

By: Schwertner

S.B. No. 1076

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; 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

1 effective date of this Act, and that law is continued in effect for
2 that purpose.

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