

By: Bonnen of Galveston, Sheffield,
Anderson of Dallas, Oliverson

H.B. No. 2360

Substitute the following for H.B. No. 2360:

By: Phillips

C.S.H.B. No. 2360

A BILL TO BE ENTITLED

AN ACT

relating to amounts charged to an enrollee in a health benefit plan
for prescription drugs covered by the plan.

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

SECTION 1. Section 1369.001, Insurance Code, is amended by
adding Subdivision (2-a) to read as follows:

(2-a) "Enrollee" means an individual who is covered
under a health benefit plan, including a covered dependent.

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. 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,

1 is governed by the law as it existed immediately before the
2 effective date of this Act, and that law is continued in effect for
3 that purpose.

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