By: Lucio III H.B. No. 82

A BILL TO BE ENTITLED

1	AN ACT
2	relating to pricing of and health benefit plan cost-sharing
3	requirements for prescription insulin.
4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
5	SECTION 1. Chapter 1358, Insurance Code, is amended by
6	adding Subchapter C to read as follows:
7	SUBCHAPTER C. COST-SHARING LIMIT
8	Sec. 1358.101. APPLICABILITY OF SUBCHAPTER. (a) This
9	subchapter applies only to a health benefit plan that provides
10	benefits for medical or surgical expenses incurred as a result of a
11	health condition, accident, or sickness, including an individual,
12	group, blanket, or franchise insurance policy or insurance
13	agreement, a group hospital service contract, or a small or large
14	employer group contract or similar coverage document that is
15	offered by:
16	(1) an insurance company;
17	(2) a group hospital service corporation operating
18	under Chapter 842;
19	(3) a fraternal benefit society operating under
20	Chapter 885;
21	(4) a stipulated premium company operating under
22	Chapter 884;
23	(5) a reciprocal exchange operating under Chapter 942;
24	(6) a health maintenance organization operating under

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   Chapter 843;
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               (7) a multiple employer welfare arrangement that holds
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   a certificate of authority under Chapter 846; or
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               (8) an approved nonprofit health corporation that
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   holds a certificate of authority under Chapter 844.
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          (b) This subchapter applies to group health coverage made
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   available by a school district in accordance with Section 22.004,
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    Education Code.
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          (c) Notwithstanding any provision in Chapter 1551, 1575,
   1579, or 1601 or any other law, this subchapter applies to:
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               (1) a basic coverage plan under Chapter 1551;
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               (2) a basic plan under Chapter 1575;
               (3) a primary care coverage plan under Chapter 1579;
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14
   and
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               (4) basic coverage under Chapter 1601.
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          (d) Notwithstanding any other law, this subchapter applies
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   to coverage under:
               (1) the child health plan program under Chapter 62,
18
   Health and Safety Code, or the health benefits plan for children
19
   under Chapter 63, Health and Safety Code; and
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21
               (2) the medical assistance program under Chapter 32,
   Human Resources Code.
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          Sec. 1358.102. EXCEPTION. This subchapter does not apply
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   to:
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               (1) a health benefit plan that provides coverage:
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                    (A) only for a specified disease or for another
   single benefit;
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1	(B) only for accidental death or dismemberment;
2	(C) for wages or payments in lieu of wages for a
3	period during which an employee is absent from work because of
4	sickness or injury;
5	(D) as a supplement to a liability insurance
6	policy;
7	(E) for credit insurance;
8	(F) only for dental or vision care;
9	(G) only for hospital expenses; or
10	(H) only for indemnity for hospital confinement;
11	(2) a Medicare supplemental policy as defined by
12	Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);
13	(3) medical payment insurance coverage provided under
14	a motor vehicle insurance policy;
15	(4) a long-term care insurance policy, including a
16	nursing home fixed indemnity policy, unless the commissioner
17	determines that the policy provides benefit coverage so
18	comprehensive that the policy is a health benefit plan as described
19	by Section 1358.101;
20	(5) health and accident coverage provided by a risk
21	pool created under Chapter 172, Local Government Code; or
22	(6) a workers' compensation insurance policy.
23	Sec. 1358.103. LIMIT ON COST-SHARING REQUIREMENT. (a) In
24	this section, "insulin" means a prescription drug that contains
25	insulin and is used to treat diabetes. The term does not include an
26	insulin drug that is administered to a patient intravenously.
27	(b) A health benefit plan may not impose a cost-sharing

- 1 provision for insulin if the total amount the enrollee is required
- 2 to pay exceeds \$100 for a 30-day supply, regardless of the amount or
- 3 type of insulin needed to fill the enrollee's prescription.
- 4 SECTION 2. (a) In this section, "commission" means the
- 5 Health and Human Services Commission.
- 6 (b) The commission shall conduct a study evaluating pricing
- 7 of prescription insulin drugs to ensure adequate consumer
- 8 protections in pricing of prescription insulin drugs and consider
- 9 whether additional consumer protections are necessary.
- 10 (c) The commission shall request from health benefit plan
- 11 issuers and prescription drug manufacturers information concerning
- 12 the organization, business practices, pricing information, data,
- 13 reports, or other information the commission determines is
- 14 necessary to conduct the study. The commission shall also consider
- 15 any publicly available information related to prescription insulin
- 16 pricing.
- 17 (d) A health benefit plan issuer or prescription drug
- 18 manufacturer who receives a request from the commission under
- 19 Subsection (c) of this section shall furnish the commission with
- 20 the information as soon as practicable after the date the issuer or
- 21 manufacturer receives the request.
- (e) The commission may not require a health benefit plan
- 23 issuer or prescription drug manufacturer to disclose trade secrets
- 24 in information provided to the commission under Subsection (d) of
- 25 this section.
- 26 (f) Not later than September 1, 2022, the commission shall
- 27 prepare and submit to the governor, the lieutenant governor, and

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- 1 the speaker of the house of representatives a written report
- 2 containing the results of the study. The report must include:
- 3 (1) a summary of insulin pricing practices and
- 4 variables that contribute to pricing of health benefit plans;
- 5 (2) policy recommendations to control and prevent
- 6 overpricing of prescription insulin; and
- 7 (3) any other information the commission determines is
- 8 necessary.
- 9 (g) The commission shall publish the report described by
- 10 Subsection (f) of this section on its Internet website.
- 11 (h) This section expires September 1, 2023.
- 12 SECTION 3. The changes in law made by this Act apply only to
- 13 a health benefit plan that is delivered, issued for delivery, or
- 14 renewed on or after January 1, 2022. A health benefit plan
- 15 delivered, issued for delivery, or renewed before January 1, 2022,
- 16 is governed by the law as it existed immediately before the
- 17 effective date of this Act, and that law is continued in effect for
- 18 that purpose.
- 19 SECTION 4. This Act takes effect September 1, 2021.