

By: Menendez, Thompson

H.B. No. 1342

A BILL TO BE ENTITLED

AN ACT

relating to adoption of certain information technology.

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

SECTION 1. Subtitle J, Title 8, Insurance Code, is amended by adding Chapter 1661 to read as follows:

CHAPTER 1661. INFORMATION TECHNOLOGY

Sec. 1661.001. DEFINITIONS. In this chapter:

(1) "Health benefit plan" means a plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage that is offered by:

(A) an insurance company;

(B) a group hospital service corporation operating under Chapter 842;

(C) a fraternal benefit society operating under Chapter 885;

(D) a stipulated premium company operating under Chapter 884;

(E) a Lloyd's plan operating under Chapter 941;

(F) an exchange operating under Chapter 942;

(G) a health maintenance organization operating under Chapter 843;

1 (H) a multiple employer welfare arrangement that
2 holds a certificate of authority under Chapter 846;

3 (I) an approved nonprofit health corporation
4 that holds a certificate of authority under Chapter 844; or

5 (J) an entity not authorized under this code or
6 another insurance law of this state that contracts directly for
7 health care services on a risk-sharing basis, including a
8 capitation basis.

9 (2) "Health benefit plan issuer" means an entity
10 authorized to issue a health benefit plan in this state.

11 Sec. 1661.002. USE OF CERTAIN INFORMATION TECHNOLOGY
12 REQUIRED. (a) A health benefit plan issuer shall use information
13 technology that provides a physician, hospital, or other health
14 care provider with real-time information at the point of care
15 concerning:

16 (1) the enrollee's:

17 (A) copayment and coinsurance;

18 (B) applicable deductibles; and

19 (C) covered benefits and services; and

20 (2) the enrollee's estimated total financial
21 responsibility for the care.

22 (b) A health benefit plan issuer shall use information
23 technology that provides an enrollee with information concerning
24 the enrollee's:

25 (1) copayment and coinsurance;

26 (2) applicable deductibles;

27 (3) covered benefits and services; and

1 (4) estimated financial responsibility for the health
2 care provided to the enrollee.

3 (c) Nothing in this section may be interpreted as a
4 guarantee of payment for health care services.

5 Sec. 1661.003. REQUIRED USE OF TECHNOLOGY BY PROVIDERS. A
6 physician, hospital, or other health care provider shall use
7 information technology as required under this chapter beginning not
8 later than September 1, 2013.

9 Sec. 1661.004. REFUND OF OVERPAYMENT. A physician,
10 hospital, or other health care provider that receives an
11 overpayment from an enrollee must refund the amount of the
12 overpayment to the enrollee not later than the 30th day after the
13 date the physician, hospital, or health care provider determines
14 that an overpayment has been made. This section does not apply to an
15 overpayment subject to Section 843.350 or 1301.132.

16 Sec. 1661.005. HEALTH BENEFIT PLAN ISSUER CONDUCT. A
17 contract between a health benefit plan issuer and a physician,
18 hospital, or other health care provider may not prohibit the
19 physician, hospital, or health care provider from collecting, at
20 the time of care, the estimated amount for which the enrollee may be
21 financially responsible.

22 Sec. 1661.006. CERTAIN FEES PROHIBITED. A health benefit
23 plan issuer may not directly charge or collect from an enrollee or a
24 physician, or other health care provider, a fee to cover the costs
25 incurred by the health benefit plan issuer in complying with this
26 chapter.

27 Sec. 1661.007. WAIVER. (a) A health benefit plan issuer

1 may apply to the commissioner for a waiver of the requirement under
2 this chapter to use information technology.

3 (b) The commissioner by rule shall identify circumstances
4 that justify a waiver, including:

5 (1) undue hardship, including financial or
6 operational hardship;

7 (2) the geographical area in which the health benefit
8 plan issuer operates;

9 (3) the number of enrollees covered by a health
10 benefit plan issuer; and

11 (4) other special circumstances.

12 (c) The commissioner shall approve or deny a waiver
13 application under this section not later than the 60th day after the
14 date of receipt of the application.

15 (d) This section expires January 1, 2012.

16 Sec. 1661.008. RULES. The commissioner shall adopt rules
17 as necessary to implement this chapter, including rules that ensure
18 that the information technology used by a health benefit plan
19 issuer does not have legal or technical restrictions for encoding,
20 displaying, exchanging, reading, printing, transmitting, or
21 storing information or data in electronic form.

22 SECTION 2. This Act takes effect immediately if it receives
23 a vote of two-thirds of all the members elected to each house, as
24 provided by Section 39, Article III, Texas Constitution. If this
25 Act does not receive the vote necessary for immediate effect, this
26 Act takes effect January 1, 2010.