

BILL ANALYSIS

Senate Research Center

H.B. 2382
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Engrossed

DIGEST AND PURPOSE

Under the Texas Administrative Code, an insurer who covers all other prescriptions is prohibited from denying coverage of oral contraceptives. Oral contraceptives, however, are not the only prescription contraceptives. Some consumers would rather use other contraceptive devices, which may not be covered by the consumer's health benefit plan. H.B. 2382 prohibits a health benefit plan provider from using a different method of coverage for contraceptive drugs and devices than used for other prescription drugs.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Chapter 21E, Insurance Code, by adding Article 21.52L, as follows:

Art. 21.52L. HEALTH BENEFIT PLAN COVERAGE FOR PRESCRIPTION CONTRACEPTIVE DRUGS AND DEVICES AND RELATED SERVICES

Sec. 1. GENERAL DEFINITIONS. Defines "enrollee" and "outpatient contraceptive service."

Sec. 2. DEFINITION OF HEALTH BENEFIT PLAN. Defines "health benefit plan."

Sec. 3. PROHIBITED EXCLUSION OR LIMITATION. (a) Prohibits a health benefit plan that provides benefits for prescription drugs or devices from excluding or limiting benefits to enrollees for a prescription contraceptive drug or device approved by the United States Food and Drug Administration or an outpatient contraceptive service.

(b) Provides that this section does not prohibit a limitation that applies to all prescription drugs or devices or all services for which benefits are provided under a health benefit plan.

(c) Provides that this section does not provide coverage for abortifacients or any other drug or device that terminates a pregnancy.

Sec. 4. PROHIBITED COST-SHARING PROVISIONS. (a) Prohibits a health benefit plan from imposing any deductible, copayment, coinsurance, or other cost-sharing provision applicable to benefits for prescription contraceptive drugs or devices unless the amount of the required cost-sharing does not exceed the amount of the required cost-sharing applicable to benefits for other prescription drugs or devices under the plan.

(b) Prohibits a health benefit plan from imposing any deductible, copayment,

coinsurance, or other cost-sharing provision applicable to benefits for outpatient contraceptive services unless the amount of the required cost-sharing does not exceed the amount of the required cost-sharing applicable to benefits for other outpatient services under the plan.

Sec. 5. PROHIBITED WAITING PERIOD. (a) Prohibits a health benefit plan from imposing any waiting period applicable to benefits for prescription contraceptive drugs or devices unless the waiting period is not longer than any waiting period applicable to benefits for other prescription drugs or devices under the plan.

(b) Prohibits a health benefit plan from imposing any waiting period applicable to benefits for outpatient contraceptive services unless the waiting period is not longer than any waiting period applicable to benefits for other outpatient services under the plan.

Sec. 6. PROHIBITED CONDUCT. Sets forth certain prohibitions regarding the issuer of a health benefit plan.

Sec. 7. EXEMPTION. (a) Provides that this article does not require a health benefit plan that is issued by an entity associated with a religious organization or any physician or health care provider providing medical or health care services under the health benefit plan to offer, recommend, offer advice concerning, pay for, provide, assist in, perform, arrange, or participate in providing or performing a medical or health care service that violates the religious convictions of the organization, except if the prescription contraceptive coverage is necessary to preserve the life or health of the insured individual.

(b) Requires the issuer of a health benefit plan that limits or excludes coverage for medical or health care services under this section to state the limitation or exclusion in the coverage document, the plan's statement of benefits, brochures, and other informational materials for the health benefit plan.

Sec. 8. ENFORCEMENT. Provides that the issuer of a health benefit plan that violates this article is subject to the enforcement provisions of Subtitle B, Title 2, of this code.

SECTION 2. Effective date: September 1, 2001. Provides that this Act applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2002. Provides that a plan that is delivered, issued for delivery, or renewed before January 1, 2002, 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.