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SENATE BILL 2118

By Lowe

AN ACT to amend Tennessee Code Annotated, Title 71, Chapter 5, relative to TennCare.

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

SECTION 1. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is amended by adding the following as a new section:

(a) As used in this section:

(1) "Congenital defect" means a physical or chemical abnormality present in an individual that is inconsistent with the normal development of a human being of the individual's sex, including abnormalities caused by a medically verifiable disorder of sex development, but does not include gender dysphoria, gender identity disorder, gender incongruence, or any mental condition, disorder, disability, or abnormality;

(2) "Division" means the division of TennCare;

(3) "Hormone" means androgen or estrogen;

(4) "Medical procedure" means:

(A) Surgically removing, modifying, altering, or entering into tissues, cavities, or organs of a human being; or

(B) Prescribing, administering, or dispensing any puberty blocker or hormone to a human being;

(5) "Minor" means an individual under eighteen (18) years of age;

(6) "Puberty blocker" means a drug or device that suppresses the production of hormones in a minor's body to stop, delay, or suppress pubertal development; and

(7) "Sex" means an individual's immutable characteristics of the reproductive system that define the individual as male or female, as determined by anatomy and genetics existing at the time of birth.

(b)

(1) The division shall not provide coverage or reimbursement for a medical procedure if the performance or administration of the procedure is for the purpose of:

(A) Enabling an individual to identify with, or live as, a purported identity inconsistent with the individual's sex; or

(B) Treating purported discomfort or distress from a discordance between the individual's sex and asserted identity.

(2) Subdivision (b)(1) applies to medical procedures that are:

(A) Performed or administered in this state; or

(B) Performed or administered on an individual located in this state, including via telehealth, as defined in § 63-1-155.

(c)

(1) It is not a violation of subsection (b) if the division provides medical assistance coverage or reimbursement for a medical procedure performed on or administered to an individual, if:

(A) The performance or administration of the medical procedure is to treat an individual's congenital defect, precocious puberty, disease, or physical injury; or

(B) The performance or administration of the medical procedure on the individual began prior to the effective date of this act and concludes on or before March 31, 2027.

(2) For purposes of subdivision (c)(1)(A), "disease" does not include gender dysphoria, gender identity disorder, gender incongruence, or any mental condition, disorder, disability, or abnormality.

(3) For the exception in subdivision (c)(1)(B) to apply, the individual's treating physician must certify in writing that, in the physician's good faith medical judgment, based upon the facts known to the physician at the time, ending the medical procedure would be harmful to the individual. The certification must include the findings supporting the certification and must be made a part of the individual's medical record.

(4) The exception in subdivision (c)(1)(B) does not allow the division to provide coverage or reimbursement for the performance or administration of a medical procedure that is different from the medical procedure performed prior to the effective date of this act when the sole purpose of the subsequent medical procedure is to:

(A) Enable the individual to identify with, or live as, a purported identity inconsistent with the individual's sex; or

(B) Treat purported discomfort or distress from a discordance between the individual's sex and asserted identity.

SECTION 2. This act takes effect July 1, 2026, the public welfare requiring it.