

CHAPTER NO. 61

SENATE BILL NO. 309

By Ford, Dixon, Williams

Substituted for: House Bill No. 227

By Bowers

AN ACT To amend Tennessee Code Annotated, Title 56, Chapter 7, Part 26, relative to coverage of chlamydia screening tests.

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

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 26, is amended by adding Section 2 of this act as a new, appropriately designated section.

SECTION 2. (a) The General Assembly finds that chlamydia is a sexually transmitted disease which may cause serious complications in persons infected with it, including pelvic inflammatory disease, infertility, and ectopic pregnancy. Pregnant women infected with chlamydia may suffer from symptoms such as stillbirths, low birth weight babies, and other serious physical and mental complications for their infants. Chlamydia is often asymptomatic in women and cannot be detected except with special, though inexpensive, screening tests. Cure of chlamydia is usually both easy and inexpensive. The General Assembly further finds that having health care insurance and managed care plan coverage of annual chlamydia screening tests for females in conjunction with covered pap smears in the age group most likely to be infected with chlamydia will encourage the testing and treatment needed to detect and cure this destructive disease and result in a marked improvement in the general health of the citizens of this state.

(b) As used in this act, the term:

(1) "Chlamydia screening test" means any laboratory test of the urogenital tract which specifically detects for infection by one or more agents of chlamydia trachomatis and which test is approved for such purposes by the federal Food and Drug Administration.

(2) "Commissioner" means the Commissioner of Commerce and Insurance.

(3) "Insurer" means an insurance benefit plan, a fraternal benefit society, a nonprofit hospital service corporation, a nonprofit medical service corporation, a health care plan, a health maintenance organization, a managed care organization, or any similar entity by whatever name called.

(4) "Policy" means a major medical accident and sickness insurance policy, health benefit plan, contract, or policy issued by an insurer, except a disability income policy, specified disease policy, hospital indemnity policy, credit insurance policy, accident only policy, or other limited benefit plan policy or contract.

(c)(1) Every insurer authorized to issue an individual or group accident and sickness insurance policy in this state which provides major medical insurance coverage and which includes coverage for any female shall make available on an optional basis as part of or as an endorsement to each such policy which is issued, delivered, issued for delivery, or renewed in this state on or after July 1, 1999, coverage for one (1) annual chlamydia screening test in conjunction with an annual pap smear for covered females who are not more than twenty-nine (29) years old if the screening test is determined to be medically necessary.

(2) The chlamydia screening test coverage may be subject to such exclusions, reductions, or other limitations as to coverages, deductibles, or coinsurance provisions as may be approved by the commissioner.

(3) Nothing in this subsection shall be construed to prohibit the issuance of accident and sickness insurance policies which provide benefits greater than or more favorable to the insured than those benefits established pursuant to subdivision (1) of this subsection, nor to prohibit any managed care plan contract from providing benefits greater than or more favorable to the insured than those benefits established pursuant to subdivision (1) of this subsection, from having cost-sharing arrangements or to otherwise change the contractual relations between an insurer and their insureds or covered persons by whatever name called.

(4) Nothing contained in this subsection shall be construed to prohibit any insurer from providing benefits greater than or more favorable to the covered females.

(5) The requirements of this subsection with respect to a group or blanket accident and sickness insurance benefit plan, policy, or contract shall be satisfied if the coverage specified in this subsection is made available to the master policyholder of such plan, policy, or contract. Nothing in this subsection shall be construed to require the group insurer, nonprofit corporation, health care plan, health maintenance organization, managed care organization, or master policyholder to provide or to make available such coverage to any certificate holder insured under such group policy, plan, or contract.

(6) Nothing contained in this subsection shall be deemed to prohibit the payment of different levels of benefits or having differences in coinsurance percentages applicable to benefit levels for services provided by preferred and nonpreferred providers in accordance with preferred provider arrangements.

(c) The commissioner is authorized to promulgate rules and regulations to effectuate the purposes of this act. All such rules and regulations shall be promulgated in accordance with the provisions of Tennessee Code Annotated, Title 4, Chapter 5.

SECTION 3. For purposes of promulgating rules and regulations, this act shall take effect upon becoming a law, the public welfare requiring it. For all other purposes this act shall take effect July 1, 1999, the public welfare requiring it.

PASSED: March 24, 1999


JOHN S. WILDER
SPEAKER OF THE SENATE


JIMMY NAIFEH, SPEAKER
HOUSE OF REPRESENTATIVES

APPROVED this 7th day of April 1999


DON SUNDQUIST, GOVERNOR