year. This amendment adds to the present law by providing that with respect to benefits provided under the present law above by a TennCare health benefit plan, the benefits provided are subject to deductibles and coinsurance factors that are not less favorable than for physical illness or the treatment of alcoholism or substance abuse generally, and coverage and reimbursement are not required to be made available for more than the number of visits per year offered for the treatment of alcoholism or substance abuse; and (6) Requires all group hospital and major medical policies delivered or issued for delivery in this state after July 1, 1980, and all group hospital, medical and major medical service plans commencing in this state after July 1, 1980, that provide benefits for expenses of residents of the state arising from psychiatric disorders, mental or nervous conditions, alcoholism, drug dependence or medical complication of mental illness or intellectual disability, to reimburse for these benefits, if any, when the benefits are provided at a facility that is for persons covered under a TennCare health benefit plan, a residential or other mental health treatment facility licensed under existing law.

Subcommittee

Insurance_Sub_Amendments_03.12.2024.pdf

*Amendments:**Senate Status:* 04/24/24 - Signed by Senate speaker.*House Status:* 04/24/24 - Signed by House speaker.*Executive Status:* 05/08/24 - Enacted as Public Chapter 0949, effective July 1, 2024.**WELFARE****SB1823/HB1971 Tennessee opportunity pilot program grants.***Sponsors:* Sen. Watson, Bo , Rep. Hawk, David*Summary:* Authorizes the department of human services to enter into contracts as needed in order to ensure successful implementation and completion of the Tennessee opportunity pilot program.*Amendment Summary:* Senate amendment 1 (014680) rewrites the bill to, instead, authorize the department of human services to enter into, or amend an existing, grant contract or other contract as necessary to ensure successful implementation and completion of the Tennessee opportunity pilot program, except that the department must not enter into or amend a contract in a manner that causes the contract to extend beyond December 31, 2026.*Senate Status:* 04/10/24 - Signed by Senate speaker.*House Status:* 04/11/24 - Signed by House speaker.*Executive Status:* 05/01/24 - Enacted as Public Chapter 0769, effective April 23, 2024.**SB2066/HB1969 Installation of carbon monoxide alarms in childcare agencies.***Sponsors:* Sen. Bailey, Paul , Rep. Jernigan, Darren*Summary:* Requires installation of carbon monoxide alarms in each room of a childcare agency where care is provided to a child. Requires the alarms to meet certain national certification standards and be installed in accordance with national fire safety recommendations or manufacturer instructions. Establishes dates by which the alarms must be installed in new and existing childcare agencies.

Amendment

Summary:

Senate amendment 1 (014029) makes the following changes to the bill: (1) Removes the definition of an "approved carbon monoxide alarm" ("alarm"); (2) Removes the requirement that the alarm be installed in accordance with either the standards of the National Fire Protection Association or the manufacturer's directions, unless the standards or directions conflict with applicable law; (3) Requires the alarm to be listed according to the International Building Code and International Fire Code for the purpose of carbon monoxide detection; (4) Adds the penalty for a violation of the bill, which is a Class C misdemeanor and clarifies that each day on which a violation continues constitutes a separate offense. (5) Removes the requirement that a child care agency in operation on July 1, 2024, have alarms installed no later than September 30, 2024; (6) Removes the requirement that a child care agency that begins operating on or after July 1, 2024, have alarms installed prior to the first day that child care is provided to children on the premises of the agency; and (7) Authorizes the state fire marshal to promulgate rules to effectuate the bill.

Subcommittee

Amendments:

Health_Sub_Amendments_02.27.2024.pdf

Senate Status:

04/08/24 - Signed by Senate speaker.

House Status:

04/08/24 - Signed by House speaker.

Executive Status:

04/29/24 - Enacted as Public Chapter 0733 effective July 1, 2024.

SB2078/HB1886 Revisions to TANF program.

Sponsors:

Sen. Johnson, Jack , Rep. Lamberth, William

Summary:

Implements penalties for certain offenses for beneficiaries of the temporary assistance for needy families (TANF) program and food stamp program, including penalties for fraudulent receipt of benefits. Removes an exemption from the TANF work requirement for a parent or caretaker relative who proves to the satisfaction of the department the existence of the person's temporary incapacity or permanent disability. Removes the requirement that the TANF maximum payment standard must not increase when a caregiver relative becomes pregnant while receiving assistance. Part of Administration Package.

Senate Status:

03/06/24 - Signed by Senate speaker.

House Status:

03/06/24 - Signed by House speaker.

Executive Status:

04/03/24 - Enacted as Public Chapter 0570 effective July 1, 2024.

SB2293/HB1975 Requirement to report use of federal TANF funds.

Sponsors:

Sen. Crowe, Rusty , Rep. Hawk, David

Summary:

Requires the commissioner to include in the annual block grant report information detailing the department's use of federal TANF funds in furtherance of the four purposes of the TANF program.

Senate Status:

04/16/24 - Signed by Senate speaker.

House Status:

04/18/24 - Signed by House speaker.

Executive Status:

05/06/24 - Enacted as Public Chapter 0855, effective May 1, 2024.

SB2374/HB2317 TACIR study on laws and regulations affecting child care businesses.

Sponsors:

Sen. Watson, Bo , Rep. Williams, Ryan

Summary:

Requires TACIR to complete a study on laws, regulations, and rules affecting the start-up, operation, and expansion of child care businesses in this state. Requires TACIR to submit a report disclosing findings from the study and recommended legislation to the governor, the speaker of the house of representatives, the speaker of the senate, and the legislative librarian no later than January 31, 2025. Broadly captioned.

Senate Status:

04/24/24 - Signed by Senate speaker.

House Status:

04/24/24 - Signed by House speaker.

Executive Status:

05/08/24 - Enacted as Public Chapter 0938, effective May 6, 2024.