

1-1 By: Lucio III (Senate Sponsor - Schwertner) H.B. No. 3441
 1-2 (In the Senate - Received from the House April 29, 2019;
 1-3 April 29, 2019, read first time and referred to Committee on
 1-4 Business & Commerce; May 7, 2019, reported favorably by the
 1-5 following vote: Yeas 8, Nays 0; May 7, 2019, sent to printer.)

1-6 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-7 Hancock	X			
1-8 Nichols	X			
1-9 Campbell	X			
1-10 Creighton	X			
1-11 Menéndez	X			
1-12 Paxton	X			
1-13 Schwertner	X			
1-14 Whitmire			X	
1-15 Zaffirini	X			

1-17 A BILL TO BE ENTITLED
 1-18 AN ACT

1-19 relating to reimbursement under certain health benefit plans for
 1-20 certain services and procedures performed by pharmacists.

1-21 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-22 SECTION 1. Subchapter C, Chapter 1451, Insurance Code, is
 1-23 amended by adding Section 1451.1261 to read as follows:

1-24 Sec. 1451.1261. REIMBURSEMENT FOR CERTAIN SERVICES AND
 1-25 PROCEDURES PERFORMED BY PHARMACISTS. (a) Notwithstanding any
 1-26 other law, in addition to applying to a policy, agreement, or
 1-27 contract described by Section 1451.102, this section applies to any
 1-28 other individual or group health benefit plan that provides
 1-29 benefits described by Section 1451.102, including:

1-30 (1) a health benefit plan issued by:

1-31 (A) a group hospital service corporation
 1-32 operating under Chapter 842;

1-33 (B) a health maintenance organization operating
 1-34 under Chapter 843; or

1-35 (C) a multiple employer welfare arrangement that
 1-36 holds a certificate of authority under Chapter 846;

1-37 (2) a small employer health benefit plan subject to
 1-38 Chapter 1501;

1-39 (3) a standard health benefit plan issued under
 1-40 Chapter 1507;

1-41 (4) health benefits provided by or through a church
 1-42 benefits board under Subchapter I, Chapter 22, Business
 1-43 Organizations Code;

1-44 (5) a regional or local health care program operated
 1-45 under Section 75.104, Health and Safety Code; and

1-46 (6) a self-funded health benefit plan sponsored by a
 1-47 professional employer organization under Chapter 91, Labor Code.

1-48 (b) This section does not apply to:

1-49 (1) a basic coverage plan under Chapter 1551;

1-50 (2) a basic plan under Chapter 1575;

1-51 (3) a primary care coverage plan under Chapter 1579;

1-52 (4) a plan providing basic coverage under Chapter
 1-53 1601;

1-54 (5) the state Medicaid program, including the Medicaid
 1-55 managed care program operated under Chapter 533, Government Code;
 1-56 or

1-57 (6) the child health plan program under Chapter 62,
 1-58 Health and Safety Code.

1-59 (c) Notwithstanding Section 1451.102, this section applies
 1-60 to coverage under a group health benefit plan provided to a resident
 1-61 of this state regardless of whether the group policy, agreement, or

2-1 contract is delivered, issued for delivery, or renewed in this
2-2 state.

2-3 (d) An insurer or other health benefit plan issuer or a
2-4 third-party administrator or pharmacy benefit manager of a health
2-5 benefit plan may not deny reimbursement to a pharmacist for the
2-6 provision of a service or procedure within the scope of the
2-7 pharmacist's license to practice pharmacy under Subtitle J, Title
2-8 3, Occupations Code, that:

2-9 (1) would be covered by the insurance policy or other
2-10 coverage agreement if the service or procedure were provided by:

- 2-11 (A) a physician;
- 2-12 (B) an advanced practice nurse; or
- 2-13 (C) a physician assistant; and

2-14 (2) is performed by the pharmacist in strict
2-15 compliance with laws and rules related to:

- 2-16 (A) the provision of the service or procedure;
- 2-17 and
- 2-18 (B) the pharmacist's license.

2-19 (e) This section may not be construed to require an insurer
2-20 or other health benefit plan issuer or a third-party administrator
2-21 or pharmacy benefit manager to reimburse a pharmacist or pharmacy
2-22 as an in-network or preferred provider.

2-23 SECTION 2. Section 1451.1261, Insurance Code, as added by
2-24 this Act, applies only to a health benefit plan that is delivered,
2-25 issued for delivery, or renewed on or after January 1, 2020. A plan
2-26 delivered, issued for delivery, or renewed before January 1, 2020,
2-27 is governed by the law as it existed immediately before the
2-28 effective date of this Act, and that law is continued in effect for
2-29 that purpose.

2-30 SECTION 3. This Act takes effect September 1, 2019.

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