

AN ACT

relating to information required on pharmacy benefit cards.

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

SECTION 1. Section 1369.151, Insurance Code, is amended to read as follows:

Sec. 1369.151. 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 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;
- (6) a health maintenance organization operating under Chapter 843;
- (7) a multiple employer welfare arrangement that holds

1 a certificate of authority under Chapter 846; or

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

4 (b) Notwithstanding any other law, this subchapter applies
5 to coverage under:

6 (1) the basic coverage plan under Chapter 1551;

7 (2) the basic plan under Chapter 1575;

8 (3) the primary care coverage plan under Chapter 1579;

9 (4) the basic coverage plan under Chapter 1601;

10 (5) the child health plan program under Chapter 62,
11 Health and Safety Code; and

12 (6) the medical assistance program under Chapter 32,
13 Human Resources Code.

14 SECTION 2. Section 1369.153, Insurance Code, is amended to
15 read as follows:

16 Sec. 1369.153. INFORMATION REQUIRED ON IDENTIFICATION
17 CARD. (a) An issuer of a health benefit plan that provides
18 pharmacy benefits to enrollees shall include on the front of the
19 identification card of each enrollee:

20 (1) the name [~~or logo~~] of the entity administering the
21 pharmacy benefits if the entity is different from the health
22 benefit plan issuer;

23 (2) the group number applicable to the enrollee;

24 (3) the identification number of the enrollee, which
25 may not be the enrollee's social security number;

26 (4) the bank identification number necessary for
27 electronic billing;

1 (5) [~~(3)~~] the effective date of the coverage evidenced
2 by the card; and

3 (6) [~~(4)~~] ~~a telephone number for contacting an~~
4 ~~appropriate person to obtain information relating to the pharmacy~~
5 ~~benefits provided under the plan; and~~

6 [~~(5)~~] copayment information for generic and
7 brand-name prescription drugs.

8 (b) In addition to the information required under
9 Subsection (a), the issuer of a health benefit plan shall include on
10 the identification card of each enrollee:

11 (1) the logo of the entity administering the pharmacy
12 benefits if the entity is different from the health benefit plan
13 issuer; and

14 (2) a telephone number for contacting an appropriate
15 person to obtain information relating to the pharmacy benefits
16 provided under the plan.

17 (c) In addition to complying with Subsections (a) and (b),
18 an issuer of a health benefit plan may provide the information
19 required under Subsections (a) and (b) in electronically readable
20 form on the back of the identification card.

21 (d) This section does not require a health benefit plan
22 issuer that administers its own pharmacy benefits to issue an
23 identification card separate from any identification card issued to
24 an enrollee to evidence coverage under the plan if the
25 identification card issued to evidence coverage contains the
26 information required by Subsections [~~Subsection~~] (a) and (b).

27 SECTION 3. Section 1369.154, Insurance Code, is amended to

1 read as follows:

2 Sec. 1369.154. RULES. (a) The commissioner shall adopt
3 rules as necessary to implement this subchapter.

4 (b) Rules adopted by the commissioner must be consistent
5 with national standards established by the Workgroup for Electronic
6 Data Interchange or by other similar organizations recognized by
7 the commissioner.

8 SECTION 4. This Act applies only to an insurance policy or
9 contract or evidence of coverage that is delivered, issued for
10 delivery, or renewed on or after January 1, 2010. An insurance
11 policy or contract or evidence of coverage delivered, issued for
12 delivery, or renewed before January 1, 2010, is governed by the law
13 as it existed immediately before the effective date of this Act, and
14 that law is continued in effect for that purpose.

15 SECTION 5. This Act takes effect September 1, 2009.

President of the Senate

Speaker of the House

I certify that H.B. No. 1138 was passed by the House on May 5, 2009, by the following vote: Yeas 144, Nays 0, 1 present, not voting; and that the House concurred in Senate amendments to H.B. No. 1138 on May 29, 2009, by the following vote: Yeas 140, Nays 0, 1 present, not voting.

Chief Clerk of the House

I certify that H.B. No. 1138 was passed by the Senate, with amendments, on May 26, 2009, by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

APPROVED: _____

Date

Governor