

By: Isett

H.B. No. 3276

A BILL TO BE ENTITLED

AN ACT

1
2 relating to the reporting of data from health care facilities and
3 the disclosure of estimated charges and the billing policies of
4 certain health care facilities.

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

6 SECTION 1. Section 108.009 (a), Health and Safety Code, is
7 amended to read as follows:

8 (a) The council shall ~~[may]~~ collect, and, except as provided
9 by Subsections (c) and (d), providers shall submit to the council or
10 another entity as determined by the council, all inpatient and
11 outpatient data required by this section. The data shall be
12 collected according to uniform submission formats, coding systems,
13 and other technical specifications necessary to make the incoming
14 data substantially valid, consistent, compatible, and manageable
15 using electronic data processing, if available.

16 SECTION 2. Section 311.002, Health and Safety Code, is
17 amended to read as follows:

18 Sec. 311.002. ESTIMATED CHARGES, BILLING POLICIES, AND
19 ITEMIZED STATEMENT OF BILLED SERVICES. (a) Prior to any
20 nonemergency treatment or services being rendered, each hospital
21 shall disclose to any person his or her right to receive a written
22 estimate of charges for any procedure, service, or supply.

23 (b) ~~[(a)]~~ Each hospital shall develop, implement, disclose,
24 and enforce a written policy for the billing of hospital services

1 and supplies. The policy must include:

2 (1) a periodic review of the itemized statements
3 required by Subsection (d); ~~and~~

4 (2) whether interest will be applied to any billed
5 service not covered by a third party payor and the rate of any
6 interest charged; and

7 (3) ~~(2)~~ a procedure for handling complaints relating to
8 billed services.

9 (c) Each hospital shall post, in a prominent location within
10 its reception areas, patient waiting rooms, admissions offices, and
11 billing offices, a clear and conspicuous notice of the availability
12 of the information required by Subsections (a), (b), and (d) and a
13 person's right to request this information.

14 (d) [~~(c)~~] Not later than the 30th business day after the
15 date of the hospital discharge of a person who receives hospital
16 services, the hospital shall provide on request an itemized
17 statement of the billed services provided to the person. The
18 itemized statement must:

19 (1) be printed in a conspicuous manner;

20 (2) list the date services and supplies were provided;

21 (3) state whether:

22 (A) a claim has been submitted to a third party
23 payor; and

24 (B) a third party payor has paid the claim;

25 (4) if payment is not required, state that payment is
26 not required:

27 (A) in a typeface that is bold-faced,

1 capitalized, underlined, or otherwise set out from surrounding
2 written material; or

3 (B) by other reasonable means so as to be
4 conspicuous that payment is not required; and

5 (5) contain the telephone number of the facility to
6 call for an explanation of acronyms, abbreviations, and numbers
7 used to describe the services provided or supplies used or any other
8 questions regarding the bill.

9 ~~[(d) Before a person is discharged from a hospital, the
10 hospital shall inform the person of the availability of the
11 statement.]~~

12 (e) To be entitled to receive a statement, a person must
13 request the statement not later than one year after the date on
14 which the person is discharged from the hospital. The hospital
15 shall provide the statement to the person not later than the 30th
16 day after the date on which the person requests the statement.

17 (f) A hospital shall provide an itemized statement of billed
18 services to a third party payor who is actually or potentially
19 responsible for paying all or part of the billed services provided
20 to a patient and who has received a claim for payment of those
21 services. To be entitled to receive a statement, the third party
22 payor must request the statement from the hospital and must have
23 received a claim for payment. The request must be made not later
24 than one year after the date on which the payor received the claim
25 for payment. The hospital shall provide the statement to the payor
26 not later than the 30th day after the date on which the payor
27 requests the statement. If a third party payor receives a claim for

1 payment of part but not all of the billed services, the third party
2 payor may request an itemized statement of only the billed services
3 for which payment is claimed or to which any deduction or copayment
4 applies.

5 (g) If a person, including a third party payor, requests
6 more than two copies of the statement, the hospital may charge a
7 reasonable fee for the third and subsequent copies provided to that
8 person. The fee may not exceed the hospital's cost to copy,
9 process, and deliver the copy to the person.

10 (h) The Texas Department of Health or other appropriate
11 licensing agency may enforce this section by assessing an
12 administrative penalty, obtaining an injunction, or providing any
13 other appropriate remedy, including suspending, revoking, or
14 refusing to renew a hospital's license.

15 (i) In this section, "hospital" includes:

16 (1) a hospital licensed under Chapter 241;

17 (2) a treatment facility licensed under Chapter 464;

18 [~~and~~]

19 (3) a mental health facility licensed under Chapter
20 577-~~i~~;

21 (4) an ambulatory surgical center licensed under
22 Chapter 243; and

23 (5) a birthing center licensed under Chapter 244.

24 (j) This section does not apply to a hospital maintained or
25 operated by the federal government.

26 SECTION 3. This Act takes effect September 1, 2005.