



**TN Occupational Therapy Association
Calendar Week of 6/1/20**

Mon 6/1/20 10:00am - House Hearing Rm I, House Insurance Committee

HEADER: Final Calendar. MEMBERS: CHAIR R. Smith (R); VICE CHAIR M. Hall (R); R. Williams (R); B. Terry (R); D. Thompson (D); J. Zachary (R); M. Daniel (R); J. Faison (R); D. Hawk (R); S. Kumar (R); B. Mitchell (D); J. VanHuss (R); M. Sparks (R); T. Rudd (R); D. Powers (R); S. Cepicky (R); R. Gant (R); J. Garrett (R); M. Hill (R); T. Hill (R); J. Hodges (D); D. Jernigan (D); J. Lafferty (R); L. Miller (D)

4. HB1866
Hall M. **INSURANCE HEALTH: Required notifications of contract changes.** Extends the amount of time a covered entity or pharmacy benefits manager must notify a pharmacy or pharmacist in its network of contract changes from 30 to 45 days. Broadly captioned. **Amendment Summary:** House Life & Health Insurance Subcommittee amendment 1 (014664) deletes all language after the enacting clause. Requires, if coverage of a prescription drug for the treatment of any medical condition is restricted for use by an insurer, health plan, or utilization review organization through the use of a step therapy protocol, the patient and prescribing practitioner to have access to a clear, readily accessible, and convenient process to request a step therapy exception. Requires an insurer, health plan, or utilization review organization to grant a step therapy exception within 72-hours of receipt or within 24-hours of receipt in an emergency medical condition, if certain criteria are met. The proposed legislation takes effect January 1, 2021 and applies to agreements for health insurance or health plans entered into, amended, or renewed on or after that date. **Fiscal Note:** (Dated January 29, 2020) NOT SIGNIFICANT
SB1935 - A. Swann - 03/12/20 - Set for Senate Commerce & Labor Committee 03/17/20.
6. HB2281
Hill M. **TENNCARE: Excludes charges related to decreasing opioid use from insurance payments.** Requires private health insurance providers exclude from calculation of costs any charges from episodes of care related to pain relief that decreased the use of opioids. Allows private health insurance providers to demonstrate to patients that the alternative pain relief service had the effect of reducing opioid use. Broadly captioned. **Fiscal Note:** (Dated March 6, 2020) Increase State Expenditures Exceeds \$2,133,800/FY20-21 and Subsequent Years Increase Federal Expenditures Exceeds \$4,119,600/FY20-21 and Subsequent Years
SB2838 - B. Watson - 02/10/20 - Referred to Senate Commerce & Labor Committee.
7. HB2680
Hill T. **INSURANCE HEALTH: Notice regarding receiving medical services from an out-of-network provider.** Allows healthcare facilities to provide an electronic method for insured persons or their representatives to acknowledge and sign the required notice that the insured person agrees to receive medical services by an out-of-network provider and will receive a bill for the amount unpaid by the insured's insurer. Broadly captioned. **Amendment Summary:** House Life & Health Insurance Subcommittee amendment 1 (015806) rewrites the bill. Requires health benefit plans, health carriers, out of network facility based physicians, and healthcare facilities to implement a balance bill prohibition for emergency services in an out of network facility and for facility based non-emergency services. Requires the commissioner of the department of commerce and insurance establish an independent dispute resolution process by which a dispute for a bill for out of network emergency network services or a balance bill may be resolved. **Fiscal Note:** (Dated February 13, 2020) NOT SIGNIFICANT
SB2684 - B. Watson - 05/28/20 - Set for Senate Commerce & Labor Committee 06/02/20.
10. HB2575
Smith R. **HEALTH CARE: Removal of drug from the maximum allowable cost list by pharmacy benefit manager.** Decreases from five to three business days, the date by which a pharmacy benefits manager or covered entity must remove a drug from the maximum allowable cost list following the date that the manager or entity becomes aware that the drug no longer is generally available for purchase by pharmacies in this state from a national or regional wholesaler. Broadly captioned. **Amendment Summary:** House Life & Health Insurance Subcommittee amendment 1 (016447) deletes all language after the enacting clause. Requires a pharmacy benefits manager (PBM) or a covered entity to base the calculation of any coinsurance for a prescription drug or device on the allowed amount of the drug or device and not charge a covered entity an amount greater than the reimbursement paid by the PBM to contracted pharmacy for the prescription drug or device. For purposes of this section, "allowed amount" means the cost of a prescription drug or device after applying all PBM or covered entity discounts. The proposed legislation applies to all policies or contracts entered into, renewed, amended, or delivered on or after July 1, 2020. **Fiscal Note:** (Dated February 13,

