HOUSE BILL 1455
By Matheny

SENATE BILL 1468

By Bowling

AN ACT to amend Tennessee Code Annotated, Title 56, relative to healthcare coverage of medical services, products, or 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, unless the context otherwise requires:

(1) "Health benefit plan" means any hospital 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. Health benefit plan 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 that is statutorily required to be contained in any liability insurance policy or equivalent self insurance; and

(2) "Health insurer" means any entity that is regulated under this title offering a health benefit plan.

(b) If the federal medicare program covers a medical service, product, or device for certain medical purposes, conditions, diseases, or treatments, then a health insurer or health benefit plan shall not deny coverage or payment for the medical service,

product, or device for any of the same medical purposes, conditions, diseases, or treatments on the basis that the medical service, product, or device is experimental or investigational in nature.

(c) In the case of a health care service, product, or device provided by a participating provider in any applicable provider network of the health insurer, the payment rate shall be at the network negotiated rate, based on the enrollee's plan design. In the case of a nonparticipating provider in any applicable provider network of the health insurer, the payment shall be at the rate that the enrollee's plan would otherwise pay to a nonparticipating provider for the same service, product, or device, less any applicable copayments and deductibles.

(d) Copayments and deductibles applied to a service, product, or device delivered pursuant to this section shall be the same as those applied to the same services, if not delivered pursuant to this section.

SECTION 2. This act shall take effect July 1, 2018, the public welfare requiring it. This act shall apply to policies or contracts entered into, issued, or renewed on or after July 1, 2018.