

SENATE BILL 1919

By Akbari

AN ACT to amend Tennessee Code Annotated, Title 56,
Chapter 7, relative to contraception access.

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) "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":

(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 plan administered by local, state, or federal government or a health insurance entity; 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;

(3) "Health insurance entity" has the same meaning as defined in § 56-7-109; 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 upon becoming a law, the public welfare requiring it.