

By: Johnson

S.B. No. 1003

A BILL TO BE ENTITLED

AN ACT

relating to disclosure requirements for health care provider directories maintained by certain health benefit plan issuers.

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

SECTION 1. Section 1451.501(1-a), Insurance Code, is amended to read as follows:

(1-a) "Facility-based physician or provider" means a physician or health care provider [~~radiologist, anesthesiologist, pathologist, emergency department physician, neonatologist, or assistant surgeon~~]:

(A) to whom a facility has granted clinical privileges; and

(B) who provides services to patients of the facility under those clinical privileges.

SECTION 2. Section 1451.504, Insurance Code, is amended by amending Subsections (c) and (d) and adding Subsection (e) to read as follows:

(c) Except as provided by Subsection (e), for [~~For~~] each health care provider that is a facility included in the directory under this section, the directory must:

(1) list under the facility name separate headings for specialties, including radiologists, anesthesiologists, nurse anesthetists, pathologists, emergency department physicians, neonatologists, nurse midwives, surgical assistants, physical

1 therapists, occupational therapists, speech-language
2 pathologists, and any other specialty identified by commissioner
3 rule [~~and assistant surgeons~~];

4 (2) list under each heading described by Subdivision
5 (1) each facility-based physician or provider described by
6 Subsection (a) practicing in the specialty corresponding with that
7 heading that is a preferred provider, exclusive provider, or
8 network physician or provider;

9 (3) for the facility and each facility-based physician
10 or provider described by Subdivision (2), clearly indicate each
11 health benefit plan issued by the issuer that may provide coverage
12 for the services provided by that facility or facility-based
13 physician or provider; and

14 (4) include the facility in a listing of all
15 facilities included in the directory indicating:

16 (A) the name of the facility;

17 (B) the municipality in which the facility is
18 located or county in which the facility is located if the facility
19 is in the unincorporated area of the county;

20 (C) for each specialty of facility-based
21 physician or provider practicing at the facility, the name, street
22 address, and telephone number of any facility-based physician or
23 provider that is a preferred provider, exclusive provider, or
24 network physician or provider or of the physician or provider group
25 in which the facility-based physician or provider practices;

26 (D) each health benefit plan issued by the issuer
27 that may provide coverage for the services provided by the

1 facility; and

2 (E) each health benefit plan issued by the issuer
3 that may provide coverage for the services provided by each
4 facility-based physician or provider group.

5 (d) The directory must list a facility-based physician or
6 provider individually and, if the physician or provider belongs to
7 a physician or provider group, as part of the physician or provider
8 group.

9 (e) The directory is not required to list a physician or
10 health care provider who is employed by the facility.

11 SECTION 3. A health benefit plan issuer shall update the
12 issuer's physician and health care provider directory and Internet
13 website to conform with Subchapter K, Chapter 1451, Insurance Code,
14 as amended by this Act, not later than January 1, 2024.

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