

By: Creighton

S.B. No. 270

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage for abuse-deterrent opioid analgesic drugs.

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

SECTION 1. Chapter 1369, Insurance Code, is amended by adding Subchapter J to read as follows:

SUBCHAPTER J. COVERAGE FOR ABUSE-DETERRENT OPIOID ANALGESIC DRUGS

Sec. 1369.451. DEFINITIONS. In this subchapter:

(1) "Abuse-deterrent opioid analgesic drug" means an opioid analgesic drug that the United States Food and Drug Administration has approved and for which the United States Food and Drug Administration has approved abuse-deterrence labeling that indicates the drug is expected to result in a meaningful reduction in abuse.

(2) "Opioid analgesic drug" means a drug in the opioid analgesic drug class that:

(A) is prescribed to treat moderate to severe pain or other conditions; and

(B) may be:

(i) in an immediate-release or extended-release form of the drug;

(ii) a single component drug; or

(iii) in combination with another drug.

Sec. 1369.452. APPLICABILITY OF SUBCHAPTER. (a) This

subchapter applies only to a health benefit plan 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.

(b) Notwithstanding Section 1501.251 or any other law, this subchapter applies to a small employer health benefit plan subject to Chapter 1501.

(c) Notwithstanding any other law, a standard health benefit plan provided under Chapter 1507 must provide the coverage required by this subchapter.

1       Sec. 1369.453. EXCEPTIONS. (a) This subchapter does not  
2 apply to:

3               (1) a health benefit plan that provides coverage only:

4                       (A) for a specified disease or for another  
5 limited benefit other than for cancer;

6                       (B) for accidental death or dismemberment;

7                       (C) for wages or payments in lieu of wages for a  
8 period during which an employee is absent from work because of  
9 sickness or injury;

10                      (D) as a supplement to a liability insurance  
11 policy;

12                      (E) for credit insurance;

13                      (F) for dental or vision care; or

14                      (G) for indemnity for hospital confinement;

15               (2) a Medicare supplemental policy as defined by  
16 Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);

17               (3) a workers' compensation insurance policy;

18               (4) medical payment insurance coverage provided under  
19 a motor vehicle insurance policy; or

20               (5) a long-term care insurance policy, including a  
21 nursing home fixed indemnity policy, unless the commissioner  
22 determines that the policy provides benefit coverage so  
23 comprehensive that the policy is a health benefit plan as described  
24 by Section 1369.452.

25       (b) This subchapter does not apply to:

26               (1) the Medicaid managed care program operated under  
27 Chapter 533, Government Code;

1           (2) the Medicaid program operated under Chapter 32,  
2 Human Resources Code; or

3           (3) the child health plan program operated under  
4 Chapter 62, Health and Safety Code.

5           Sec. 1369.454. REQUIRED COVERAGE FOR ABUSE-DETERRENT  
6 OPIOID ANALGESIC DRUGS. (a) A health benefit plan must provide  
7 coverage for abuse-deterrent opioid analgesic drugs.

8           (b) A health benefit plan issuer may not reduce or limit a  
9 payment to a health care professional, or otherwise penalize the  
10 professional, because the professional prescribes or dispenses an  
11 abuse-deterrent opioid analgesic drug.

12           Sec. 1369.455. PRIOR AUTHORIZATION. (a) A health benefit  
13 plan may require prior authorization for an abuse-deterrent opioid  
14 analgesic drug in the same manner that the health benefit plan  
15 requires prior authorization for an opioid analgesic drug that does  
16 not have abuse-deterrent properties.

17           (b) A health benefit plan may not require an enrollee to use  
18 an opioid analgesic drug that does not have abuse-deterrent  
19 properties before prior authorization for an abuse-deterrent  
20 opioid analgesic drug may be given.

21           SECTION 2. Subchapter J, Chapter 1369, Insurance Code, as  
22 added by this Act, applies only to a health benefit plan that is  
23 delivered, issued for delivery, or renewed on or after January 1,  
24 2018. A health benefit plan that is delivered, issued for delivery,  
25 or renewed before January 1, 2018, is covered by the law as it  
26 existed immediately before the effective date of this Act, and that  
27 law is continued in effect for that purpose.

1       SECTION 3.   This Act takes effect September 1, 2017.