

House Bill 916
Senate Amendments
Section-by-Section Analysis

HOUSE VERSION

SECTION 1. Section 1369.102, Insurance Code, is amended to read as follows:

Sec. 1369.102. APPLICABILITY OF SUBCHAPTER. Except as otherwise provided by this subchapter, this ~~[This]~~ subchapter applies only to a health benefit plan, including a small employer health benefit plan written under Chapter 1501, that provides benefits for medical or surgical expenses 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 offered by:

- (1) an insurance company;
- (2) a group hospital service corporation operating under Chapter 842;
- (3) a fraternal benefit society operating under Chapter 885;
- (4) a stipulated premium company operating under Chapter 884;
- (5) a reciprocal exchange operating under Chapter 942;
- (6) a health maintenance organization operating under Chapter 843;
- (7) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846; or
- (8) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844.

SECTION 2. Subchapter C, Chapter 1369, Insurance Code, is amended by adding Section 1369.1031 to read as follows:

Sec. 1369.1031. CERTAIN COVERAGE REQUIRED. (a) This section applies to a health benefit plan described by Section 1369.102.

SENATE VERSION (CS)

SECTION 1. Same as House version.

SECTION 2. Subchapter C, Chapter 1369, Insurance Code, is amended by adding Section 1369.1031 to read as follows:

Sec. 1369.1031. CERTAIN COVERAGE REQUIRED. (a) This section applies to a health benefit plan described by Section 1369.102.

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- (b) Notwithstanding any other law, this section applies to:
- (1) a standard health benefit plan issued under Chapter 1507;
 - (2) a basic coverage plan under Chapter 1551;
 - (3) a basic plan under Chapter 1575;
 - (4) a primary care coverage plan under Chapter 1579;
 - (5) a plan providing basic coverage under Chapter 1601;
 - (6) group health coverage made available by a school district in accordance with Section 22.004, Education Code;
 - (7) the state Medicaid program, including the Medicaid managed care program operated under Chapter 533, Government Code; and
 - (8) the child health plan program under Chapter 62, Health and Safety Code.
- (c) A health benefit plan that provides benefits for a prescription contraceptive drug must provide for an enrollee to obtain up to:
- (1) a three-month supply of the covered prescription contraceptive drug at one time the first time the enrollee obtains the drug; and
 - (2) a 12-month supply of the covered prescription contraceptive drug at one time each subsequent time the enrollee obtains the same drug, regardless of whether the enrollee was enrolled in the health benefit plan the first time the enrollee obtained the drug.
- (d) An enrollee may obtain only one 12-month supply of a covered prescription contraceptive drug during each 12-month period.

SECTION 3. The change in law made by this Act applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2024. A health

SENATE VERSION (CS)

- (b) Notwithstanding any other law, this section applies to:
- (1) a standard health benefit plan issued under Chapter 1507;
 - (2) a basic coverage plan under Chapter 1551;
 - (3) a basic plan under Chapter 1575;
 - (4) a primary care coverage plan under Chapter 1579;
 - (5) a plan providing basic coverage under Chapter 1601;
 - (6) group health coverage made available by a school district in accordance with Section 22.004, Education Code; and
 - (7) the state Medicaid program, including the Medicaid managed care program operated under Chapter 533, Government Code.
- (c) A health benefit plan that provides benefits for a prescription contraceptive drug must provide for an enrollee to obtain up to:
- (1) a three-month supply of the covered prescription contraceptive drug at one time the first time the enrollee obtains the drug; and
 - (2) a 12-month supply of the covered prescription contraceptive drug at one time each subsequent time the enrollee obtains the same drug, regardless of whether the enrollee was enrolled in the health benefit plan the first time the enrollee obtained the drug.
- (d) An enrollee may obtain only one 12-month supply of a covered prescription contraceptive drug during each 12-month period.

SECTION 3. Same as House version.

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benefit plan that is 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 4. This Act takes effect September 1, 2023.

SENATE VERSION (CS)

SECTION 4. Same as House version.

CONFERENCE