

SENATE BILL 673

By Reeves

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

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

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) "Health benefit plan":

(A) Means a hospital, surgical, or medical expense policy; health,
hospital, or medical service corporation contract; a policy or agreement
entered into by a health insurer or a health maintenance organization
contract offered by an employer; other plans administered by the state
government; or a certificate issued under those policies, contracts, or
plans; and

(B) Does not include policies or certificates covering only
accident, credit, dental, disability income, long-term care, hospital
indemnity, medicare supplement as defined in § 1882(g)(1) of the Social
Security Act (42 U.S.C. § 1395ss(g)(1)), specified disease, vision care,
other limited benefit health insurance, coverage issued as a supplement
to liability insurance, workers' compensation insurance, automobile
medical payment insurance, or insurance under which benefits are
payable with or without regard to fault and that is statutorily required to be
contained in a liability insurance policy or equivalent self-insurance;

(2) "Health insurance entity" has the same meaning as defined in § 56-7-109; and

(3) "Prosthetic device" means an artificial device to replace, in whole or in part, an arm or a leg.

(b) A health benefit plan shall provide coverage for benefits for prosthetic devices that equal those benefits provided for under federal laws for health insurance for the aged and disabled pursuant to 42 U.S.C. §§ 1395k, 1395, and 1395m, and 42 CFR 414.202, 414.210, 414.228, and 410.100, as applicable.

(c) A health benefit plan may require prior authorization for prosthetic devices in the same manner that prior authorization is required for other covered benefits.

(d) A health benefit plan may limit coverage for a prosthetic device as a covered benefit to the most appropriate model that adequately meets the medical needs of the patient as determined by the insured's treating physician.

(e) A health benefit plan shall cover repairs and replacements of prosthetic devices, subject to copayments and deductibles, unless necessitated by misuse or loss.

(f) A health insurance entity may require that, if coverage is provided through a managed care plan, the benefits mandated pursuant to this section are covered benefits only if the prosthetic devices are provided by a vendor and prosthetic services are rendered by a provider who contracts with or is designated by the carrier. To the extent that a health insurance entity provides in-network and out-of-network services, the coverage for the prosthetic device must be offered no less extensively.

SECTION 2. This act takes effect July 1, 2023, the public welfare requiring it, and applies to health benefit plans issued, amended, or renewed on or after that date.