By: Turner

H.B. No. 2926

A BILL TO BE ENTITLED 1 AN ACT 2 relating to certain claims for benefits or compensation by certain public safety employees and survivors of certain public safety 3 4 employees. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS: 5 SECTION 1. Section 607.0545(e), Government Code, is amended 6 7 to read as follows: 8 (e) This section expires September 1, 2025 [2023]. 9 SECTION 2. Subchapter B, Chapter 607, Government Code, is 10 amended by adding Section 607.05451 to read as follows: 11 Sec. 607.05451. REPROCESSING DENIED CLAIMS REQUIRED. (a) In this section, "insurance carrier" has the meaning assigned by 12 Section 401.011, Labor Code. 13 14 (b) Notwithstanding any other law, an insurance carrier who, before June 14, 2021, denied a claim for benefits related to 15 16 severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) or coronavirus disease 2019 (COVID-19) for a person subject to Section 17 607.0545 or the person's beneficiary shall reprocess the denied 18 claim without a written request and apply the provisions of Section 19 607.0545 when reprocessing the claim. 20 21 (c) Notwithstanding Subsection (b), an insurance carrier is not required to reprocess a claim the insurance carrier has 22 23 previously reprocessed in accordance with Chapter 505 (S.B. 22), Acts of the 87th Legislature, Regular Session, 2021. 24

(d) Not later than October 31, 2023, an insurance carrier 1 shall: 2 3 (1) reprocess each denied claim as required by Subsection (b); and 4 5 (2) notify the person in writing whether the insurance carrier accepted or denied the claim. 6 7 (e) If the insurance carrier denies a reprocessed claim, the 8 denial notice must include information on the process for disputing the denial. The insurance carrier shall use the notice prescribed 9 by the division of workers' compensation of the Texas Department of 10 Insurance. 11 (f) The commissioner of insurance shall adopt any rules 12 necessary to implement this section. 13 14 (g) This section expires December 31, 2023. 15 SECTION 3. Section 409.0092, Labor Code, is amended to read as follows: 16 Sec. 409.0092. HEALTH CARE REIMBURSEMENT PROCEDURES FOR 17 CERTAIN INJURED EMPLOYEES AND BENEFICIARIES. (a) An injured 18 employee, or the employee's beneficiary, who 19 is subject to Subchapter B, Chapter 607 [Section 607.0545], Government Code, and 20 whose claim for benefits is determined to be compensable by an 21 insurance carrier or the division, may request reimbursement for 22 health care paid by the employee or the employee's beneficiary, 23 24 including copayments and partial payments, by submitting to the carrier a legible written request and documentation showing the 25 26 amounts paid to the health care provider. (b) Not later than the 45th day after the date an injured 27

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1 employee <u>or the employee's beneficiary</u> submits a request for 2 reimbursement for health care to an insurance carrier under 3 Subsection (a), the carrier shall provide reimbursement or deny the 4 request.

5 (c) If an insurance carrier denies a [an injured employee's] request for reimbursement for health care, the employee or the 6 7 employee's beneficiary may seek medical dispute resolution as 8 provided by Chapter 413 and division rules. Notwithstanding any other law, a [an employee's] request for medical dispute resolution 9 is considered timely if the employee or the employee's beneficiary 10 submits the request not later than the 120th day after the date the 11 carrier denies the [employee's] request for reimbursement. 12

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[(d) This section expires September 1, 2023.]

14 SECTION 4. Section 415.002(a), Labor Code, is amended to 15 read as follows:

16 (a) An insurance carrier or its representative commits an17 administrative violation if that person:

18 (1) misrepresents a provision of this subtitle <u>or</u>
19 <u>Subchapter B, Chapter 607, Government Code</u>, to an employee, an
20 employer, a health care provider, or a legal beneficiary;

(2) terminates or reduces benefits without substantiating evidence that the action is reasonable and authorized by law;

(3) instructs an employer not to file a documentrequired to be filed with the division;

(4) instructs or encourages an employer to violate a
claimant's right to medical benefits under this subtitle;

(5) fails to tender promptly full death benefits if a
 legitimate dispute does not exist as to the liability of the
 insurance carrier;

4 (6) allows an employer, other than a self-insured
5 employer, to dictate the methods by which and the terms on which a
6 claim is handled and settled;

7 (7) fails to confirm medical benefits coverage to a 8 person or facility providing medical treatment to a claimant if a 9 legitimate dispute does not exist as to the liability of the 10 insurance carrier;

11 (8) fails, without good cause, to attend a dispute 12 resolution proceeding within the division;

13 (9) attends a dispute resolution proceeding within the 14 division without complete authority or fails to exercise authority 15 to effectuate agreement or settlement;

16 (10) adjusts a workers' compensation claim in a manner 17 contrary to license requirements for an insurance adjuster, 18 including the requirements of Chapter 4101, Insurance Code, or the 19 rules of the commissioner of insurance;

20 (11) fails to process claims promptly in a reasonable21 and prudent manner;

(12) fails to initiate or reinstate benefits when due if a legitimate dispute does not exist as to the liability of the insurance carrier;

(13) misrepresents the reason for not paying benefits
or terminating or reducing the payment of benefits;

27 (14) dates documents to misrepresent the actual date

1 of the initiation of benefits;

2 (15) makes a notation on a draft or other instrument 3 indicating that the draft or instrument represents a final 4 settlement of a claim if the claim is still open and pending before 5 the division;

6 (16) fails or refuses to pay benefits from week to week7 as and when due directly to the person entitled to the benefits;

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(17) fails to pay an order awarding benefits;

9 (18) controverts a claim if the evidence clearly 10 indicates liability;

11 (19) unreasonably disputes the reasonableness and 12 necessity of health care;

13 (20) violates a commissioner rule;

14 (21) makes a statement denying all future medical care
15 for a compensable injury; [or]

16 (22) <u>fails to apply a statutory presumption to a claim</u>
17 <u>that qualifies for a presumption under Subchapter B, Chapter 607,</u>
18 Government Code;

19 (23) denies a claim subject to a statutory presumption 20 under Subchapter B, Chapter 607, Government Code, without obtaining 21 an opinion from a medical expert; or

22 (24) fails to comply with a provision of this 23 subtitle.

SECTION 5. As soon as practicable after the effective date of this Act, the division of workers' compensation of the Texas Department of Insurance shall prescribe in English and Spanish the notices to be used by an insurance carrier under Section 607.05451,

1 Government Code, as added by this Act, when:

2 (1) notifying the injured employee or the employee's
3 beneficiary that the insurance carrier will be reprocessing the
4 previously denied claim; and

5 (2) notifying the injured employee or the employee's 6 beneficiary of the insurance carrier's acceptance or denial of a 7 previously denied claim.

8 SECTION 6. Section 415.002, Labor Code, as amended by this 9 Act, applies only to an administrative violation committed on or 10 after the effective date of this Act. An administrative violation 11 committed before the effective date of this Act is governed by the 12 law in effect on the date the administrative violation was 13 committed, and the former law is continued in effect for that 14 purpose.

15 SECTION 7. This Act takes effect immediately if it receives 16 a vote of two-thirds of all the members elected to each house, as 17 provided by Section 39, Article III, Texas Constitution. If this 18 Act does not receive the vote necessary for immediate effect, this 19 Act takes effect September 1, 2023.