Mon 6/1/20 5:00pm - House Chamber, House Message

1. HB1699
Smith R. **INSURANCE HEALTH: Requires a health insurance entity to cover telehealth services.** Requires a health insurance entity to cover telehealth services similarly to in person services. Prohibits a health insurance entity from denying coverage because the service provided classified as telemedicine and not an in person encounter and requires the health insurance entity to reimburse health care service providers without consideration for the patients geographic location and for out of network providers of telemedicine under the same policies used for out of network in person services. Broadly captioned. **Amendment Summary:** House amendment 3 (017355) revises various provisions of the bill as follows: (1) Adds that a health insurance entity must provide reimbursement for healthcare services, in addition to coverage for such services, provided during a telehealth encounter; (2) Clarifies that a health insurance entity is not required to pay the total reimbursement for a telehealth encounter except when reimbursing an originating site hosting a patient as part of a telehealth encounter an originating site fee in accordance with Centers for Medicare and Medicaid Services telehealth services and at an amount established by Centers for Medicare and Medicaid Services; (3) Adds that a health insurance entity must provide reimbursement for healthcare services provided during a provider-based telemedicine encounter as well as coverage. This amendment also clarifies that a health insurance entity is not required to submit a claim for reimbursement for provider-based telemedicine; (4) Adds that telehealth services and provider-based telemedicine apply to the basic health plans authorized under group insurance for public officers and employees; (5) Amends the locations where a patient may receive provider-based telemedicine from those listed in item (1) of the "provider-based telemedicine" section of the Bill Summary to "a location the patient deems appropriate to receive the healthcare service that is equipped to engage in telecommunication"; (6) Reduces the amount of time the patient must have had an in-person interaction with a healthcare services provider, practice group, or healthcare system from 24 months to 18 months; (7) Adds that provider-based telemedicine does not include remote patient monitoring or healthcare services provided pursuant to a contractual relationship between a health insurance entity and an entity that facilitates the delivery of provider-based telemedicine as the substantial portion of the entity's business; (8) Clarifies that remote patient monitoring services do not apply to a health incentive program operated by a health insurance entity that utilizes an electronic device for physiological monitoring; and (9) Changes this bill's effective date from July 1, 2021, to upon becoming a law. Senate amendment 3 (017336) deletes and rewrites all language after the enacting clause such that the only substantive changes are: Requires a health insurance entity to reimburse an originating site hosting a patient as part of a telehealth encounter an originating site fee in accordance with CMS telehealth services rule 42 C.F.R. 410.78 and at an amount established prior to the effective date of this Act by CMS. Requires reimbursement of expenses for covered healthcare services provided during a telehealth encounter, a provider-based telemedicine encounter, and remote patient monitoring services must be established through negotiations conducted by the health insurance entity with the healthcare services provider in the same manner as the health insurance entity establishes reimbursement of expenses for covered healthcare services that are delivered by in-person means. Tenn. Code Ann. 56-7-1003(6) defines provider-based telemedicine as the use of Health Insurance Portability and Accessibility Act (HIPAA) (42 U.S.C. 1320d et seq.) compliant real-time, interactive audio, video telecommunications, or electronic technology, or store-and-forward telemedicine services, used over the course of an interactive visit by a healthcare services provider to deliver healthcare services to a patient within the scope of practice of the healthcare services provider when certain criteria are met. States that it does not include an audio-only conversation; an electronic mail message or phone text message; a facsimile transmission; remote patient monitoring; or healthcare services provided pursuant to a contractual relationship between a health insurance entity and an entity that facilitates the delivery of provider based telemedicine as the substantial portion of the entity's business. Requires an in-person encounter between the healthcare service provider, the provider s practice group, or the healthcare system and the patient within 16 months prior to a telehealth encounter prior to the provider-based telemedicine service; Requires a health insurance entity to provide coverage and reimbursement for healthcare services provided during a provider-based telemedicine encounter in a manner that is consistent with what the health insurance policy or contract provides for in-person encounters for the same service; and Exempts a health incentive program operated by a health insurance entity that utilizes an electronic device for physiological monitoring from being considered remote patient monitoring services required to be covered if the same service is covered by Medicare. Defines telehealth , telemedicine and provider-based telemedicine notwithstanding any restriction imposed by Tenn. Code Ann. 56-7-1002 or 56-7-1003, as the use of real-time audio, video, or other electronic media and telecommunication technology that enables interaction between a healthcare provider and a patient; or store-and-forward telemedicine services, as defined in Tenn. Code Ann. 56-7-1002, for the purpose of diagnosis, consultation, or treatment of a patient in another location where there may be no in-person exchange. **Fiscal Note:** (Dated February 7, 2020) Increase State Expenditures \$1,139,300/FY21-22 \$1,154,200/FY22-23 and Subsequent Years Increase Federal Expenditures \$2,170,600/FY21-22 and Subsequent Years Increase Local Expenditures Exceeds \$2,900/FY21-22* Exceeds \$5,900/FY22-23 and Subsequent Years*
- SB1892 - A. Swann - 03/19/20 - Senate passed with amendment 3 (017336).

