

By: Anchia

H.B. No. 268

A BILL TO BE ENTITLED

1 AN ACT

2 relating to coverage for prescription contraceptive drugs and  
3 devices and related services under certain standard health benefit  
4 plans.

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

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

8 Sec. 1369.102. APPLICABILITY OF SUBCHAPTER. (a) This  
9 subchapter applies only to a health benefit plan, including a small  
10 employer health benefit plan written under Chapter 1501, that  
11 provides benefits for medical or surgical expenses incurred as a  
12 result of a health condition, accident, or sickness, including an  
13 individual, group, blanket, or franchise insurance policy or  
14 insurance agreement, a group hospital service contract, or an  
15 individual or group evidence of coverage or similar coverage  
16 document that is offered by:

17 (1) an insurance company;

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

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

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

24 (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           (b) This subchapter applies to a standard health benefit  
8 plan issued in accordance with Chapter 1507.

9           SECTION 2. The heading of Section 1507.004, Insurance  
10 Code, is amended to read as follows:

11           Sec. 1507.004. STANDARD HEALTH BENEFIT PLANS AUTHORIZED;  
12 MINIMUM REQUIREMENTS [~~REQUIREMENT~~].

13           SECTION 3. Section 1507.004, Insurance Code, is amended by  
14 adding Subsection (c) to read as follows:

15           (c) Any standard health benefit plan that provides benefits  
16 for prescription drugs or devices must include coverage for  
17 prescription contraceptive drugs and devices and related services  
18 as required by Subchapter C, Chapter 1369.

19           SECTION 4. Section 1507.054, Insurance Code, is amended to  
20 read as follows:

21           Sec. 1507.054. STANDARD HEALTH BENEFIT PLANS AUTHORIZED;  
22 MINIMUM REQUIREMENTS. (a) A health maintenance organization  
23 authorized to issue an evidence of coverage in this state may offer  
24 one or more standard health benefit plans.

25           (b) Any standard health benefit plan that provides benefits  
26 for prescription drugs or devices must include coverage for  
27 prescription contraceptive drugs and devices and related services

1 as required by Subchapter C, Chapter 1369.

2           SECTION 5. This Act applies only to a standard health  
3 benefit plan that is delivered, issued for delivery, or renewed on  
4 or after January 1, 2008. A standard health benefit plan that is  
5 delivered, issued for delivery, or renewed before January 1, 2008,  
6 is governed by the law as it existed immediately before the  
7 effective date of this Act, and that law is continued in effect for  
8 this purpose.

9           SECTION 6. This Act takes effect September 1, 2007.