

West's Tennessee Code Annotated
Title 56. Insurance
Chapter 7. Policies and Policyholders (Refs & Annos)
Part 23. Mandated Insurer or Plan Coverage

T. C. A. § 56-7-2327

§ 56-7-2327. **Proton Therapy Access Act**

Effective: January 1, 2020

[Currentness](#)

- (a) This section shall be known and may be cited as the “**Proton Therapy Access Act**.”
- (b) As used in this section:
- (1) “Aggregate amount” means the total amount paid under the state group insurance program for the applicable radiation treatment delivery CPT codes to deliver a biological effective dose;
 - (2) “Biological effective dose” means the total prescribed radiation dose delivered in a course of radiation **therapy** treatments to induce tumor cell death;
 - (3) “CPT code” means the unique numerical designations established by the American Medical Association for various medical, surgical, and diagnostic services used in billing healthcare services;
 - (4) “Eligible patient” means a cancer patient who is approved for a standard radiation **therapy** protocol delivered with IMRT by the state group insurance program's third-party administrator and prescribed a hypofractionated **proton therapy** protocol for the treatment of the same cancer;
 - (5) “Hypofractionated radiation **therapy** protocol” means a cancer treatment protocol that involves the delivery of fewer, larger radiation **therapy** treatment doses than a standard radiation **therapy** protocol to deliver a biological effective dose;
 - (6) “Intensity modulated radiation **therapy**” or “IMRT” means a type of conformal radiation **therapy** that delivers x-ray radiation beams of different intensities from many angles for the treatment of tumors;
 - (7) “**Proton therapy**” means the advanced form of radiation **therapy** that utilizes **protons** as the radiation delivery method for the treatment of tumors;
 - (8) “Radiation **therapy**” means the delivery of a biological effective dose with **proton therapy**, IMRT, brachytherapy, stereotactic body radiation **therapy**, three-dimensional conformal radiation **therapy**, or other forms of **therapy** using radiation;

(9) “Registry” means an organized system that uses observational study methods to collect uniform clinical data to evaluate specified outcomes for a population defined by a particular disease and is compliant with the principles established by the U.S. department of health and human services through their *Agency for Healthcare Research and Quality's Registries for Evaluating Patient Outcomes: A User's Guide--Third Edition*;

(10) “Standard radiation **therapy** protocol” means a cancer treatment protocol that involves the delivery of radiation **therapy** treatment doses over an extended period of time to deliver a biological effective dose;

(11) “State group insurance program” means health insurance provided under title 8, chapter 27; and

(12) “Treatment dose” means the amount of radiation delivered in a single treatment or fraction of radiation **therapy**.

(c) The state group insurance program shall cover a physician prescribed hypofractionated **proton therapy** protocol to deliver a biological effective dose by paying the same aggregate amount as would be paid for the delivery of the same biological effective dose with a standard radiation **therapy** treatment protocol delivered with IMRT for the same indication if the following conditions are satisfied:

(1) Coverage is provided to an eligible patient who is being treated as part of a clinical trial or registry;

(2) The eligible patient is diagnosed with a cancer type or indication that can be treated with a hypofractionated **proton therapy** protocol;

(3) The radiation oncologist prescribing the hypofractionated **proton therapy** protocol is board certified or board eligible in the specialty of radiation oncology; and

(4) The hypofractionated **proton therapy** protocol is administered in a facility in this state.

(d) If coverage of the hypofractionated **proton therapy** protocol is required pursuant to subsection (c), then:

(1) The aggregate amount must be equal to the average cost actually paid by the state group insurance program for a standard IMRT treatment radiation **therapy** protocol required to deliver the prescribed biological effective dose for the particular indication. For purposes of this subdivision (d)(1), aggregate amounts must be established by reference to the amount paid for a course of IMRT treatment under a standard IMRT radiation **therapy** protocol for the indication under the state group insurance program; and

(2) Coverage is subject to annual deductible and co-insurance established for radiation **therapy** and other similar benefits within the policy or contract of insurance. The annual deductible and co-insurance for any radiation **therapy** delivery method permitted by this section must be no greater than the annual deductible and co-insurance established for all other similar benefits within a policy or contract of insurance.

(e) Notwithstanding any other provision of this section to the contrary, the aggregate amount:

(1) Reimbursed for the hypofractionated **proton therapy** protocol must not exceed the average aggregate amount paid by the state group insurance program for a course of IMRT treatment under a standard IMRT radiation **therapy** protocol to deliver the prescribed biological effective dose for the same indication;

(2) Chargeable to or payable by an eligible patient for a covered course of hypofractionated **proton therapy** by an in-network provider must not exceed the aggregate amount that would otherwise be chargeable to or payable by the eligible patient for a course of IMRT treatment under a standard IMRT radiation **therapy** protocol that is covered by the state group insurance program for the delivery of the same biological effective dose by an in-network provider; and

(3) Chargeable to or payable by an eligible patient for a covered course of hypofractionated **proton therapy** by an out-of-network provider must not exceed the aggregate amount that would otherwise be chargeable to or payable by the eligible patient for a course of treatment under a standard IMRT radiation **therapy** protocol that is covered by the state group insurance program for the delivery of the same biological dose by an out-of-network provider. However, the patient is not responsible for amounts above the allowable maximum charge.

(f) Notwithstanding § 56-7-1005, this section applies only to the state group insurance program.

(g) This section supplements the requirements of 42 U.S.C. § 300gg-8.

Credits

2019 Pub.Acts, c. 193, § 1, eff. Jan. 1, 2020.

Editors' Notes

REPEAL

<2019 Pub.Acts, c. 193, § 2, repeals this section on January 1, 2023.>

Relevant Additional Resources

Additional Resources listed below contain your search terms.

HISTORICAL AND STATUTORY NOTES

2019 Pub.Acts, c. 193, § 2, provides:

“SECTION 2. This **act** is repealed on January 1, 2023.”

T. C. A. § 56-7-2327, TN ST § 56-7-2327

Current through the end of the 2020 Second Extraordinary Session of the 111th Tennessee General Assembly.

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