Tue 6/2/20 1:00pm - Senate Hearing Rm I, Senate Commerce & Labor Committee

HEADER: Calendar 1. MEMBERS: CHAIR P. Bailey (R); VICE CHAIR A. Swann (R); 2ND VICE CHAIR J. Lundberg (R); R. Akbari (D); D. Gresham (R); J. Johnson (R); F. Niceley (R); S. Southerland (R); B. Watson (R)

1. SB1942 Briggs R. **INSURANCE HEALTH: Prohibits pharmacy benefit managers from discriminating against certain pharmacies.** Prohibits a pharmacy benefit manager, or any third party that makes payment for the drugs, from discriminating against the following with respect to a patient eligible to receive drugs subject to a federal drug discount agreement between the secretary of health and human services and a drug manufacturer: (1) A 340B entity (described below) in a manner that prevents or interferes with the patient's choice to receive those drugs from the 340B entity; (2) A pharmacy participating in a health plan as an entity authorized to participate under a federal drug discount program in a manner that prevents or interferes with the patient's choice to receive those drugs from the pharmacy; or (3) A 340B entity regarding reimbursement for pharmacy-dispensed drugs by reimbursing at a rate lower than that paid for the same drug to pharmacies that are not 340B entities. This bill also prohibits a pharmacy benefit manager from assessing any fee or other adjustment upon the 340B entity or excluding a 340B pharmacy from the pharmacy benefit manager's or third party's pharmacy network, on the basis that the 340B entity participates in the drug discount program. A "340B entity" is an entity participating in the federal 340B drug discount program, including the entity's pharmacy or pharmacies, or any pharmacy or pharmacies contracted with the entity to dispense drugs purchased through the program. This bill states that it creates a private cause of action for a pharmacy or 340B entity against a pharmacy benefit manager or third party who violates this bill. **Amendment Summary:** Senate Commerce and Labor Committee amendment 1, House Insurance Committee amendment 1 (015717) adds language to the original bill that exempts the TennCare program, CoverKids and Cover RX programs. **Fiscal Note:** (Dated February 27, 2020) Increase State Expenditures - \$10,620,500/FY20-21 and Subsequent Years Increase Federal Expenditures - \$20,504,500/FY20-21 and Subsequent Years Other Commerce Impact The proposed legislation will likely impact the contracts the Division of TennCare and the Division of Benefits Administration have with providers; however, due to multiple unknown factors, an exact fiscal impact cannot be reasonably determined.
HB1890 - E. Helton - 05/28/20 - Set for House Finance, Ways & Means Subcommittee 06/03/20.
3. SB2684 Watson B. **INSURANCE HEALTH: Notice regarding receiving medical services from an out-of-network provider.** Allows healthcare facilities to provide an electronic method for insured persons or their representatives to acknowledge and sign the required notice that the insured person agrees to receive medical services by an out-of-network provider and will receive a bill for the amount unpaid by the insured's insurer. Broadly captioned. **Amendment Summary:** House Life & Health Insurance Subcommittee amendment 1 (015806) rewrites the bill. Requires health benefit plans, health carriers, out of network facility based physicians, and healthcare facilities to implement a balance bill prohibition for emergency services in an out of network facility and for facility based non-emergency services. Requires the commissioner of the department of commerce and insurance establish an independent dispute resolution process by which a dispute for a bill for out of network emergency network services or a balance bill may be resolved. **Fiscal Note:** (Dated February 13, 2020) NOT SIGNIFICANT
HB2680 - T. Hill - 05/28/20 - Set for House Insurance Committee 06/01/20.

