

By: Klick

H.B. No. 3919

A BILL TO BE ENTITLED

1 AN ACT
2 relating to prior authorization from a health benefit plan issuer
3 to obtain health care services under the health benefit plan.

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

5 SECTION 1. Section 32.072(a), Human Resources Code, is
6 amended to read as follows:

7 (a) Notwithstanding any other law, a recipient of medical
8 assistance is entitled to:

9 (1) select an ophthalmologist or therapeutic
10 optometrist who is a medical assistance provider to provide eye
11 health care services, other than surgery, that are within the scope
12 of:

13 (A) services provided under the medical
14 assistance program; and

15 (B) the professional specialty practice for
16 which the ophthalmologist or therapeutic optometrist is licensed
17 and credentialed; and

18 (2) have direct access to the selected ophthalmologist
19 or therapeutic optometrist for the provision of the nonsurgical
20 services without any requirement by the patient or ophthalmologist
21 or therapeutic optometrist to obtain:

22 (A) a referral from a primary care physician or
23 other gatekeeper or health care coordinator; or

24 (B) any other prior authorization or

1 precertification.

2 SECTION 2. Subchapter I, Chapter 843, Insurance Code, is
3 amended by adding Section 843.324 to read as follows:

4 Sec. 843.324. PRIOR AUTHORIZATION FOR COVERED BENEFIT
5 PROHIBITED. Notwithstanding any other law, a health maintenance
6 organization may not require a physician or provider to obtain
7 prior authorization from the health maintenance organization for
8 the health maintenance organization to pay for a covered benefit
9 provided to an enrollee.

10 SECTION 3. Chapter 1217, Insurance Code, is amended by
11 adding Section 1217.008 to read as follows:

12 Sec. 1217.008. PRIOR AUTHORIZATION STUDY. (a) The
13 department shall conduct a study of:

14 (1) the use and effect of prior authorization in this
15 state from a health benefit plan issuer to pay for a covered benefit
16 for an enrollee; and

17 (2) the circumstances that give rise to prior
18 authorization from a health benefit plan issuer.

19 (b) The commissioner shall implement the results of the
20 study by adopting rules regulating, limiting, or prohibiting prior
21 authorization practices.

22 SECTION 4. Subchapter B, Chapter 1301, Insurance Code, is
23 amended by adding Section 1301.070 to read as follows:

24 Sec. 1301.070. PRIOR AUTHORIZATION FOR COVERED BENEFIT
25 PROHIBITED. Notwithstanding any other law, an insurer may not
26 require a physician or health care provider to obtain prior
27 authorization from the insurer for the insurer to pay for a covered

1 benefit provided to an enrollee.

2 SECTION 5. The Texas Department of Insurance shall prepare
3 a report of the results of the study conducted under Section
4 1217.008, Insurance Code, as added by this Act. Not later than
5 December 1, 2016, the department shall provide the report to the
6 governor, lieutenant governor, speaker of the house of
7 representatives, and chairs of the house and senate standing
8 committees with primary jurisdiction over insurance.

9 SECTION 6. The changes in law made by this Act apply only to
10 a health benefit plan delivered, issued for delivery, or renewed on
11 or after January 1, 2016. A health benefit plan delivered, issued
12 for delivery, or renewed before January 1, 2016, is governed by the
13 law in effect immediately before the effective date of this Act, and
14 that law is continued in effect for that purpose.

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