1-1 By: Taylor (Senate Sponsor - Jackson) H.B. No. 1030
1-2 (In the Senate - Received from the House May 16, 2005;
1-3 May 17, 2005, read first time and referred to Committee on State
1-4 Affairs; May 20, 2005, reported favorably by the following vote:
1-5 Yeas 8, Nays 0; May 20, 2005, sent to printer.)

A BILL TO BE ENTITLED
AN ACT

relating to availability of preferred providers.

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

SECTION 1. Subchapter A, Chapter 1301, Insurance Code, as effective April 1, 2005, is amended by adding Sections 1301.0045 and 1301.0046 to read as follows:

Sec. 1301.0045. CONSTRUCTION OF CHAPTER. Except as provided by Section 1301.0046, this chapter may not be construed to limit the level of reimbursement or the level of coverage, including deductibles, copayments, coinsurance, or other cost-sharing provisions, that are applicable to preferred providers or nonpreferred providers.

Sec. 1301.0046. COINSURANCE REQUIREMENTS FOR SERVICES OF NONPREFERRED PROVIDERS. The insured's coinsurance applicable to payment to nonpreferred providers may not exceed 50 percent of the total covered amount applicable to the medical or health care services.

SECTION 2. Section 1301.007, Insurance Code, as effective April 1, 2005, is amended to read as follows:

Sec. 1301.007. RULES. The commissioner shall adopt rules as necessary to:

(1) implement this chapter; and

(2) ensure reasonable accessibility and availability of preferred provider <u>services</u> [benefits and basic level benefits] to residents of this state.

SECTION 3. This Act applies only to an insurance policy, certificate, or contract delivered, issued for delivery, or renewed on or after January 1, 2006. A policy, certificate, or contract delivered, issued for delivery, or renewed before January 1, 2006, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 4. This Act takes effect September 1, 2005.

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