BILL ANALYSIS

BACKGROUND AND PURPOSE

Interested parties contend that legislation is needed to address a certain health insurance practice by which a pharmacy benefit manager instructs a network pharmacy to collect an elevated copayment amount from a patient and subsequently recoups the excess amount from the pharmacy. C.S.S.B. 1076 seeks to address this issue by prohibiting a health benefit plan issuer from requiring a covered patient to make a copayment for a covered prescription drug at the point of sale in an amount greater than the lesser of certain amounts.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.S.B. 1076 amends the Insurance Code to prohibit a health benefit plan issuer that covers prescription drugs from requiring an enrollee to make a payment for a prescription drug at the point of sale in an amount greater than the lesser of the applicable copayment, the allowable claim amount for the prescription drug, or the amount an individual would pay for the drug if the individual purchased the drug without using a health benefit plan or any other source of drug benefits or discounts. The bill applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2018.

EFFECTIVE DATE

September 1, 2017.

COMPARISON OF SENATE ENGROSSED AND SUBSTITUTE

While C.S.S.B. 1076 may differ from the engrossed in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the engrossed and committee substitute versions of the bill.

SENATE ENGROSSED	HOUSE COMMITTEE SUBSTITUTE
SECTION 1. Section 1369.001, Insurance Code, is amended.	SECTION 1. Same as engrossed version.

SECTION 2. Subchapter A, Chapter 1369, Insurance Code, is amended by adding Section 1369.0041 to read as follows:

Sec. 1369.0041. LIMIT ON PAYMENT REQUIRED UNDER PLAN. A health benefit plan issuer that covers prescription drugs may not require an enrollee to make a payment for a prescription drug at the point of sale in an amount greater than the lesser of:

(1) the applicable copayment; or

(2) the negotiated or allowable claim amount for the prescription drug specified by the agreement between the health benefit plan issuer or its pharmacy benefit manager and the pharmacist or pharmacy providing the prescription drug.

SECTION 3. Section 1369.0041, Insurance Code, as added by this Act, applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2018. A plan delivered, issued for delivery, or renewed before January 1, 2018, 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.

SECTION 4. This Act takes effect September 1, 2017.

SECTION 2. Subchapter A, Chapter 1369, Insurance Code, is amended by adding Section 1369.0041 to read as follows:

Sec. 1369.0041. LIMIT ON PAYMENT REQUIRED UNDER PLAN. A health benefit plan issuer that covers prescription drugs may not require an enrollee to make a payment for a prescription drug at the point of sale in an amount greater than the lesser of:

(1) the applicable copayment;

(2) the allowable claim amount for the prescription drug; or

(3) the amount an individual would pay for the drug if the individual purchased the drug without using a health benefit plan or any other source of drug benefits or discounts.

SECTION 3. Same as engrossed version.

SECTION 4. Same as engrossed version.