

BILL ANALYSIS

Senate Research Center
77R6976 DLF-D

S.B. 804
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Business & Commerce
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DIGEST AND PURPOSE

Current Texas law requires health benefit plans to provide enrollees with continuous access to prescribed formulary drugs at the same benefit level until the enrollee's plan renewal date, even if the drug has been removed from the formulary. As proposed, S.B. 804 narrows the scope of current law and requires health plans to provide enrollees with access to prescription drugs that were prescribed for an enrollee during the plan year. Such prescriptions would have to be available at the contracted benefit level until the enrollee's plan renewal date, whether or not the prescribed drug has been removed from the health benefit plan's drug formulary.

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 Section 4, Article 21.52J, Insurance Code, by amending Subsection (a) and adding Subsection (c) as follows,

(a) Requires, except as provided by Subsection (c), a group health benefit plan that offers prescription drug benefits to make a prescription drug that was prescribed for an enrollee during the plan year available to the enrollee at the contracted benefit level until the enrollee's plan renewal date, regardless of whether the prescribed drug has been removed from the health benefit plan's drug formulary.

(c) Provides that Subsection (a) of this section does not require a group health benefit plan to continue to provide prescription drug benefits for a prescription drug if certain requirements are met.

SECTION 2. Effective date: September 1, 2001.
Makes application of this Act prospective.