

By: Davis of Harris

H.B. No. 1161

A BILL TO BE ENTITLED

AN ACT

1
2 relating to health benefit plan coverage of prescription
3 contraceptive drugs.

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

5 SECTION 1. Section [1369.102](#), Insurance Code, is amended to
6 read as follows:

7 Sec. 1369.102. APPLICABILITY OF SUBCHAPTER. Except as
8 otherwise provided by this subchapter, this [~~This~~] subchapter
9 applies only to a health benefit plan, including a small employer
10 health benefit plan written under Chapter [1501](#), that provides
11 benefits for medical or surgical expenses incurred as a result of a
12 health condition, accident, or sickness, including an individual,
13 group, blanket, or franchise insurance policy or insurance
14 agreement, a group hospital service contract, or an individual or
15 group evidence of coverage or similar coverage document that is
16 offered by:

- 17 (1) an insurance company;
- 18 (2) a group hospital service corporation operating
19 under Chapter [842](#);
- 20 (3) a fraternal benefit society operating under
21 Chapter [885](#);
- 22 (4) a stipulated premium company operating under
23 Chapter [884](#);
- 24 (5) a reciprocal exchange operating under Chapter [942](#);

1 (6) a health maintenance organization operating under
2 Chapter 843;

3 (7) a multiple employer welfare arrangement that holds
4 a certificate of authority under Chapter 846; or

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

7 SECTION 2. Subchapter C, Chapter 1369, Insurance Code, is
8 amended by adding Section 1369.1031 to read as follows:

9 Sec. 1369.1031. CERTAIN COVERAGE REQUIRED. (a) This
10 section applies to a health benefit plan described by Section
11 1369.102.

12 (b) This section applies to group health coverage made
13 available by a school district in accordance with Section 22.004,
14 Education Code.

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

19 (d) Notwithstanding any provision in Chapter 1551, 1575,
20 1579, or 1601 or any other law, this section applies to:

21 (1) a basic coverage plan under Chapter 1551;

22 (2) a basic plan under Chapter 1575;

23 (3) a primary care coverage plan under Chapter 1579;

24 and

25 (4) basic coverage under Chapter 1601.

26 (e) Notwithstanding Sections 1507.004 and 1507.053, or any
27 other law, this section applies to a consumer choice of benefits

1 plan issued under Chapter 1507.

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

10 (g) A health benefit plan that provides benefits for a
11 prescription contraceptive drug must provide for an enrollee to
12 obtain up to a 12-month supply of the covered prescription
13 contraceptive drug at one time.

14 SECTION 3. The change in law made by this Act applies only
15 to a health benefit plan that is delivered, issued for delivery, or
16 renewed on or after January 1, 2018. A health benefit plan that is
17 delivered, issued for delivery, or renewed before January 1, 2018,
18 is governed by the law as it existed immediately before the
19 effective date of this Act, and that law is continued in effect for
20 that purpose.

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