

By: Bucy

H.B. No. 2528

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage of prescription drugs for
opioid and substance use disorders.

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

SECTION 1. Chapter 1369, Insurance Code, is amended by
adding Subchapter E-3 to read as follows:

SUBCHAPTER E-3. COVERAGE OF MEDICATION-ASSISTED TREATMENT
FOR OPIOID OR SUBSTANCE USE DISORDER

Sec. 1369.231. DEFINITION. In this subchapter,
"medication-assisted opioid or substance use disorder treatment"
means the use of methadone, buprenorphine, buprenorphine/naloxone,
or naltrexone to treat opioid or substance use disorder.

Sec. 1369.232. APPLICABILITY OF SUBCHAPTER. (a) This
subchapter applies only to a health benefit plan 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
issued by:

- (1) an insurance company;
- (2) a group hospital service corporation operating
under Chapter 842;
- (3) a health maintenance organization operating under

Chapter 843;

(4) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844;

(5) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846;

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

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

(8) a Lloyd's plan operating under Chapter 941; or

(9) an exchange operating under Chapter 942.

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

(1) a small employer health benefit plan subject to Chapter 1501, including coverage provided through a health group cooperative under Subchapter B of that chapter;

(2) a standard health benefit plan issued under Chapter 1507;

(3) nonprofit agricultural organization health benefits offered by a nonprofit agricultural organization under Chapter 1682;

(4) alternative health benefit coverage offered by a subsidiary of the Texas Mutual Insurance Company under Subchapter M, Chapter 2054;

(5) health benefits provided by or through a church benefits board under Subchapter I, Chapter 22, Business Organizations Code;

1 (6) a regional or local health care program operated
2 under Section 75.104, Health and Safety Code; or

3 (7) a self-funded health benefit plan sponsored by a
4 professional employer organization under Chapter 91, Labor Code.

5 (c) This subchapter applies to coverage under a group health
6 benefit plan provided to a resident of this state regardless of
7 whether the group policy, agreement, or contract is delivered,
8 issued for delivery, or renewed in this state.

9 Sec. 1369.233. EXCEPTIONS TO APPLICABILITY OF SUBCHAPTER.
10 This subchapter does not apply to an issuer or provider of health
11 benefits under or a pharmacy benefit manager administering pharmacy
12 benefits under:

13 (1) the state Medicaid program, including the Medicaid
14 managed care program under Chapter 533, Government Code; or

15 (2) the child health plan program under Chapter 62,
16 Health and Safety Code.

17 Sec. 1369.234. LIMITATIONS ON PRIOR AUTHORIZATION. A
18 health benefit plan that provides coverage for medication-assisted
19 opioid or substance use disorder treatment may not require an
20 enrollee to obtain prior authorization for the treatment, except as
21 needed to minimize the opportunity for fraud, waste, and abuse.

22 SECTION 2. This Act applies only to a health benefit plan
23 delivered, issued for delivery, or renewed on or after January 1,
24 2026. A health benefit plan delivered, issued for delivery, or
25 renewed before January 1, 2026, is governed by the law as it existed
26 immediately before the effective date of this Act, and that law is
27 continued in effect for that purpose.

1 SECTION 3. This Act takes effect September 1, 2025.