

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 that covers prescription drugs may not include a provision that requires an enrollee to make a payment for a prescription drug at the point of sale in an amount greater than an amount that the pharmacist or pharmacy providing the prescription drug may retain from:

(1) the health benefit plan issuer; or

(2) the health benefit plan issuer's pharmacy benefit manager.

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

S.B. No. 1076

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.