

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage of clinician-administered drugs.

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

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

SUBCHAPTER L. CLINICIAN-ADMINISTERED DRUGS

Sec. 1369.551. DEFINITIONS. In this subchapter:

(1) "Administer" means to directly apply a drug to the body of a patient by injection, inhalation, ingestion, or any other means.

(2) "Clinician-administered drug" means an outpatient prescription drug other than a vaccine that:

(A) cannot reasonably be:

(i) self-administered by the patient to whom the drug is prescribed; or

(ii) administered by an individual assisting the patient with the self-administration; and

(B) is typically administered:

(i) by a physician or other health care provider authorized under the laws of this state to administer the drug, including when acting under a physician's delegation and supervision; and

(ii) in a physician's office, hospital

1 outpatient infusion center, or other clinical setting.

2 (3) "Health care provider" means an individual who is
3 licensed, certified, or otherwise authorized to provide health care
4 services in this state.

5 (4) "Physician" means an individual licensed to
6 practice medicine in this state.

7 Sec. 1369.552. APPLICABILITY OF SUBCHAPTER. (a) This
8 subchapter applies only to a health benefit plan that provides
9 benefits for medical or surgical expenses incurred as a result of a
10 health condition, accident, or sickness, including an individual,
11 group, blanket, or franchise insurance policy or insurance
12 agreement, a group hospital service contract, or an individual or
13 group evidence of coverage or similar coverage document that is
14 offered by:

15 (1) an insurance company;

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

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

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

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

24 (6) a stipulated premium company operating under
25 Chapter 884;

26 (7) a fraternal benefit society operating under
27 Chapter 885;

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

2 (9) an exchange operating under Chapter 942.

3 (b) Notwithstanding any other law, this subchapter applies
4 to:

5 (1) a small employer health benefit plan subject to
6 Chapter 1501, including coverage provided through a health group
7 cooperative under Subchapter B of that chapter;

8 (2) a standard health benefit plan issued under
9 Chapter 1507;

10 (3) health benefits provided by or through a church
11 benefits board under Subchapter I, Chapter 22, Business
12 Organizations Code;

13 (4) group health coverage made available by a school
14 district in accordance with Section 22.004, Education Code;

15 (5) a regional or local health care program operating
16 under Section 75.104, Health and Safety Code; and

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

19 (c) This subchapter does not apply to an issuer or provider
20 of health benefits under or a pharmacy benefit manager
21 administering pharmacy benefits under a workers' compensation
22 insurance policy or other form of providing medical benefits under
23 Title 5, Labor Code.

24 Sec. 1369.553. CERTAIN LIMITATIONS ON COVERAGE OF
25 CLINICIAN-ADMINISTERED DRUGS PROHIBITED. (a) A health benefit plan
26 issuer may not, for a patient with a cancer or cancer-related
27 diagnosis:

1 (1) require a clinician-administered drug to be
2 dispensed by a pharmacy selected by the health benefit plan issuer;

3 (2) require that a clinician-administered drug or the
4 administration of a clinician-administered drug be covered as a
5 pharmacy benefit rather than a medical benefit;

6 (3) if a clinician-administered drug is otherwise
7 covered, limit or exclude coverage for the clinician-administered
8 drug when not dispensed by a pharmacy selected by the health benefit
9 plan issuer; or

10 (4) prohibit a physician or health care provider from
11 obtaining or administering a clinician-administered drug that the
12 physician or provider is otherwise permitted to obtain or
13 administer by law.

14 (b) Nothing in this section may be construed to:

15 (1) authorize a person to administer a drug when
16 otherwise prohibited under the laws of this state or federal law; or

17 (2) modify drug administration requirements under the
18 laws of this state, including any requirements related to
19 delegation and supervision of drug administration.

20 SECTION 2. Subchapter L, Chapter 1369, Insurance Code, as
21 added by this Act, applies only to a health benefit plan that is
22 delivered, issued for delivery, or renewed on or after January 1,
23 2022.

24 SECTION 3. This Act takes effect September 1, 2021.