Tue 6/2/20 3:00pm - Senate Hearing Rm I, Senate Judiciary Committee

HEADER: Calendar 1. MEMBERS: CHAIR M. Bell (R); VICE CHAIR J. Lundberg (R); 2ND VICE CHAIR D. White (R); J. Bowling (R); T. Gardenhire (R); S. Kyle (D); K. Roberts (R); K. Robinson (D); J. Stevens (R)

4. SB2381 Kelsey B. **JUDICIARY: Deadline change for responses under the Tennessee Public Participation Act.** Changes the deadline from not less than five days to not less than seven days before a hearing for an opposing party to file a response to a petition under the Tennessee Public Participation Act. Broadly captioned. **Fiscal Note:** (Dated February 8, 2020) NOT SIGNIFICANT
HB2623 - M. Curcio - 02/10/20 - Caption bill held on House clerk's desk.

Tue 6/2/20 3:30pm - House Hearing Rm I, House Health Committee

HEADER: Final Calendar. MEMBERS: CHAIR B. Terry (R); VICE CHAIR E. Helton (R); R. Williams (R); P. Sherrell (R); R. Smith (R); J. VanHuss (R); K. Vaughan (R); S. Whitson (R); J. Clemmons (D); B. Freeman (D); B. Ramsey (R); M. White (R); J. Sexton (R); L. Miller (D); T. Leatherwood (R); D. Byrd (R); B. Cooper (D); V. Dixie (D); R. Gant (R); M. Hall (R); M. Hill (R); D. Jernigan (D); S. Kumar (R)

3. HB2681 Hill T. **HEALTH CARE: Expands prescription supplies for opioids and benzodiazepines for sufferers of long-term pain.** Increases the possible prescription supply for opioids or benzodiazepines for a patient who suffers from long-term chronic pain from a 30-day supply to a 90-day supply. Broadly captioned. **Amendment Summary:** House Mental Health & Substance Abuse Subcommittee amendment 1 (016129) rewrites the bill. Deletes all language after the enacting clause. Allows a patient who suffers from

long term chronic pain to be issued multiple prescriptions for opioids in quantities up to a 90-day supply if deemed appropriate by the patient's prescriber. **Fiscal Note:** (Dated February 24, 2020) NOT SIGNIFICANT
SB2542 - F. Niceley - 02/10/20 - Referred to Senate Judiciary Committee.

21. HB1867 Smith R. **HEALTH CARE: Direct medical care agreements.** Expands the "Health Care Empowerment Act" to allow all licensed medical professionals to use direct medical care agreements without regulation by the insurance laws of this state. **Amendment Summary:** Senate amendment 1, House Facilities, Licensure & Regulations Subcommittee amendment 1 (015123) deletes the language primary care services within the proposed legislation and replaces it with medical care services." **Fiscal Note:** (Dated February 3, 2020) NOT SIGNIFICANT
SB2317 - K. Roberts - 03/02/20 - Senate passed with amendment 1 (015123).
22. HB2726 Sexton C. **LOCAL GOVERNMENT: Prohibits license renewal of delinquent licensee by health related boards.** Prohibits boards under the division of health related boards from renewing the license of a licensee who has not paid the licensee's renewal fee and is currently incarcerated. Broadly captioned. **Amendment Summary:** House Facilities, Licensure & Regulations Subcommittee amendment 1 (016019) deletes and replaces all language after the enacting clause. Requires the chief administrative official of each hospital or other facility to report to the respective licensing boards, committee, council, or agency any information that the chief administrative official believes regarding if a licensed person inappropriately prescribed a controlled substance, diverted a controlled substance, engaged in sexual activity with a patient, has a mental or physical impairment that prevents them from safely practicing, acted with incompetence, or engaged in unethical or unprofessional conduct. Requires reporting within 60 days of the action or 60 days within the chief administrative official first obtains the information. **Fiscal Note:** (Dated February 13, 2020) NOT SIGNIFICANT
SB1894 - F. Haile - 03/11/20 - Senate Health & Welfare Committee deferred to next available calendar.
24. HB781 Ramsey B. **PROFESSIONS & LICENSURE: Creates the professional art therapist advisory committee.** Creates the professional art therapist advisory committee, consisting of three governor appointed members, to regulate the practice of art therapy. Members must be licensed and practicing art therapy professionals, who, aside from travel expenses, will not be compensated. The committee is tasked with establishing procedures for art therapy licensure, standards or ethics, practice, and professional responsibility, investigation of unlawful acts or misconduct by art professionals, and requirements for engaging in private outpatient independent practice. The committee will also review applicants for art therapy licenses and may suspend or revoke licenses if they deem that appropriate. **Amendment Summary:** Senate Government Operations Committee amendment 1, House Facilities, Licensure & Regulations Subcommittee amendment 2 (015480) changes the expiration dates of three separate advisory committee appointments to June 30, 2022, June 30, 2023, and June 30, 2024. Adds "associate art therapists" to the group the advisory is required to promulgate rules for. Clarifies that an applicant has passed the board certification examination of the Art Therapy Credentials Board, Inc. when they have submitted their application and application fee and have proven their good moral character as well as have never had a professional credential refused, revoked, suspended, or restricted. **Fiscal Note:** (Dated February 12, 2019) Increase State Revenue \$15,000/FY19-20/Board of Examiners in Psychology \$15,000/FY20-21/Board of Examiners in Psychology \$11,300/FY21-22 and Subsequent Years /Board of Examiners in Psychology Increase State Expenditures \$1,500/FY19-20 and Subsequent Years /Board of Examiners in Psychology Other Fiscal Impact Pursuant to Tenn. Code Ann. 4-29-121, all health related boards are required to be self-supporting over a two-year period. The Board of Examiners in Psychology had an annual surplus of \$64,956 in FY16- 17, an annual surplus of \$26,945 in FY17-18, and a cumulative reserve balance of \$1,085,308 on June 30, 2018.
SB55 - B. Massey - 05/28/20 - Set for Senate Health & Welfare Committee 06/03/20.

