SENATE BILL 589
By Akbari

HOUSE BILL 169

By Helton-Haynes

AN ACT to amend Tennessee Code Annotated, Title 56 and Title 71, relative to contraception.

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

SECTION 1. Tennessee Code Annotated, Section 56-7-2328(a), is amended by deleting the subsection and substituting:

(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;

(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 the state; or a certificate issued under those policies, contracts, or plans; and

(B) Includes a policy or contract for health insurance coverage provided under:

(i) 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

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

(C) 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 includes 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.

SECTION 2. Tennessee Code Annotated, Section 56-7-2328(b), is amended by deleting "July 1, 2024" and substituting "January 1, 2026".

SECTION 3. This act takes effect on January 1, 2026, the public welfare requiring it.

Amendment No. 2 to HB0169

Helton-Haynes
Signature of Sponsor

AMEND Senate Bill No. 589 House Bill No. 169*

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Section 56-7-2328(a), is amended by deleting the subsection and substituting:

(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 the state; or a certificate issued under those policies, contracts, or plans; and

(B) Includes a policy or contract for health insurance coverage provided under:

(i) 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

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

(C) 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 includes 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.

SECTION 2. Tennessee Code Annotated, Section 56-7-2328(b), is amended by deleting the subsection and substituting:

(b) A health benefit plan that amends, renews, or delivers a policy of coverage on or after July 1, 2027, and that provides coverage for prescription contraceptives, shall provide coverage that ensures an insured person is able to refill a twelve-month prescription of contraceptives obtained at one (1) time, upon the request of the insured and unless 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.

SECTION 3. This act takes effect on July 1, 2027, the public welfare requiring it.