

BILL ANALYSIS

C.S.S.B. 1001
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Licensing & Administrative Procedures
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Certain provisions of current law limit the ability of some health care practitioners to form business entities such as partnerships, professional associations, and professional limited liability companies with other practitioners who hold a different health profession license. Some assert that the limitation produces an inequity that prevents health care practitioners from fully collaborating with each other to provide the most appropriate and cost-effective care to clients. Additionally, some health benefit plans are not fully compliant with provisions of law prohibiting discrimination in payment or reimbursement of health care practitioners, which may limit the ability of certain health care practitioners to fully practice their professions. C.S.S.B. 1001 seeks to eliminate these inequities and clarify provisions in existing law with regard to the ability of health care practitioners to practice their professions and be reimbursed for services provided.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.S.B. 1001 amends the Occupations Code to establish the bill's purpose. The bill authorizes a physician and a chiropractor to collaborate with each other in providing services to a client if each person performs only those services the person is authorized to perform under state law, rules, or regulations and authorizes a physician and a chiropractor to use objective or subjective means to analyze, examine, evaluate, or otherwise determine the condition of the person's client for the purpose of providing services to the client that the person is authorized under state laws, rules, or regulations to provide, or for the purpose of referring the client to an appropriate health professional for the provision of services needed by the client.

C.S.S.B. 1001 authorizes a physician and a chiropractor to form a partnership, professional association, or professional limited liability company according to the bill's provisions and any other applicable law. The bill establishes that when chiropractors form professional entities with physicians, the authority of each practitioner is limited by the practitioner's scope of practice and prohibits a practitioner from exercising control over another practitioner's clinical authority granted by the other practitioner's license through agreements, bylaws, directives, financial incentives, or other arrangements that would assert control over treatment decisions made by the practitioner.

C.S.S.B. 1001 establishes that the state agencies exercising regulatory control over physicians and chiropractors continue to exercise regulatory authority over their respective licenses and requires a physician who forms a professional entity with a chiropractor, not later than the 30th day after the entity is formed or the material change is made, to report the formation of the entity and any material change in agreements, bylaws, directives, financial incentives, or other arrangements related to the operation of the entity to the Texas Medical Board.

C.S.S.B. 1001 authorizes a chiropractor to use the same billing codes used by a physical therapist if the billing codes describe services that the chiropractor is authorized to provide under state law, rules, or regulations. The bill requires a health insurance policy issuer, if physical modalities and procedures are covered services under a health insurance policy and are within the scope of the license of a chiropractor and one or more other type of practitioner, to comply with provisions of the Insurance Code relating to the selection of a chiropractor by an insured and any other applicable law.

C.S.S.B. 1001 prohibits a health insurance policy issuer, if physical modalities and procedures are covered services under a health insurance policy and within the scope of the license of a chiropractor and one or more other type of practitioner, from the following:

- denying payment or reimbursement for physical modalities and procedures provided by a chiropractor if the chiropractor provides the modalities and procedures in strict compliance with laws and rules relating to a chiropractor's license and the health insurance policy issuer allows payment or reimbursement for the same physical modalities and procedures performed by another type of practitioner;
- making payment or reimbursement for particular covered physical modalities and procedures within the scope of a chiropractor's practice contingent on treatment or examination by a practitioner that is not a chiropractor; or
- establishing other limitations on the provision of covered physical modalities and procedures that would prohibit an insured from seeking the covered physical modalities and procedures from a chiropractor to the same extent that the insured may obtain covered physical modalities and procedures from another type of practitioner.

The bill establishes that nothing in the bill's provisions relating to the selection of a chiropractor by an insured requires a health insurance policy issuer to cover particular services or affects the ability of a health insurance policy issuer to determine whether specific procedures for which payment or reimbursement is requested are medically necessary. The bill makes such provisions inapplicable to workers' compensation insurance coverage as defined by the Texas Workers' Compensation Act, a self-insured employee welfare benefit plan subject to the federal Employee Retirement Income Security Act of 1974, the state child health plan program or the health benefits plan for certain children, or a Medicaid managed care program or other Medicaid program operated under state law.

EFFECTIVE DATE

September 1, 2011.

COMPARISON OF ORIGINAL AND SUBSTITUTE

C.S.S.B. 1001 contains a provision not included in the original requiring a health insurance policy issuer, if physical modalities and procedures are covered services under a health insurance policy and are within the scope of the license of a chiropractor and one or more other type of practitioner, to comply with provisions of the Insurance Code relating to the selection of a chiropractor by an insured and any other applicable law.

C.S.S.B. 1001 differs from the original by setting out provisions relating to the selection of a chiropractor by an insured that prohibit a health insurance policy issuer from performing certain practices if physical modalities and procedures are covered services under a health insurance policy and within the scope of the license of a chiropractor and one or more other type of practitioner, whereas the original sets out provisions relating to billing and reimbursement for services provided for a covered person that prohibit a health benefit plan issuer from performing certain practices if physical modalities and procedures are covered services under a health benefit plan and within the scope of such licenses.

C.S.S.B. 1001 differs from the original by specifying that nothing in the substitute's provisions relating to the selection of a chiropractor by an insured requires a health insurance policy issuer to cover particular services or affects the ability of such an issuer to determine whether specific procedures for which payment or reimbursement is requested are medically necessary, whereas the original specifies that nothing in its provisions relating to billing and reimbursement for services requires an entity to cover particular services or affects the ability of an entity to make such a determination about the medical necessity of certain procedures.

C.S.S.B. 1001, in a provision that excludes certain types of insurance coverage or plans from applicability of the bill's provisions, contains as such plans not included in the original certain specified child health plan programs and health benefits plans and certain specified Medicaid programs.

C.S.S.B. 1001 contains a saving provision not included in the original and differs from the original in nonsubstantive ways.