

1-1 By: Hull, et al. (Senate Sponsor - Menéndez) H.B. No. 1337
 1-2 (In the Senate - Received from the House April 12, 2023;
 1-3 April 13, 2023, read first time and referred to Committee on Health
 1-4 & Human Services; May 19, 2023, reported favorably by the following
 1-5 vote: Yeas 8, Nays 0; May 19, 2023, sent to printer.)

1-6 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-7				
1-8	X			
1-9	X			
1-10	X			
1-11	X			
1-12			X	
1-13	X			
1-14	X			
1-15	X			
1-16	X			

1-17 A BILL TO BE ENTITLED
 1-18 AN ACT

1-19 relating to step therapy protocols required by health benefit plans
 1-20 for coverage of prescription drugs for serious mental illnesses.

1-21 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-22 SECTION 1. Subchapter B, Chapter 1369, Insurance Code, is
 1-23 amended by adding Section 1369.0547 to read as follows:

1-24 Sec. 1369.0547. STEP THERAPY PROTOCOLS FOR PRESCRIPTION
 1-25 DRUGS TO TREAT SERIOUS MENTAL ILLNESSES. (a) In this section,
 1-26 "serious mental illness" has the meaning assigned by Section
 1-27 1355.001.

1-28 (b) This section applies only to a drug prescribed to an
 1-29 enrollee who is 18 years of age or older to treat a diagnosis of a
 1-30 serious mental illness.

1-31 (c) A health benefit plan that provides coverage for
 1-32 prescription drugs to treat a serious mental illness may not
 1-33 require, before the health benefit plan provides coverage of a
 1-34 prescription drug approved by the United States Food and Drug
 1-35 Administration, that the enrollee:

1-36 (1) fail to successfully respond to more than one
 1-37 different drug for each drug prescribed, excluding the generic or
 1-38 pharmaceutical equivalent of the prescribed drug; or

1-39 (2) prove a history of failure of more than one
 1-40 different drug for each drug prescribed, excluding the generic or
 1-41 pharmaceutical equivalent of the prescribed drug.

1-42 (d) Subject to Section 1369.0546, a health benefit plan
 1-43 issuer may implement a step therapy protocol to require a trial of a
 1-44 generic or pharmaceutical equivalent of a prescribed prescription
 1-45 drug as a condition of continued coverage of the prescribed drug
 1-46 only:

1-47 (1) once in a plan year; and

1-48 (2) if the generic or pharmaceutical equivalent drug
 1-49 is added to the plan's drug formulary.

1-50 SECTION 2. This Act applies only to a health benefit plan
 1-51 delivered, issued for delivery, or renewed on or after January 1,
 1-52 2024. A health benefit plan delivered, issued for delivery, or
 1-53 renewed before January 1, 2024, is governed by the law as it existed
 1-54 immediately before the effective date of this Act, and that law is
 1-55 continued in effect for that purpose.

1-56 SECTION 3. This Act takes effect September 1, 2023.

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