HB 937 (2nd reading) S. Davis, et al. (CSHB 937 by Lucio)

SUBJECT: Requiring certain health plans to cover prescription contraceptive drugs

COMMITTEE: Insurance — committee substitute recommended

VOTE: 8 ayes — Lucio, G. Bonnen, S. Davis, Julie Johnson, Lambert, Paul, C.

Turner, Vo

0 nays

1 absent — Oliverson

WITNESSES: For — Erika Ramirez, Texas Women's Healthcare Coalition; (Registered,

but did not testify: Matt Simpson, ACLU of Texas; Moss Hampton, American College of Obstetricians and Gynecologists; Kelly Barnes, Central Health; Jane McFarland, League of Women Voters of Texas;

Lindsay Lanagan, Legacy Community Health; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Adriana Kohler, Texans Care For Children; Lauren Spreen, Texas Academy of Family Physicians; Jennifer Biundo, Texas Campaign to Prevent Teen Pregnancy; Sara Gonzalez, Texas Hospital Association; Michelle Romero, Texas Medical

Association; Clayton Travis, Texas Pediatric Society; Stacey Pogue)

Against — (*Registered, but did not testify*: Jessica Boston, Texas Association of Business; Jennifer Allmon, The Texas Catholic Conference

of Bishops; Bill Kelberlau)

On — (Registered, but did not testify: Doug Danzeiser, Texas Department

of Insurance)

BACKGROUND: Some have suggested that limits on coverage for contraceptives under

health benefit plans may increase unintended pregnancies.

DIGEST: CSHB 937 would require certain health benefit plans that provided

benefits for a prescription contraceptive drug to provide up to:

• a three-month supply of the covered prescription contraceptive

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drug at one time the first time the enrollee obtained the drug; and

• a 12-month supply of the covered prescription contraceptive drug at one time each subsequent time the enrollee obtained the same drug, regardless of whether the enrollee was enrolled in the health plan the first time the enrollee obtained the drug.

An enrollee could obtain only one 12-month supply of a covered prescription contraceptive drug during each 12-month period.

The bill would apply to certain health benefit plans, including:

- a small employer health benefit subject to the Health Insurance Portability and Availability Act;
- a health maintenance organization;
- group health coverage made available by a school district under the Texas School Employees Uniform Group Health Coverage Act;
- a basic coverage plan under Texas Employees Group Benefits Act;
- a basic plan under the Texas Public School Retired Employees Group Benefits Act;
- a primary care coverage plan under the Texas School Employees Uniform Group Health Coverage Act;
- a plan providing basic coverage Uniform Insurance Benefits Act for employees of the University of Texas and Texas A&M Systems; and
- a consumer choice of benefits plan.

The bill also would apply to the state Medicaid program, including managed care programs, and the state child health plan program.

The bill would take effect September 1, 2019, and would apply only to a health benefit plan that was delivered, issued for delivery, or renewed on or after January 1, 2020.