

By: Farney

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) Notwithstanding Section 172.014, Local Government Code,
17 or any other law, this subchapter applies to health and accident
18 coverage provided by a risk pool created under Chapter 172, Local
19 Government Code.

20 (c) This subchapter applies to group health coverage made
21 available by a school district in accordance with Section 22.004,
22 Education Code.

23 (d) Notwithstanding any provision in Chapter 1551, 1575,
24 1579, or 1601 or any other law, this subchapter applies to health
25 benefit plan coverage provided under:

26 (1) Chapter 1551;

27 (2) Chapter 1575;

1 (3) Chapter 1579; and

2 (4) Chapter 1601.

3 (e) Notwithstanding Section 1501.251 or any other law, this
4 subchapter applies to coverage under a small employer health
5 benefit plan subject to Chapter 1501.

6 (f) This subchapter applies to a consumer choice of benefits
7 plan issued under Chapter 1507.

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

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

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

21 (1) the pharmacy or the covered person's prescribing
22 physician or health care provider notifies the health benefit plan
23 that:

24 (A) the quantity dispensed is to synchronize the
25 dates that the pharmacy dispenses the covered person's prescription
26 drugs; and

27 (B) the synchronization of the dates is in the

1 best interest of the covered person; and

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

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

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

9 Sec. 1369.355. IMPLEMENTATION OF PLAN. No individual or
10 group health insurance policy providing prescription drug coverage
11 shall deny coverage for the dispensing of a chronic medication that
12 is made in accordance with a plan among the health plan, individual
13 beneficiary or group plan, a practitioner and a pharmacist for the
14 purpose of synchronizing the filling or refilling of multiple
15 prescriptions for the insured. The individual or group health plan
16 must allow a pharmacy to override any denial codes indicating that a
17 prescription is being refilled too soon for the purposes of
18 medication synchronization.

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

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