

By: Isett

H.B. No. 1282

A BILL TO BE ENTITLED

AN ACT

1
2 relating to the use of a prescription drug formulary by a group
3 health benefit plan.

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

5 SECTION 1. Section 1369.055(a), Insurance Code, as
6 effective April 1, 2005, is amended to read as follows:

7 (a) An issuer of a group health benefit plan that covers
8 prescription drugs shall, for at least 90 days after the date the
9 plan issuer provides written notice of a formulary change to the
10 enrollee and the group policyholder, offer to each enrollee at the
11 contracted benefit level [~~and until the enrollee's plan renewal~~
12 ~~date~~] any prescription drug that was approved or covered under the
13 plan for a medical condition or mental illness, regardless of
14 whether the drug has been removed from the health benefit plan's
15 drug formulary [~~before the plan renewal date~~].

16 SECTION 2. This Act applies only to a group health benefit
17 plan that is delivered, issued for delivery, or renewed on or after
18 January 1, 2006. A policy delivered, issued for delivery, or
19 renewed before January 1, 2006, is governed by the law as it existed
20 immediately before the effective date of this Act, and that law is
21 continued in effect for that purpose.

22 SECTION 3. This Act takes effect September 1, 2005.