Wed 6/3/20 12:30pm - House Hearing Rm III, House Finance, Ways & Means Subcommittee

MEMBERS: CHAIR G. Hicks (R); J. Deberry Jr. (D); R. Tillis (R); R. Staples (D); L. Miller (D); A. Holt (R); D. Hawk (R); R. Gant (R); K. Camper (D); B. Ogles (R); S. Lynn (R); M. Hill (R); P. Hazlewood (R); S. Whitson (R)

31. HB1890 Helton E. **INSURANCE HEALTH: Prohibits pharmacy benefit managers from discriminating against certain pharmacies.** Prohibits a pharmacy benefit manager, or any third party that makes payment for the drugs, from discriminating against the following with respect to a patient eligible to receive drugs subject to a federal drug discount agreement between the secretary of health and human services and a drug manufacturer: (1) A 340B entity (described below) in a manner that prevents or interferes with the patient's choice to receive those drugs from the 340B entity; (2) A pharmacy participating in a health plan as an entity authorized to participate under a federal drug discount program in a manner that prevents or interferes with the patient's choice to receive those drugs from the pharmacy; or (3) A 340B entity regarding reimbursement for pharmacy-dispensed drugs by reimbursing at a rate lower than that paid for the same drug to pharmacies that are not 340B entities. This bill also prohibits a pharmacy benefit manager from assessing any fee or other adjustment upon the 340B entity or excluding a 340B pharmacy from the pharmacy benefit manager's or third party's pharmacy network, on the basis that the 340B entity participates in the drug discount program. A "340B entity" is an entity participating in the federal 340B drug discount program, including the entity's pharmacy or pharmacies, or any pharmacy or pharmacies contracted with the entity to dispense drugs

purchased through the program. This bill states that it creates a private cause of action for a pharmacy or 340B entity against a pharmacy benefit manager or third party who violates this bill. **Amendment Summary:** Senate Commerce and Labor Committee amendment 1, House Insurance Committee amendment 1 (015717) adds language to the original bill that exempts the TennCare program, CoverKids and Cover RX programs. **Fiscal Note:** (Dated February 27, 2020) Increase State Expenditures - \$10,620,500/FY20-21 and Subsequent Years Increase Federal Expenditures - \$20,504,500/FY20-21 and Subsequent Years Other Commerce Impact The proposed legislation will likely impact the contracts the Division of TennCare and the Division of Benefits Administration have with providers; however, due to multiple unknown factors, an exact fiscal impact cannot be reasonably determined.

SB1942 - R. Briggs - 05/28/20 - Set for Senate Commerce & Labor Committee 06/02/20.

