

By: Lucio III

H.B. No. 3441

A BILL TO BE ENTITLED

AN ACT

relating to reimbursement under certain health benefit plans for certain services and procedures performed by pharmacists.

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

SECTION 1. Subchapter C, Chapter 1451, Insurance Code, is amended by adding Section 1451.1261 to read as follows:

Sec. 1451.1261. REIMBURSEMENT FOR CERTAIN SERVICES AND PROCEDURES PERFORMED BY PHARMACISTS. (a) Notwithstanding any other law, in addition to applying to a policy, agreement, or contract described by Section 1451.102, this section applies to any other individual or group health benefit plan that provides benefits described by Section 1451.102, including:

(1) a health benefit plan issued by:

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

(B) a health maintenance organization operating under Chapter 843; or

(C) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846;

(2) a small employer health benefit plan subject to Chapter 1501;

(3) a standard health benefit plan issued under Chapter 1507;

(4) health benefits provided by or through a church

1 benefits board under Subchapter I, Chapter 22, Business
2 Organizations Code;

3 (5) a regional or local health care program operated
4 under Section 75.104, Health and Safety Code; and

5 (6) a self-funded health benefit plan sponsored by a
6 professional employer organization under Chapter 91, Labor Code.

7 (b) This section does not apply to:

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

9 (2) a basic plan under Chapter 1575;

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

11 (4) a plan providing basic coverage under Chapter
12 1601;

13 (5) the state Medicaid program, including the Medicaid
14 managed care program operated under Chapter 533, Government Code;
15 or

16 (6) the child health plan program under Chapter 62,
17 Health and Safety Code.

18 (c) Notwithstanding Section 1451.102, this section applies
19 to coverage under a group health benefit plan provided to a resident
20 of this state regardless of whether the group policy, agreement, or
21 contract is delivered, issued for delivery, or renewed in this
22 state.

23 (d) An insurer or other health benefit plan issuer or a
24 third-party administrator or pharmacy benefit manager of a health
25 benefit plan may not deny reimbursement to a pharmacist for the
26 provision of a service or procedure within the scope of the
27 pharmacist's license to practice pharmacy under Subtitle J, Title

1 3, Occupations Code, that:

2 (1) would be covered by the insurance policy or other
3 coverage agreement if the service or procedure were provided by:

4 (A) a physician;

5 (B) an advanced practice nurse; or

6 (C) a physician assistant; and

7 (2) is performed by the pharmacist in strict
8 compliance with laws and rules related to:

9 (A) the provision of the service or procedure;

10 and

11 (B) the pharmacist's license.

12 (e) This section may not be construed to require an insurer
13 or other health benefit plan issuer or a third-party administrator
14 or pharmacy benefit manager to reimburse a pharmacist or pharmacy
15 as an in-network or preferred provider.

16 SECTION 2. Section 1451.1261, Insurance Code, as added by
17 this Act, applies only to a health benefit plan that is delivered,
18 issued for delivery, or renewed on or after January 1, 2020. A plan
19 delivered, issued for delivery, or renewed before January 1, 2020,
20 is governed by the law as it existed immediately before the
21 effective date of this Act, and that law is continued in effect for
22 that purpose.

23 SECTION 3. This Act takes effect September 1, 2019.