

House Bill 1584
Senate Amendments
Section-by-Section Analysis

HOUSE VERSION

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

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

Sec. 1369.211. DEFINITIONS. In this subchapter:

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

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

Sec. 1369.212. APPLICABILITY OF SUBCHAPTER. (a) This subchapter applies only to a health benefit plan that provides benefits for medical or surgical expenses or pharmacy benefits 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 issued by:

(1) an insurance company;

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

(3) a health maintenance organization operating under Chapter 843;

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

SENATE VERSION (IE)

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CONFERENCE

House Bill 1584
Senate Amendments
Section-by-Section Analysis

HOUSE VERSION

- (5) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846;
- (6) a stipulated premium company operating under Chapter 884;
- (7) a fraternal benefit society operating under Chapter 885;
- (8) a Lloyd's plan operating under Chapter 941; or
- (9) an exchange operating under Chapter 942.
- (b) Notwithstanding any other law, this subchapter applies to:
 - (1) a small employer health benefit plan subject to Chapter 1501, including coverage provided through a health group cooperative under Subchapter B of that chapter;
 - (2) a standard health benefit plan issued under Chapter 1507;
 - (3) a basic coverage plan under Chapter 1551;
 - (4) a basic plan under Chapter 1575;
 - (5) a primary care coverage plan under Chapter 1579;
 - (6) a plan providing basic coverage under Chapter 1601;
 - (7) health benefits provided by or through a church benefits board under Subchapter I, Chapter 22, Business Organizations Code;
 - (8) group health coverage made available by a school district in accordance with Section 22.004, Education Code;
 - (9) the state Medicaid program, including the Medicaid managed care program operated under Chapter 533, Government Code;
 - (10) the child health plan program under Chapter 62, Health and Safety Code;
 - (11) a regional or local health care program operated under Section 75.104, Health and Safety Code; and
 - (12) a self-funded health benefit plan sponsored by a professional employer organization under Chapter 91, Labor Code.

SENATE VERSION (IE)

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 - (1) a small employer health benefit plan subject to Chapter 1501, including coverage provided through a health group cooperative under Subchapter B of that chapter;
 - (2) a standard health benefit plan issued under Chapter 1507;
 - (3) a basic coverage plan under Chapter 1551;
 - (4) a basic plan under Chapter 1575;
 - (5) a primary care coverage plan under Chapter 1579;
 - (6) a plan providing basic coverage under Chapter 1601;
 - (7) health benefits provided by or through a church benefits board under Subchapter I, Chapter 22, Business Organizations Code;
 - (8) group health coverage made available by a school district in accordance with Section 22.004, Education Code;
 - (9) the state Medicaid program, including the Medicaid managed care program operated under Chapter 533, Government Code;
 - (10) the child health plan program under Chapter 62, Health and Safety Code;
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CONFERENCE

House Bill 1584
Senate Amendments
Section-by-Section Analysis

HOUSE VERSION

(c) This subchapter applies to coverage under a group health benefit plan provided to a resident of this state regardless of whether the group policy, agreement, or contract is delivered, issued for delivery, or renewed in this state.

Sec. 1369.213. PROHIBITED CONDUCT. (a) A health benefit plan that provides coverage for stage-four advanced, metastatic cancer and associated conditions may not require, before the health benefit plan provides coverage of a prescription drug approved by the United States Food and Drug Administration, that the enrollee:

- (1) fail to successfully respond to a different drug; or
- (2) prove a history of failure of a different drug.

(b) This section applies only to a drug the use of which is:

- (1) consistent with best practices for the treatment of stage-four advanced, metastatic cancer or an associated condition;
- and
- (2) supported by peer-reviewed medical literature.

SECTION 2. This Act applies only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2020. A health benefit plan delivered, issued for delivery, or renewed before January 1, 2020, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

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

SENATE VERSION (IE)

(c) This subchapter applies to coverage under a group health benefit plan provided to a resident of this state regardless of whether the group policy, agreement, or contract is delivered, issued for delivery, or renewed in this state.

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- (1) fail to successfully respond to a different drug; or
- (2) prove a history of failure of a different drug.

(b) This section applies only to a drug the use of which is:

- (1) consistent with best practices for the treatment of stage-four advanced, metastatic cancer or an associated condition;
- (2) supported by peer-reviewed, evidence-based literature;
- and
- (3) approved by the United States Food and Drug Administration. [FA1]

SECTION 2. Same as House version.

SECTION 3. Same as House version.

CONFERENCE