35. HB2033
Love Jr.
H.

PUBLIC FINANCE: Report on federal block grants and funds expended by each state

agency. Requires each state agency to submit, on or before December 1 of each year, a report to members of the finance, ways and means committees of the house and senate summarizing amounts of federal block grants and purposes for which funds were expended, including any unexpended or returned portions. **Fiscal Note:** (Dated January 26, 2020) NOT SIGNIFICANT

SB1803 - B. Gilmore - 01/27/20 - Referred to Senate State & Local Government Committee.

Wed 6/3/20 1:00pm - Senate Hearing Rm I, Senate Health & Welfare Committee

HEADER: Calendar 2. MEMBERS: CHAIR R. Crowe (R); VICE CHAIR F. Haile (R); 2ND VICE CHAIR S. Reeves (R); J. Hensley (R); E. Jackson (R); B. Massey (R); A. Swann (R); B. Watson (R); J. Yarbro (D)

1. SB55
Massey B. **PROFESSIONS & LICENSURE: Creates the professional art therapist advisory committee.** Creates the professional art therapist advisory committee, consisting of three governor appointed members, to regulate the practice of art therapy. Members must be licensed and practicing art therapy professionals, who, aside from travel expenses, will not be compensated. The committee is tasked with establishing procedures for art therapy licensure, standards or ethics, practice, and professional responsibility, investigation of unlawful acts or misconduct by art professionals, and requirements for engaging in private outpatient independent practice. The committee will also review applicants for art therapy licenses and may suspend or revoke licenses if they deem that appropriate. **Amendment Summary:** Senate Government Operations Committee amendment 1, House Facilities, Licensure & Regulations Subcommittee amendment 2 (015480) changes the expiration dates of three separate advisory committee appointments to June 30, 2022, June 30, 2023, and June 30, 2024. Adds "associate art therapists" to the group the advisory is required to promulgate rules for. Clarifies that an applicant has passed the board certification examination of the Art Therapy Credentials Board, Inc. when they have submitted their application and application fee and have proven their good moral character as well as have never had a professional credential refused, revoked, suspended, or restricted. **Fiscal Note:** (Dated February 12, 2019) Increase State Revenue \$15,000/FY19-20/Board of Examiners in Psychology \$15,000/FY20-21/Board of Examiners in Psychology \$11,300/FY21-22 and Subsequent Years /Board of Examiners in Psychology Increase State Expenditures \$1,500/FY19-20 and Subsequent Years /Board of Examiners in Psychology Other Fiscal Impact Pursuant to Tenn. Code Ann. 4-29-121, all health related boards are required to be self-supporting over a two-year period. The Board of Examiners in Psychology had an annual surplus of \$64,956 in FY16-17, an annual surplus of \$26,945 in FY17-18, and a cumulative reserve balance of \$1,085,308 on June 30, 2018.
HB781 - B. Ramsey - 05/28/20 - Set for House Health Committee 06/02/20.

Wed 6/3/20 5:00pm - House Hearing Rm I, House Education Committee

HEADER: Final Calendar. MEMBERS: CHAIR M. White (R); VICE CHAIR K. Haston (R); G. Johnson (D); J. Ragan (R); I. Rudder (R); J. Sexton (R); K. Vaughan (R); T. Weaver (R); J. Windle (D); C. Baum (R); D. Hawk (R); J. Clemmons (D); A. Parkinson (D); D. Moody (R); H. Love Jr. (D); D. Byrd (R); S. Cepicky (R); M. Cochran (R); J. Coley (R); J. Deberry Jr. (D); V. Dixie (D); B. Dunn (R); J. Hodges (D); C. Hurt (R)

11. HB2881
Weaver T. **EDUCATION: Licensure requirements for school officials and teachers.** Requires persons possessing active teaching, supervisor, or principal licenses in other states be issued an equivalent license if the other state has a reciprocal agreement with the state board of education. Requires the state board of education approve alternative teacher endorsement and licensure pathways for current and prospective educators including any professional experience the board deems sufficient to ensure the quality of the educator. Establishes requirements for issuance of practitioner licenses to teach grades nine through 12. **Amendment Summary:** House Education K-12 Subcommittee amendment 1 (016057) removes certain requirements in licensing teachers who possess a teaching license from another state. **Fiscal Note:** (Dated March 7, 2020) Increase State Expenditures \$40,000/FY20-21
SB2717 - D. Gresham - 03/16/20 - Senate Education Committee deferred to next available calendar.