

Legislative Update – Week of May 3, 2021

Adjournment

The budget has passed, and the session will end this week. The legislature has passed the most significant state budget to date totaling 42.6 billion dollars. The budget includes 900 million in capital projects and improvements, 195 million for economic and community development projects across the state, 100 million dollars available almost immediately to local governments with no strings attached, 100 million in broadband expansion, and 80 million in renovations to TCAT campuses. The legislature will return this week and finish out the remaining bills before adjourning Wednesday.

Updates

[SJR 2](#) (Kelsey)

The constitutional amendment to preserve Tennessee as a right-to-work state passed the general assembly and will go on the next gubernatorial ballot when signed by the governor.

[SB 897 HB 496](#) (Stevens/ Hazelwood)

The bill to reduce the professional privilege tax failed when the appropriate funds were not included in the budget. The governor and leadership in both chambers have promised to look at a full repeal next legislative session.

[SB 667 HB 880](#) (Massey/ Terry)

The bill dealing with medical marijuana was defeated in a House subcommittee. It is widely expected that another attempt will resurface next week.

Items to Watch this Week

Criminal Law

[SB 118 HB 490](#) (Haile/ Terry)

This bill establishes the medical cannabis commission; requires the commission to study laws and legislation regarding the medical use of cannabis; requires the commission to report findings and recommendations, including proposed legislation on how to best establish a practical, patient-focused medical cannabis program in this state. The bill is funded in the state budget.

This bill is scheduled to be heard in Senate Finance Ways and Means on Monday at 10:00 a.m. [here](#).

Healthcare

[SB 1617 HB 1398](#) (Reeves/ Helton)

This bill prohibits a Pharmacy Benefits Manager (PBM) from interfering with a patient's right to choose a contracted pharmacy or contracted provider of choice or by other means, including inducement, steering, or offering financial or other incentives; (2) requires a PBM or covered entity to base the calculation of any coinsurance or deductible for a prescription drug or device on the allowed amount of the drug or device; (3) establishes that coinsurance or deductible does not mean or include copayments; (4) prohibits a PBM from reimbursing a contracted pharmacy for a prescription drug or device in an amount that is less than the actual cost to that pharmacy for the prescription drug or device; and (5) changes the effective date for when a covered entity is required to begin providing the cost, benefit and coverage data, including data for each drug covered under the enrollee's health plan in real time, upon request of an enrollee, an enrollee's healthcare provider, or the authorized representative of an enrollee, from July 1, 2021 to January 1, 2022.