

HOUSE BILL 914

By Hawk

AN ACT to amend Tennessee Code Annotated, Title 56,
relative to insurance.

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

SECTION 1. Tennessee Code Annotated, Section 56-7-2404, is amended by deleting the section and substituting the following:

(a)

(1) If a policy of insurance issued in this state provides for reimbursement for a service that is within the lawful scope of practice of a duly licensed chiropractor, then the insured or other person entitled to benefits under the policy is entitled to reimbursement for the services, whether the services are performed by a duly licensed medical physician or by a duly licensed chiropractor, notwithstanding a provision contained in the policy. The method of calculating payment for services rendered by a chiropractor shall not differ from the method of calculating payment for services rendered by a medical physician.

(2) If an insurance subscriber under a sickness and accident policy, medical service plan, hospital service contract, or hospital and medical service contract, as provided under chapters 26-29 of this title or similar statutes, or other persons covered by the plan or contract, are entitled to reimbursement for services that are within the lawful scope of practice of a duly licensed chiropractor, then the subscriber or other person is entitled to reimbursement for the services, whether the services are performed by a duly licensed medical physician or a duly licensed chiropractor, notwithstanding a provision to the contrary in another statute or in the plan or contract. Duly licensed chiropractors

are entitled to participate in the plans or contracts providing for the services to the same extent and subject to the same limitations as duly licensed medical physicians. The method of calculating payment for services rendered by a chiropractor shall not differ from the method of calculating payment for services rendered by a medical physician.

(b) This section does not enlarge the scope of practice of chiropractic or the requirement that an insurance policy, medical service plan, hospital service contract, or hospital and medical service contract provide for spinal, neurological, or musculoskeletal care.

(c) This section applies to policies or plans issued or renewed on and after July 1, 2021.

SECTION 2. This act takes effect on July 1, 2021, the public welfare requiring it.