

By: Zedler

H.B. No. 3429

A BILL TO BE ENTITLED

1 AN ACT  
2 relating to preauthorization of certain medical services in the  
3 workers' compensation system and the eligibility of doctors,  
4 dentists, and chiropractors to perform preauthorization  
5 utilization review.

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

7 SECTION 1. Section 1305.351, Insurance Code, is amended by  
8 adding Subsection (e) to read as follows:

9 (e) If a network or insurance carrier uses a  
10 preauthorization process within the network, not later than the  
11 30th day after the date of making a decision regarding a request for  
12 preauthorization, the network or carrier shall submit to the  
13 division of workers' compensation of the department:

14 (1) a statement of:  
15 (A) whether the network or carrier approved,  
16 approved in part, or denied the request for preauthorization; and  
17 (B) the reason the network or carrier made the  
18 decision under Paragraph (A); and

19 (2) any relevant supporting material, including any  
20 reports by medical professionals who reviewed the case.

21 SECTION 2. Section 408.0043, Labor Code, is amended by  
22 adding Subsection (c) to read as follows:

23 (c) A doctor who performs preauthorization utilization  
24 review for an insurance network or carrier must:

1           (1) maintain the doctor's primary practice location in  
2 this state; and

3           (2) earn at least 50 percent of the doctor's annual  
4 income from the practice of treating patients.

5           SECTION 3. Section 408.0044, Labor Code, is amended by  
6 adding Subsection (c) to read as follows:

7           (c) A dentist who performs preauthorization utilization  
8 review for an insurance network or carrier must:

9           (1) maintain the dentist's primary practice location  
10 in this state; and

11           (2) earn at least 50 percent of the dentist's annual  
12 income from the practice of treating patients.

13           SECTION 4. Section 408.0045, Labor Code, is amended by  
14 adding Subsection (c) to read as follows:

15           (c) A chiropractor who performs preauthorization  
16 utilization review for an insurance network or carrier must:

17           (1) maintain the chiropractor's primary practice  
18 location in this state; and

19           (2) earn at least 50 percent of the chiropractor's  
20 annual income from the practice of treating patients.

21           SECTION 5. Section 413.014, Labor Code, is amended by  
22 adding Subsection (g) to read as follows:

23           (g) Not later than the 30th day after the date of making a  
24 decision regarding a request for preauthorization, the insurance  
25 carrier shall submit to the division:

26           (1) a statement of:

27                   (A) whether the carrier approved, approved in

1 part, or denied the request for preauthorization; and

2 (B) the reason the carrier made the decision  
3 under Paragraph (A); and

4 (2) any relevant supporting material, including any  
5 reports by medical professionals who reviewed the case.

6 SECTION 6. The change in law made by this Act applies to a  
7 preauthorization request in connection with a claim for workers'  
8 compensation benefits that is made on or after the effective date of  
9 this Act. A preauthorization request that was made before that date  
10 is governed by the law in effect when the request was made, and the  
11 former law is continued in effect for that purpose.

12 SECTION 7. This Act takes effect September 1, 2011.