

By: Paxton

S.B. No. 807

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage of prescription
contraceptive drugs.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 1369.102, Insurance Code, is amended to
read as follows:

Sec. 1369.102. APPLICABILITY OF SUBCHAPTER. Except as
otherwise provided by this subchapter, this ~~[This]~~ subchapter
applies only to a health benefit plan, including a small employer
health benefit plan written under Chapter 1501, that provides
benefits for medical or surgical expenses incurred as a result of a
health condition, accident, or sickness, including an individual,
group, blanket, or franchise insurance policy or insurance
agreement, a group hospital service contract, or an individual or
group evidence of coverage or similar coverage document that is
offered by:

(1) an insurance company;

(2) a group hospital service corporation operating
under Chapter 842;

(3) a fraternal benefit society operating under
Chapter 885;

(4) a stipulated premium company operating under
Chapter 884;

(5) a reciprocal exchange operating under Chapter 942;

1 (6) a health maintenance organization operating under
2 Chapter 843;

3 (7) a multiple employer welfare arrangement that holds
4 a certificate of authority under Chapter 846; or

5 (8) an approved nonprofit health corporation that
6 holds a certificate of authority under Chapter 844.

7 SECTION 2. Subchapter C, Chapter 1369, Insurance Code, is
8 amended by adding Section 1369.1031 to read as follows:

9 Sec. 1369.1031. CERTAIN COVERAGE REQUIRED. (a) This
10 section applies to a health benefit plan described by Section
11 1369.102.

12 (b) Notwithstanding any other law, this section applies to:

13 (1) a standard health benefit plan issued under
14 Chapter 1507;

15 (2) a basic coverage plan under Chapter 1551;

16 (3) a basic plan under Chapter 1575;

17 (4) a primary care coverage plan under Chapter 1579;

18 (5) a plan providing basic coverage under Chapter
19 1601;

20 (6) group health coverage made available by a school
21 district in accordance with Section 22.004, Education Code;

22 (7) the state Medicaid program, including the Medicaid
23 managed care program operated under Chapter 533, Government Code;
24 and

25 (8) the child health plan program under Chapter 62,
26 Health and Safety Code.

27 (c) A health benefit plan that provides benefits for a

1 prescription contraceptive drug must provide for an enrollee to
2 obtain up to:

3 (1) a three-month supply of the covered prescription
4 contraceptive drug at one time the first time the enrollee obtains
5 the drug; and

6 (2) a 12-month supply of the covered prescription
7 contraceptive drug at one time each subsequent time the enrollee
8 obtains the same drug, regardless of whether the enrollee was
9 enrolled in the health benefit plan the first time the enrollee
10 obtained the drug.

11 (d) An enrollee may obtain only one 12-month supply of a
12 covered prescription contraceptive drug during each 12-month
13 period.

14 SECTION 3. The change in law made by this Act applies only
15 to a health benefit plan that is delivered, issued for delivery, or
16 renewed on or after January 1, 2024. A health benefit plan that is
17 delivered, issued for delivery, or renewed before January 1, 2024,
18 is governed by the law as it existed immediately before the
19 effective date of this Act, and that law is continued in effect for
20 that purpose.

21 SECTION 4. This Act takes effect September 1, 2023.