

By: Smithee

H.B. No. 3133

A BILL TO BE ENTITLED

1 AN ACT
2 relating to notice and availability of mediation for balance
3 billing by a facility-based physician.

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

5 SECTION 1. Section 324.001(8), Health and Safety Code, is
6 amended to read as follows:

7 (8) "Facility-based physician" means a radiologist,
8 an anesthesiologist, a pathologist, an emergency department
9 physician, ~~or~~ a neonatologist, or an assistant surgeon.

10 SECTION 2. Section 1456.001(3), Insurance Code, is amended
11 to read as follows:

12 (3) "Facility-based physician" means a radiologist,
13 an anesthesiologist, a pathologist, an emergency department
14 physician, ~~or~~ a neonatologist, or an assistant surgeon:

15 (A) to whom the facility has granted clinical
16 privileges; and

17 (B) who provides services to patients of the
18 facility under those clinical privileges.

19 SECTION 3. Section 1456.004(c), Insurance Code, is amended
20 to read as follows:

21 (c) A facility-based physician who bills a patient covered
22 by a preferred provider benefit plan or a health benefit plan under
23 Chapter 1551 that does not have a contract with the facility-based
24 physician shall send a billing statement to the patient that

1 contains a conspicuous, plain-language explanation [~~with~~
2 ~~information sufficient to notify the patient~~] of the mandatory
3 mediation process available under Chapter 1467 if [~~the amount for~~
4 ~~which~~] the enrollee is responsible to the physician, after
5 copayments, deductibles, and coinsurance, for an [~~including the~~]
6 amount unpaid by the administrator or insurer [~~, is greater than~~
7 ~~\$1,000~~].

8 SECTION 4. Section 1467.001(4), Insurance Code, is amended
9 to read as follows:

10 (4) "Facility-based physician" means a radiologist,
11 an anesthesiologist, a pathologist, an emergency department
12 physician, ~~or~~ a neonatologist, or an assistant surgeon:

13 (A) to whom the facility has granted clinical
14 privileges; and

15 (B) who provides services to patients of the
16 facility under those clinical privileges.

17 SECTION 5. Section 1467.051(a), Insurance Code, is amended
18 to read as follows:

19 (a) An enrollee may request mediation of a settlement of an
20 out-of-network health benefit claim if:

21 (1) [~~the amount for which~~] the enrollee is responsible
22 to a facility-based physician, after copayments, deductibles, and
23 coinsurance, for an [~~including the~~] amount unpaid by the
24 administrator or insurer [~~, is greater than \$1,000~~]; and

25 (2) the health benefit claim is for a medical service
26 or supply provided by a facility-based physician in a hospital that
27 is a preferred provider or that has a contract with the

1 administrator.

2 SECTION 6. Sections 1456.004(c) and 1467.051(a), Insurance
3 Code, as amended by this Act, apply only to charges for a medical
4 service or supply provided on or after the effective date of this
5 Act. Charges for a medical service or supply provided before the
6 effective date of this Act are governed by the law as it existed
7 immediately before the effective date of this Act, and that law is
8 continued in effect for that purpose.

9 SECTION 7. This Act takes effect September 1, 2015.