## Chapter 1350

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H.B. No. 1584

relating to health benefit plan coverage of prescription drugs for
stage-four advanced, metastatic cancer.
BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
SECTION 1. Chapter 1369, Insurance Code, is amended by
adding Subchapter E-1 to read as follows:
SUBCHAPTER E-1. COVERAGE OF PRESCRIPTION DRUGS FOR STAGE-FOUR
ADVANCED, METASTATIC CANCER
Sec. 1369.211. DEFINITIONS. In this subchapter:
(1) "Associated conditions" means the symptoms or side
effects associated with stage-four advanced, metastatic cancer or
its treatment and which, in the judgment of the health care
practitioner, further jeopardize the health of a patient if left
untreated.
(2) "Stage-four advanced, metastatic cancer" means
cancer that has spread from the primary or original site of the
cancer to nearby tissues, lymph nodes, or other areas or parts of
the body.
Sec. 1369.212. APPLICABILITY OF SUBCHAPTER. (a) This
subchapter applies only to a health benefit plan that provides
benefits for medical or surgical expenses or pharmacy benefits
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,

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or an individual or group evidence of coverage or similar coverage 1 2 document that is issued by: 3 (1) an insurance company; 4 (2) a group hospital service corporation operating 5 under Chapter 842; 6 (3) a health maintenance organization operating under 7 Chapter 843; 8 (4) an approved nonprofit health corporation that 9 holds a certificate of authority under Chapter 844; 10 (5) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846; 11 12 (6) a stipulated premium company operating under 13 Chapter 884; 14 (7) a fraternal benefit society operating under 15 Chapter 885; 16 (8) a Lloyd's plan operating under Chapter 941; or 17 (9) an exchange operating under Chapter 942. 18 (b) Notwithstanding any other law, this subchapter applies 19 to: 20 (1) a small employer health benefit plan subject to Chapter 1501, including coverage provided through a health group 21 22 cooperative under Subchapter B of that chapter; (2) a standard health benefit plan issued under 23 24 Chapter 1507; 25 (3) a basic coverage plan under Chapter 1551;

(5) a primary care coverage plan under Chapter 1579;

(4) a basic plan under Chapter 1575;

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1	(6) a plan providing basic coverage under Chapter
2	<u>1601;</u>
3	(7) health benefits provided by or through a church
4	benefits board under Subchapter I, Chapter 22, Business
5	Organizations Code;
6	(8) group health coverage made available by a school
7	district in accordance with Section 22.004, Education Code;
8	(9) the state Medicaid program, including the Medicaid
9	managed care program operated under Chapter 533, Government Code;
0.	(10) the child health plan program under Chapter 62,
.1	Health and Safety Code;
_2	(11) a regional or local health care program operated
L3	under Section 75.104, Health and Safety Code; and
L4	(12) a self-funded health benefit plan sponsored by a
15	professional employer organization under Chapter 91, Labor Code.
L6	(c) This subchapter applies to coverage under a group health
L 7	benefit plan provided to a resident of this state regardless of
L8	whether the group policy, agreement, or contract is delivered,
L9	issued for delivery, or renewed in this state.
20	Sec. 1369.213. PROHIBITED CONDUCT. (a) A health benefit
21	plan that provides coverage for stage-four advanced, metastatic
22	cancer and associated conditions may not require, before the health
23	benefit plan provides coverage of a prescription drug approved by
24	the United States Food and Drug Administration, that the enrollee:
25	(1) fail to successfully respond to a different drug;
26	or

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(2) prove a history of failure of a different drug.

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- 1 (b) This section applies only to a drug the use of which is:
- 2 (1) consistent with best practices for the treatment
- 3 of stage-four advanced, metastatic cancer or an associated
- 4 condition;
- 5 (2) supported by peer-reviewed, evidence-based
- 6 literature; and
- 7 (3) approved by the United States Food and Drug
- 8 Administration.
- 9 SECTION 2. This Act applies only to a health benefit plan
- 10 delivered, issued for delivery, or renewed on or after January 1,
- 11 2020. A health benefit plan delivered, issued for delivery, or
- 12 renewed before January 1, 2020, is governed by the law as it existed
- 13 immediately before the effective date of this Act, and that law is
- 14 continued in effect for that purpose.
- SECTION 3. This Act takes effect September 1, 2019.

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President of the Senate

Speaker of the House

1 certify that H.B. No. 1584 was passed by the House on May 7, 2019, by the following vote: Yeas 126, Nays 19, 1 present, not voting; and that the House concurred in Senate amendments to H.B. No. 1584 on May 24, 2019, by the following vote: Yeas 115, Nays 24, 2 present, not voting.

Chief Clerk of the Hous

I certify that H.B. No. 1584 was passed by the Senate, with amendments, on May 22, 2019, by the following vote: Yeas 30, Nays 1.  $\bigcirc$ 

Secretary of the Senate

APPROVED: \_\_\_\_\_

Date

Governor

FILED IN THE OFFICE OF THE SECRETARY OF STATE
4:45 pm o'clock

JUN 1 5 (2019

Secretary of State