

By: Davis of Harris

H.B. No. 937

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage of prescription
contraceptive drugs.

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

SECTION 1. Section 1369.102, Insurance Code, is amended to
read as follows:

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

(1) an insurance company;

(2) a group hospital service corporation operating
under Chapter 842;

(3) a fraternal benefit society operating under
Chapter 885;

(4) a stipulated premium company operating under
Chapter 884;

(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 any provision in Chapter 1551, 1575,
16 1579, or 1601 or any other law, this section applies to:

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

18 (2) a basic plan under Chapter 1575;

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

20 and

21 (4) a plan providing basic coverage under Chapter
22 1601.

23 (d) Notwithstanding any provision in Chapter 1507 or any
24 other law, this section applies to a standard health benefit plan
25 issued under Chapter 1507.

26 (e) To the extent allowed by federal law, the child health
27 plan program operated under Chapter 62, Health and Safety Code, the

1 health benefits plan for children operated under Chapter 63, Health
2 and Safety Code, the state Medicaid program, and a managed care
3 organization that contracts with the Health and Human Services
4 Commission to provide health care services to recipients through a
5 managed care plan shall provide the coverage required under this
6 section to a recipient.

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

11 SECTION 3. The change in law made by this Act applies only
12 to a health benefit plan that is delivered, issued for delivery, or
13 renewed on or after January 1, 2020. A health benefit plan that is
14 delivered, issued for delivery, or renewed before January 1, 2020,
15 is governed by the law as it existed immediately before the
16 effective date of this Act, and that law is continued in effect for
17 that purpose.

18 SECTION 4. This Act takes effect September 1, 2019.