

By: Smithee

H.B. No. 2838

A BILL TO BE ENTITLED

AN ACT

relating to the disclosure by health care practitioners and facilities of the price of certain health care services.

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

SECTION 1. The heading to Chapter 1456, Insurance Code, is amended to read as follows:

CHAPTER 1456. DISCLOSURE OF PROVIDER STATUS AND PRICE

SECTION 2. Section 1456.003(a), Insurance Code, is amended to read as follows:

(a) Each health benefit plan that provides health care through a provider network shall provide notice to its enrollees that:

(1) a facility-based physician or other health care practitioner may not be included in the health benefit plan's provider network; and

(2) subject to Section 1456.008, a health care practitioner described by Subdivision (1) may balance bill the enrollee for amounts not paid by the health benefit plan.

SECTION 3. Section 1456.007, Insurance Code, is amended to read as follows:

Sec. 1456.007. HEALTH BENEFIT PLAN ESTIMATE OF CHARGES. A health benefit plan that must comply with this chapter under Section 1456.002 shall, on the request of an enrollee, provide an estimate of payments that will be made for any health care service

1 or supply and shall also specify any deductibles, copayments,
2 coinsurance, or other amounts for which the enrollee is
3 responsible. The estimate must be provided not later than the 10th
4 business day after the date on which the estimate was requested. A
5 health benefit plan must advise the enrollee that:

6 (1) the actual payment and charges for the services or
7 supplies will vary based upon the enrollee's actual medical
8 condition and other factors associated with performance of medical
9 services; and

10 (2) subject to Section 1456.008, the enrollee may be
11 personally liable for the payment of services or supplies based
12 upon the enrollee's health benefit plan coverage.

13 SECTION 4. Chapter 1456, Insurance Code, is amended by
14 adding Section 1456.008 to read as follows:

15 Sec. 1456.008. PRICE DISCLOSURE BY HEALTH CARE
16 PRACTITIONERS AND FACILITIES. (a) At least 48 hours before
17 providing a health care service other than emergency care, as
18 defined by Section 1301.155, to a patient covered by a health
19 benefit plan described by Section 1456.002, a health care
20 practitioner or facility must disclose to the patient the price
21 that will be accepted as payment in full for the service. The
22 disclosure required by this section must be provided in writing in a
23 readily understandable manner.

24 (b) Notwithstanding another provision of this chapter or
25 any other law, a health care practitioner or facility that does not
26 make a disclosure required by this section before providing a
27 health care service may not:

1 (1) attempt to collect from the patient, by lawsuit or
2 otherwise, any billed amount that would otherwise be owed by the
3 patient for the service; or

4 (2) furnish adverse information to a consumer
5 reporting agency regarding any billed amount that would otherwise
6 be owed by the patient for the service.

7 (c) In addition to any other remedy provided by this chapter
8 or other law, a health care practitioner or facility shall hold a
9 patient harmless from any damages resulting from the practitioner's
10 or facility's violation of this section.

11 SECTION 5. The change in law made by this Act applies only
12 to a service provided to an enrollee by a health care practitioner
13 or facility on or after January 1, 2014. A service provided to an
14 enrollee by a health care practitioner or facility before January
15 1, 2014, is governed by the law in effect immediately before the
16 effective date of this Act, and that law is continued in effect for
17 that purpose.

18 SECTION 6. This Act takes effect September 1, 2013.