

By: Hancock, Hinojosa, West

S.B. No. 481

A BILL TO BE ENTITLED

AN ACT

relating to notice and availability of mediation for balance  
billing by a facility-based physician.

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

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

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

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

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

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

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

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

(c) A facility-based physician who bills a patient covered  
by a preferred provider benefit plan or a health benefit plan under  
Chapter 1551 that does not have a contract with the facility-based  
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.