

Amendment No. 1 to SB1919

Bailey
Signature of Sponsor

AMEND Senate Bill No. 1919*

House Bill No. 2635

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 23, is amended by adding the following as a new section:

(a) As used in this section:

(1) "Contraceptive" means any device, medication, biological product, or procedure that is intended for use in the prevention of pregnancy, whether specifically intended to prevent pregnancy or for other health needs, and that is legally marketed under the federal Food, Drug, and Cosmetic Act (21 U.S.C. § 301 et seq.);

(2) "Health benefit plan" means a policy or contract for health insurance coverage provided under:

(A) The TennCare program administered under the Medical Assistance Act of 1968, compiled in title 71, chapter 5, part 1, or a successor medicaid program; or

(B) The CoverKids Act of 2006, compiled in title 71, chapter 3, part 11, or a successor program;

(3) "Health insurance entity" means a managed care organization contracting with the state to provide insurance through:

(A) The TennCare program administered under the Medical Assistance Act of 1968, compiled in title 71, chapter 5, part 1, or a successor medicaid program; or

(B) The CoverKids program administered under the CoverKids Act of 2006, compiled in title 71, chapter 3, part 11, or a successor program; and

(4) "Healthcare provider" and "provider" mean a person or entity that provides healthcare services; is registered, certified, or licensed in accordance with title 63; and is regulated under the department of health or the division of health-related boards.

(b) A health benefit plan that amends, renews, or delivers a policy of coverage on or after July 1, 2024, and that provides coverage for prescription contraceptives, shall provide coverage for a twelve-month refill of contraceptives obtained at one (1) time by an insured person, unless the insured requests a smaller supply or the prescribing healthcare provider instructs that the insured must receive a smaller supply. A health benefit plan that provides coverage shall allow the insured to receive the contraceptives on-site at the provider's office, if available, and prescribing, dispensing, and administration practices must follow all clinical guidelines to ensure the health of the patient while maximizing access to effective contraceptives.

(c) A health benefit plan that provides coverage for hormonal contraceptives, in the absence of clinical contraindications, shall not impose utilization controls or other forms of medical management limiting the supply of contraceptives that may be dispensed or furnished by a provider or pharmacy, or at a location licensed or otherwise authorized to dispense drugs or supplies, to an amount that is less than a twelve-month supply.

(d) This section does not require a health benefit plan to cover contraceptives provided by a provider, pharmacy, or at a location authorized to dispense drugs or supplies, that does not participate in the health benefit plan's provider or pharmacy network, as applicable, except as may be otherwise authorized or required by federal or state law or by the plan's policies governing out-of-network coverage.

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