

AN ACT

relating to amounts charged to an enrollee in a health benefit plan for prescription drugs covered by the plan.

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

SECTION 1. Section 1369.001, Insurance Code, is amended by adding Subdivision (2-a) to read as follows:

(2-a) "Enrollee" means an individual who is covered under a health benefit plan, including a covered dependent.

SECTION 2. Subchapter A, Chapter 1369, Insurance Code, is amended by adding Section 1369.0041 to read as follows:

Sec. 1369.0041. CERTAIN PAYMENTS AND REFILLS. (a) A health benefit plan issuer that covers prescription drugs may not require an enrollee to make a payment for a prescription drug at the point of sale in an amount greater than the lesser of:

(1) the applicable copayment;

(2) the allowable claim amount for the prescription drug; or

(3) the amount an individual would pay for the drug if the individual purchased the drug without using a health benefit plan or any other source of drug benefits or discounts.

(b) A health benefit plan that covers prescription eye drops to treat a chronic eye disease or condition must allow the refill of prescription eye drops if the enrollee timely pays at the point of sale the maximum amount allowed by Subsection (a) and:

1 (1) the original prescription states that additional
2 quantities of the eye drops are needed;

3 (2) the refill does not exceed the total quantity of
4 dosage units authorized by the prescribing provider on the original
5 prescription, including refills; and

6 (3) the refill is dispensed on or before the last day
7 of the prescribed dosage period and:

8 (A) not earlier than the 21st day after the date a
9 prescription for a 30-day supply of eye drops is dispensed;

10 (B) not earlier than the 42nd day after the date a
11 prescription for a 60-day supply of eye drops is dispensed; or

12 (C) not earlier than the 63rd day after the date a
13 prescription for a 90-day supply of eye drops is dispensed.

14 SECTION 3. Section 1369.0041, Insurance Code, as added by
15 this Act, applies only to a health benefit plan that is delivered,
16 issued for delivery, or renewed on or after January 1, 2018. A plan
17 delivered, issued for delivery, or renewed before January 1, 2018,
18 is governed by the law as it existed immediately before the
19 effective date of this Act, and that law is continued in effect for
20 that purpose.

21 SECTION 4. This Act takes effect September 1, 2017.

President of the Senate

Speaker of the House

I hereby certify that S.B. No. 1076 passed the Senate on April 19, 2017, by the following vote: Yeas 30, Nays 1; and that the Senate concurred in House amendments on May 26, 2017, by the following vote: Yeas 30, Nays 1.

Secretary of the Senate

I hereby certify that S.B. No. 1076 passed the House, with amendments, on May 21, 2017, by the following vote: Yeas 131, Nays 10, one present not voting.

Chief Clerk of the House

Approved:

Date

Governor