

By: Vo

H.B. No. 4067

A BILL TO BE ENTITLED

AN ACT

1
2 relating to examinations of health maintenance organizations and
3 insurers by the commissioner of insurance regarding compliance with
4 certain utilization review and preauthorization requirements;
5 authorizing a fee.

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

7 SECTION 1. Section 843.154(f), Insurance Code, is amended
8 to read as follows:

9 (f) A health maintenance organization shall pay to the
10 commissioner a fee in an amount assessed by the commissioner and
11 paid in accordance with rules adopted by the commissioner for the
12 expenses of an examination under Section 843.156(a) or (a-1) that:

13 (1) are incurred by the commissioner or under the
14 commissioner's authority; and

15 (2) are directly attributable to that examination,
16 including the actual salaries and expenses of the examiners
17 directly attributable to that examination, as determined under
18 rules adopted by the commissioner.

19 SECTION 2. Section 843.156, Insurance Code, is amended by
20 adding Subsections (a-1) and (a-2) to read as follows:

21 (a-1) The commissioner shall examine a health maintenance
22 organization to determine the health maintenance organization's
23 compliance with applicable requirements related to utilization
24 review, including requirements under this chapter, Chapter 1222,

1 Chapter 1369, and Chapter 4201 that relate to the preauthorization
2 of health care services. The commissioner may conduct an
3 examination under this subsection as often as the commissioner
4 considers necessary but shall conduct an examination at least once
5 annually. Documentation provided to the commissioner during an
6 examination conducted under this subsection is confidential and is
7 not subject to disclosure as public information under Chapter 552,
8 Government Code. In this subsection and Subsection (a-2),
9 "utilization review" has the meaning assigned by Section 4201.002.

10 (a-2) If in a certain year the commissioner examines or will
11 examine a health maintenance organization's compliance with
12 applicable requirements related to utilization review as part of an
13 examination other than the examination required by Subsection
14 (a-1), the commissioner is not required to examine the health
15 maintenance organization under Subsection (a-1) in that year.

16 SECTION 3. Section 1301.0056, Insurance Code, is amended by
17 adding Subsections (a-1) and (a-2) to read as follows:

18 (a-1) The commissioner shall examine an insurer to
19 determine the insurer's compliance with applicable requirements
20 related to utilization review, including requirements under this
21 chapter, Chapter 1222, Chapter 1369, and Chapter 4201 that relate
22 to the preauthorization of medical care or health care services.
23 The commissioner may conduct an examination under this subsection
24 as often as the commissioner considers necessary but shall conduct
25 an examination at least once annually. In this subsection and
26 Subsection (a-2), "utilization review" has the meaning assigned by
27 Section 4201.002.

1 (a-2) If in a certain year the commissioner examines or will
2 examine an insurer's compliance with applicable requirements
3 related to utilization review as part of an examination other than
4 the examination required by Subsection (a-1), the commissioner is
5 not required to examine the insurer under Subsection (a-1) in that
6 year.

7 SECTION 4. This Act takes effect September 1, 2023.