

1-1 By: Thompson of Harris, et al. H.B. No. 1584
 1-2 (Senate Sponsor - Buckingham)
 1-3 (In the Senate - Received from the House May 7, 2019;
 1-4 May 10, 2019, read first time and referred to Committee on Business
 1-5 & Commerce; May 20, 2019, reported favorably by the following vote:
 1-6 Yeas 8, Nays 0; May 20, 2019, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	X			
1-10	X			
1-11	X			
1-12			X	
1-13	X			
1-14	X			
1-15	X			
1-16	X			
1-17	X			

1-18 A BILL TO BE ENTITLED
 1-19 AN ACT

1-20 relating to health benefit plan coverage of prescription drugs for
 1-21 stage-four advanced, metastatic cancer.

1-22 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-23 SECTION 1. Chapter 1369, Insurance Code, is amended by
 1-24 adding Subchapter E-1 to read as follows:

1-25 SUBCHAPTER E-1. COVERAGE OF PRESCRIPTION DRUGS FOR STAGE-FOUR
 1-26 ADVANCED, METASTATIC CANCER

1-27 Sec. 1369.211. DEFINITIONS. In this subchapter:

1-28 (1) "Associated conditions" means the symptoms or side
 1-29 effects associated with stage-four advanced, metastatic cancer or
 1-30 its treatment and which, in the judgment of the health care
 1-31 practitioner, further jeopardize the health of a patient if left
 1-32 untreated.

1-33 (2) "Stage-four advanced, metastatic cancer" means
 1-34 cancer that has spread from the primary or original site of the
 1-35 cancer to nearby tissues, lymph nodes, or other areas or parts of
 1-36 the body.

1-37 Sec. 1369.212. APPLICABILITY OF SUBCHAPTER. (a) This
 1-38 subchapter applies only to a health benefit plan that provides
 1-39 benefits for medical or surgical expenses or pharmacy benefits
 1-40 incurred as a result of a health condition, accident, or sickness,
 1-41 including an individual, group, blanket, or franchise insurance
 1-42 policy or insurance agreement, a group hospital service contract,
 1-43 or an individual or group evidence of coverage or similar coverage
 1-44 document that is issued by:

1-45 (1) an insurance company;

1-46 (2) a group hospital service corporation operating
 1-47 under Chapter 842;

1-48 (3) a health maintenance organization operating under
 1-49 Chapter 843;

1-50 (4) an approved nonprofit health corporation that
 1-51 holds a certificate of authority under Chapter 844;

1-52 (5) a multiple employer welfare arrangement that holds
 1-53 a certificate of authority under Chapter 846;

1-54 (6) a stipulated premium company operating under
 1-55 Chapter 884;

1-56 (7) a fraternal benefit society operating under
 1-57 Chapter 885;

1-58 (8) a Lloyd's plan operating under Chapter 941; or

1-59 (9) an exchange operating under Chapter 942.

1-60 (b) Notwithstanding any other law, this subchapter applies
 1-61 to:

2-1 (1) a small employer health benefit plan subject to
2-2 Chapter 1501, including coverage provided through a health group
2-3 cooperative under Subchapter B of that chapter;
2-4 (2) a standard health benefit plan issued under
2-5 Chapter 1507;
2-6 (3) a basic coverage plan under Chapter 1551;
2-7 (4) a basic plan under Chapter 1575;
2-8 (5) a primary care coverage plan under Chapter 1579;
2-9 (6) a plan providing basic coverage under Chapter
2-10 1601;
2-11 (7) health benefits provided by or through a church
2-12 benefits board under Subchapter I, Chapter 22, Business
2-13 Organizations Code;
2-14 (8) group health coverage made available by a school
2-15 district in accordance with Section 22.004, Education Code;
2-16 (9) the state Medicaid program, including the Medicaid
2-17 managed care program operated under Chapter 533, Government Code;
2-18 (10) the child health plan program under Chapter 62,
2-19 Health and Safety Code;
2-20 (11) a regional or local health care program operated
2-21 under Section 75.104, Health and Safety Code; and
2-22 (12) a self-funded health benefit plan sponsored by a
2-23 professional employer organization under Chapter 91, Labor Code.
2-24 (c) This subchapter applies to coverage under a group health
2-25 benefit plan provided to a resident of this state regardless of
2-26 whether the group policy, agreement, or contract is delivered,
2-27 issued for delivery, or renewed in this state.
2-28 Sec. 1369.213. PROHIBITED CONDUCT. (a) A health benefit
2-29 plan that provides coverage for stage-four advanced, metastatic
2-30 cancer and associated conditions may not require, before the health
2-31 benefit plan provides coverage of a prescription drug approved by
2-32 the United States Food and Drug Administration, that the enrollee:
2-33 (1) fail to successfully respond to a different drug;
2-34 or
2-35 (2) prove a history of failure of a different drug.
2-36 (b) This section applies only to a drug the use of which is:
2-37 (1) consistent with best practices for the treatment
2-38 of stage-four advanced, metastatic cancer or an associated
2-39 condition; and
2-40 (2) supported by peer-reviewed medical literature.
2-41 SECTION 2. This Act applies only to a health benefit plan
2-42 delivered, issued for delivery, or renewed on or after January 1,
2-43 2020. A health benefit plan delivered, issued for delivery, or
2-44 renewed before January 1, 2020, is governed by the law as it existed
2-45 immediately before the effective date of this Act, and that law is
2-46 continued in effect for that purpose.
2-47 SECTION 3. This Act takes effect September 1, 2019.

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