

By: Farney, et al.

H.B. No. 3025

Substitute the following for H.B. No. 3025:

By: Meyer

C.S.H.B. No. 3025

A BILL TO BE ENTITLED

AN ACT

relating to health benefit coverage for prescription drug
synchronization.

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

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

SUBCHAPTER H. COVERAGE RELATED TO PRESCRIPTION DRUG

SYNCHRONIZATION

Sec. 1369.351. DEFINITIONS. In this subchapter:

(1) "Cost-sharing amount" includes an amount charged
for a deductible, coinsurance, or copayment.

(2) "Health care provider" means a person who provides
health care services under a license, certificate, registration, or
other similar evidence of regulation issued by this or another
state of the United States.

(3) "Physician" means an individual licensed to
practice medicine in this or another state of the United States.

Sec. 1369.352. 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

1 offered by:

2 (1) an insurance company;

3 (2) a group hospital service corporation operating
4 under Chapter 842;

5 (3) a health maintenance organization operating under
6 Chapter 843;

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

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

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

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

15 (8) an exchange operating under Chapter 942.

16 (b) This subchapter applies to group health coverage made
17 available by a school district in accordance with Section 22.004,
18 Education Code.

19 (c) Notwithstanding any provision in Chapter 1551, 1575,
20 1579, or 1601 or any other law, this subchapter applies to health
21 benefit plan coverage provided under:

22 (1) Chapter 1551;

23 (2) Chapter 1575;

24 (3) Chapter 1579; and

25 (4) Chapter 1601.

26 (d) Notwithstanding Section 1501.251 or any other law, this
27 subchapter applies to coverage under a small employer health

1 benefit plan subject to Chapter 1501.

2 (e) This subchapter applies to a consumer choice of benefits
3 plan issued under Chapter 1507.

4 (f) To the extent allowed by federal law, the child health
5 plan program operated under Chapter 62, Health and Safety Code, the
6 health benefits plan for children operated under Chapter 63, Health
7 and Safety Code, the state Medicaid program, and a managed care
8 organization that contracts with the Health and Human Services
9 Commission to provide health care services to Medicaid recipients
10 through a managed care plan shall provide the coverage required
11 under this subchapter to a recipient.

12 Sec. 1369.353. PRORATION OF COST-SHARING AMOUNT REQUIRED.

13 (a) A health benefit plan that provides benefits for prescription
14 drugs shall prorate any cost-sharing amount charged for a
15 prescription drug dispensed in a quantity that is less than a 30
16 days' supply if:

17 (1) the pharmacy or the covered person's prescribing
18 physician or health care provider notifies the health benefit plan
19 that:

20 (A) the quantity dispensed is to synchronize the
21 dates that the pharmacy dispenses the covered person's prescription
22 drugs; and

23 (B) the synchronization of the dates is in the
24 best interest of the covered person; and

25 (2) the covered person agrees to the synchronization.

26 (b) The proration described by Subsection (a) must be based
27 on the number of days' supply of the drug actually dispensed.

1 Sec. 1369.354. PRORATION OF DISPENSING FEE PROHIBITED. A
2 health benefit plan that prorates a cost-sharing amount as required
3 by Section 1369.353 may not prorate the fee paid to the pharmacy for
4 dispensing the drug for which the cost-sharing amount was prorated.

5 Sec. 1369.355. IMPLEMENTATION OF CERTAIN MEDICATION
6 SYNCHRONIZATION PLANS. (a) For the purposes of this section:

7 (1) "Chronic illness" means an illness or physical
8 condition that may be:

9 (A) reasonably expected to continue for an
10 uninterrupted period of at least three months; and

11 (B) controlled but not cured by medical
12 treatment.

13 (2) "Medication synchronization plan" means a plan
14 established for the purpose of synchronizing the filling or
15 refilling of multiple prescriptions.

16 (b) A health benefit plan shall establish a process through
17 which the following parties may jointly approve a medication
18 synchronization plan for medication to treat a covered person's
19 chronic illness:

20 (1) the health benefit plan;

21 (2) the covered person;

22 (3) the prescribing physician or health care provider;

23 and

24 (4) a pharmacist.

25 (c) A health benefit plan shall provide coverage for a
26 medication dispensed in accordance with the dates established in
27 the medication synchronization plan described by Subsection (b).

1 (d) A health benefit plan shall establish a process that
2 allows a pharmacist or pharmacy to override the health benefit
3 plan's denial of coverage for a medication described by Subsection
4 (b).

5 (e) A health benefit plan shall allow a pharmacist or
6 pharmacy to override the health benefit plan's denial of coverage
7 through the process described by Subsection (d), and the health
8 benefit plan shall provide coverage for the medication if:

9 (1) the prescription for the medication is being
10 refilled in accordance with the medication synchronization plan
11 described by Subsection (b); and

12 (2) the reason for the denial is that the prescription
13 is being refilled before the date established by the plan's general
14 prescription refill guidelines.

15 SECTION 2. This Act applies only to a health benefit plan
16 that is delivered, issued for delivery, or renewed on or after
17 January 1, 2016. A health benefit plan delivered, issued for
18 delivery, or renewed before January 1, 2016, is governed by the law
19 as it existed immediately before the effective date of this Act, and
20 that law is continued in effect for that purpose.

21 SECTION 3. This Act takes effect September 1, 2015.