By: J. Davis of Harris

H.B. No. 705

A BILL TO BE ENTITLED

1	7/ 1/T	ACT
	Δ IN	ACI

- 2 relating to certain prohibited practices concerning the payment of
- 3 copayments and deductibles under health benefit plans; providing a
- 4 civil penalty and for injunctive relief.
- 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
- 6 SECTION 1. The heading to Chapter 552, Insurance Code, is
- 7 amended to read as follows:
- 8 CHAPTER 552. ILLEGAL PRICING AND PAYMENT PRACTICES
- 9 SECTION 2. Sections 552.001, 552.002, and 552.003,
- 10 Insurance Code, are designated as Subchapter A, Chapter 552,
- 11 Insurance Code, and a heading is added to Subchapter A to read as
- 12 follows:

13 <u>SUBCHAPTER A. ILLEGAL PRICING PRACTICES</u>

- 14 SECTION 3. Section 552.001, Insurance Code, is amended to
- 15 read as follows:
- Sec. 552.001. APPLICABILITY OF SUBCHAPTER [CHAPTER]. (a)
- 17 This <u>subchapter</u> [chapter] does not apply to the provision of a
- 18 health care service to a:
- 19 (1) Medicaid or Medicare patient or a patient who is
- 20 covered by a federal, state, or local government-sponsored indigent
- 21 health care program;
- 22 (2) financially or medically indigent person who
- 23 qualifies for indigent health care services based on:
- 24 (A) a sliding fee scale; or

- 1 (B) a written charity care policy established by
- 2 a health care provider; or
- 3 (3) person who is not covered by a health insurance
- 4 policy or other health benefit plan that provides benefits for the
- 5 services and qualifies for services for the uninsured based on a
- 6 written policy established by a health care provider.
- 7 (b) This <u>subchapter</u> [chapter] does not permit the
- 8 establishment of health care provider policies or contracts that
- 9 violate any other state or federal law.
- 10 (c) This <u>subchapter</u> [chapter] does not prohibit a health
- 11 care provider from entering into a contract to provide services
- 12 covered by a health insurance policy or other health benefit plan
- 13 with:
- 14 (1) the issuer of the health insurance policy or other
- 15 health benefit plan; or
- 16 (2) a preferred provider organization that contracts
- 17 with the issuer of the health insurance policy or other health
- 18 benefit plan.
- 19 SECTION 4. Chapter 552, Insurance Code, is amended by
- 20 adding Subchapter B to read as follows:
- 21 SUBCHAPTER B. ILLEGAL PAYMENT PRACTICES
- Sec. 552.051. DEFINITIONS. In this subchapter:
- 23 (1) "Enrollee" means an individual entitled to
- 24 coverage under a health benefit plan.
- 25 (2) "Health benefit plan" means a plan that provides
- 26 benefits for hospital, medical, surgical, or other treatment
- 27 expenses incurred as a result of a health condition, an accident, or

- 1 sickness, including an individual, group, blanket, or franchise
- 2 health insurance policy or insurance agreement, a group hospital
- 3 service contract, an individual or group evidence of coverage, or
- 4 any other similar coverage document. The term includes a
- 5 self-funded plan that is otherwise described by this subdivision.
- 6 (3) "Health care provider" means an individual or
- 7 entity that is licensed or otherwise authorized to provide health
- 8 care services or supplies in this state. The term includes:
- 9 (A) an individual licensed under or otherwise
- 10 subject to Title 3, Occupations Code; and
- 11 (B) a public or private entity licensed under
- 12 Subtitle B, Title 4, or Subtitle C, Title 7, Health and Safety Code.
- 13 Sec. 552.052. DUTY TO COLLECT COPAYMENT OR DEDUCTIBLE;
- 14 CERTAIN WAIVERS PROHIBITED. (a) Except as provided by Subsection
- 15 (b), a health care provider:
- 16 (1) shall make a good faith effort to collect any
- 17 applicable copayment or deductible from each enrollee in a health
- 18 benefit plan; and
- 19 (2) based on an enrollee's coverage under a health
- 20 benefit plan, may not waive, in cash or in kind, all or part of any
- 21 applicable copayment or deductible under the health benefit plan to
- 22 <u>induce or encourage the enrollee to purchase, order, use, or lease</u>
- 23 any facility, service, or supply.
- 24 (b) A health care provider may waive any applicable
- 25 copayment or deductible for an enrollee if the enrollee
- 26 demonstrates special financial need or hardship.
- Sec. 552.053. CIVIL PENALTY; INJUNCTION. (a) If it

- 1 appears that an individual or entity has violated or is violating
- 2 this subchapter, a district or county attorney in the jurisdiction
- 3 where the violation is alleged to have occurred or may occur may
- 4 <u>institute a civil suit for:</u>
- 5 (1) an order enjoining the violation;
- 6 (2) a permanent or temporary injunction, a temporary
- 7 restraining order, or other appropriate remedy if the district or
- 8 county attorney shows that the individual or entity has engaged in
- 9 or is engaging in a violation;
- 10 (3) the assessment and recovery of a civil penalty; or
- 11 (4) both injunctive relief and a civil penalty.
- 12 (b) A civil penalty may not exceed \$25,000 a day for each
- 13 violation. Each day the violation occurs constitutes a separate
- 14 violation for the purposes of the assessment of a civil penalty.
- 15 <u>(c) In determining the amount of the civil penalty, the</u>
- 16 <u>court hearing the matter shall consider:</u>
- 17 (1) the individual's or entity's history of previous
- 18 violations;
- 19 (2) the seriousness of the violation;
- 20 (3) the hazard to the health and safety of the public;
- 21 (4) the demonstrated good faith of the individual or
- 22 entity charged; and
- 23 (5) any other matter that justice may require.
- 24 (d) A civil penalty recovered in a suit instituted by a
- 25 local government under this subchapter shall be paid to the local
- 26 government.
- (e) The district or county attorney, as appropriate, may

H.B. No. 705

- 1 recover, on behalf of the local government, reasonable expenses
- 2 <u>incurred</u> in obtaining injunctive relief or a civil penalty under
- 3 this section, including investigation and court costs, reasonable
- 4 attorney's fees, witness fees, and other expenses.
- 5 SECTION 5. The change in law made by this Act applies only
- 6 to a health benefit plan copayment or deductible relating to a
- 7 facility, service, or supply provided by a health care provider on
- 8 or after the effective date of this Act. A health benefit plan
- 9 copayment or deductible relating to a facility, service, or supply
- 10 provided before the effective date of this Act is covered by the law
- 11 in effect on the date the facility, service, or supply is provided,
- 12 and that law is continued in effect for that purpose.
- SECTION 6. This Act takes effect September 1, 2011.