SENATE BILL 428

By Reeves

AN ACT to amend Tennessee Code Annotated, Title 8; Title 53; Title 56; Title 63; Title 68 and Title 71, relative to the use of drugs for the treatment of pain.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, is amended by adding the following new part:

56-7-3801.

As used in this part:

- (1) "Group insurance plan" means a group insurance plan that covers state employees approved pursuant to title 8, chapter 27;
- (2) "Healthcare prescriber" means a prescriber as defined in § 53-10-203;
 - (3) "Insurer" means an insurer that offers a group insurance plan; and
- (4) "Non-opioid treatment" means a drug or biological product that is indicated to produce analgesia without acting on the body's opioid receptors.

56-7-3802.

(a) Except as otherwise provided in this section, an insurer, for purposes of offering a group insurance plan, may adopt or amend a state preferred drug list (PDL).

(b)

(1) In establishing and maintaining the PDL, the insurer shall ensure that a non-opioid drug approved by the United States food and drug administration for the treatment or management of pain is not disadvantaged or discouraged with

respect to coverage relative to an opioid or narcotic drug for the treatment or management of pain on the PDL.

- (2) Subdivision (b)(1) does not prohibit an opioid medication from being preferred over other opioid medications, or a non-opioid medication from being preferred over other non-opioid medications.
- (c) This section applies to a non-opioid drug immediately upon its approval by the United States food and drug administration for the treatment or management of pain, regardless of whether the drug has been reviewed by the insurer for inclusion on the PDL. This section also applies to drugs being provided under a contract between the insurer and a pharmacy benefits manager for purposes of a group insurance plan.

 56-7-3803.
- (a) An insurer, for purposes of offering a group insurance plan, shall ensure that reimbursement is provided to a healthcare prescriber who provides a non-opioid treatment to a covered employee under the group insurance plan.
- (b) The insurer shall ensure that, to the extent permitted by law, a hospital that provides either inpatient or outpatient services to a recipient is reimbursed separately under the group insurance plan for any non-opioid treatment provided as a part of those services.

SECTION 2. This act takes effect July 1, 2025, the public welfare requiring it.

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