

By: Harris of Williamson

H.B. No. 4500

A BILL TO BE ENTITLED

1 AN ACT
2 relating to electronic verification of health benefits by health
3 benefit plan issuers for certain physicians and health care
4 providers.

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

6 SECTION 1. Subtitle A, Title 8, Insurance Code, is amended
7 by adding Chapter 1223 to read as follows:

8 CHAPTER 1223. VERIFICATION OF HEALTH BENEFITS

9 Sec. 1223.001. APPLICABILITY OF CHAPTER. (a) This chapter
10 applies only to a health benefit plan that provides benefits for
11 medical or surgical expenses incurred as a result of a health
12 condition, accident, or sickness, including an individual, group,
13 blanket, or franchise insurance policy or insurance agreement, a
14 group hospital service contract, or an individual or group evidence
15 of coverage or similar coverage document that is issued by:

16 (1) an insurance company;

17 (2) a group hospital service corporation operating
18 under Chapter 842;

19 (3) a health maintenance organization operating under
20 Chapter 843;

21 (4) an approved nonprofit health corporation that
22 holds a certificate of authority under Chapter 844;

23 (5) a multiple employer welfare arrangement that holds
24 a certificate of authority under Chapter 846;

- 1 (6) a stipulated premium company operating under
2 Chapter 884;
- 3 (7) a fraternal benefit society operating under
4 Chapter 885;
- 5 (8) a Lloyd's plan operating under Chapter 941; or
6 (9) an exchange operating under Chapter 942.
- 7 (b) Notwithstanding any other law, this chapter applies to:
- 8 (1) a small employer health benefit plan subject to
9 Chapter 1501, including coverage provided through a health group
10 cooperative under Subchapter B of that chapter;
- 11 (2) a standard health benefit plan issued under
12 Chapter 1507;
- 13 (3) a basic coverage plan under Chapter 1551;
14 (4) a basic plan under Chapter 1575;
15 (5) a primary care coverage plan under Chapter 1579;
16 (6) a plan providing basic coverage under Chapter
17 1601;
- 18 (7) nonprofit agricultural organization health
19 benefits offered by a nonprofit agricultural organization under
20 Chapter 1682;
- 21 (8) alternative health benefit coverage offered by a
22 subsidiary of the Texas Mutual Insurance Company under Subchapter
23 M, Chapter 2054;
- 24 (9) health benefits provided by or through a church
25 benefits board under Subchapter I, Chapter 22, Business
26 Organizations Code;
- 27 (10) group health coverage made available by a school

1 district in accordance with Section 22.004, Education Code;

2 (11) the state Medicaid program, including the
3 Medicaid managed care program operated under Chapter 533,
4 Government Code;

5 (12) the child health plan program under Chapter 62,
6 Health and Safety Code;

7 (13) a regional or local health care program operated
8 under Section 75.104, Health and Safety Code;

9 (14) a self-funded health benefit plan sponsored by a
10 professional employer organization under Chapter 91, Labor Code;

11 (15) county employee group health benefits provided
12 under Chapter 157, Local Government Code; and

13 (16) health and accident coverage provided by a risk
14 pool created under Chapter 172, Local Government Code.

15 Sec. 1223.002. INTERNET WEBSITE FOR VERIFICATION REQUIRED
16 FOR EMERGENCY PHYSICIANS AND HEALTH CARE PROVIDERS. A health
17 benefit plan issuer shall maintain and make available a secure
18 system on the issuer's Internet website that allows a physician or
19 health care provider for a hospital or freestanding emergency
20 medical care facility to determine at any time:

21 (1) whether the physician's or provider's patient is
22 covered by the issuer's health benefit plan;

23 (2) whether the issuer will pay the physician or
24 provider for the proposed health care service or supply the
25 physician or provider intends to provide to the patient; and

26 (3) the deductible, copayment, or coinsurance for
27 which the patient is responsible.

1 SECTION 2. If before implementing any provision of Chapter
2 1223, Insurance Code, as added by this Act, a state agency
3 determines that a waiver or authorization from a federal agency is
4 necessary for implementation of that provision, the agency affected
5 by the provision shall request the waiver or authorization and may
6 delay implementing that provision until the waiver or authorization
7 is granted.

8 SECTION 3. This Act takes effect January 1, 2024.