

House Bill 1138
Senate Amendments
Section-by-Section Analysis

HOUSE VERSION

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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 a certificate of authority under Chapter 846; or
- (8) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844.

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

- (1) the basic coverage plan under Chapter 1551;
- (2) the basic plan under Chapter 1575;

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- (3) the primary care coverage plan under Chapter 1579;
- (4) the basic coverage plan under Chapter 1601;
- (5) the child health plan program under Chapter 62, Health and Safety Code; and
- (6) the medical assistance program under Chapter 32, Human Resources Code.

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

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

- (1) the name [~~or logo~~] of the entity administering the pharmacy benefits if the entity is different from the health benefit plan issuer;
- (2) the group number applicable to the enrollee;
- (3) the identification number of the enrollee, which may not be the enrollee's social security number;
- (4) the bank identification number necessary for electronic billing;
- (5) [(3)] the effective date of the coverage evidenced by the card; and
- (6) [(4)] a telephone number for contacting an appropriate person to obtain information relating to the pharmacy benefits provided under the plan; and
- [(5)] copayment information for generic and brand-name

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prescription drugs.

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

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

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

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

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

No equivalent provision.

SECTION __. Section 1369.154, Insurance code, is amended to read as follows:

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

(b) Rules adopted by the commissioner must be

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consistent with national standards established by the Workgroup for Electronic Data Interchange or by other similar organizations recognized by the commissioner.

SECTION 3. This Act applies only to an insurance policy or contract or evidence of coverage that is delivered, issued for delivery, or renewed on or after January 1, 2010. An insurance policy or contract or evidence of coverage delivered, issued for delivery, or renewed before January 1, 2010, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

Same as House version.

SECTION 4. This Act takes effect September 1, 2009.

Same as House version.