By:  Hull, et al. (Senate Sponsor - Menéndez) H.B. No. 1337

(In the Senate - Received from the House April 12, 2023; April 13, 2023, read first time and referred to Committee on Health & Human Services; May 19, 2023, reported favorably by the following vote: Yeas 8, Nays 0; May 19, 2023, sent to printer.)

COMMITTEE VOTE

                 Yea Nay Absent  PNV

Kolkhorst         X

Perry             X

Blanco            X

Hall              X

Hancock                     X

Hughes            X

LaMantia          X

Miles             X

Sparks            X

A BILL TO BE ENTITLED

AN ACT

relating to step therapy protocols required by health benefit plans for coverage of prescription drugs for serious mental illnesses.

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

SECTION 1.  Subchapter B, Chapter 1369, Insurance Code, is amended by adding Section 1369.0547 to read as follows:

Sec. 1369.0547.  STEP THERAPY PROTOCOLS FOR PRESCRIPTION DRUGS TO TREAT SERIOUS MENTAL ILLNESSES. (a) In this section, "serious mental illness" has the meaning assigned by Section 1355.001.

(b)  This section applies only to a drug prescribed to an enrollee who is 18 years of age or older to treat a diagnosis of a serious mental illness.

(c)  A health benefit plan that provides coverage for prescription drugs to treat a serious mental illness 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 more than one different drug for each drug prescribed, excluding the generic or pharmaceutical equivalent of the prescribed drug; or

(2)  prove a history of failure of more than one different drug for each drug prescribed, excluding the generic or pharmaceutical equivalent of the prescribed drug.

(d)  Subject to Section 1369.0546, a health benefit plan issuer may implement a step therapy protocol to require a trial of a generic or pharmaceutical equivalent of a prescribed prescription drug as a condition of continued coverage of the prescribed drug only:

(1)  once in a plan year; and

(2)  if the generic or pharmaceutical equivalent drug is added to the plan's drug formulary.

SECTION 2.  This Act applies only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2024. A health benefit plan delivered, issued for delivery, or renewed before January 1, 2024, 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, 2023.

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