

AN ACT

relating to consumer information concerning facility-based physicians and 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

1 physician shall send a billing statement to the patient that
2 contains a conspicuous, plain-language explanation [~~with~~
3 ~~information sufficient to notify the patient~~] of the mandatory
4 mediation process available under Chapter 1467 if the amount for
5 which the enrollee is responsible to the physician, after
6 copayments, deductibles, and coinsurance, including the amount
7 unpaid by the administrator or insurer, is greater than \$500
8 [~~\$1,000~~].

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

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

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

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

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

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

22 (1) the amount for which the enrollee is responsible
23 to a facility-based physician, after copayments, deductibles, and
24 coinsurance, including the amount unpaid by the administrator or
25 insurer, is greater than \$500 [~~\$1,000~~]; and

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

1 is a preferred provider or that has a contract with the
2 administrator.

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

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

President of the Senate

Speaker of the House

I hereby certify that S.B. No. 481 passed the Senate on April 9, 2015, by the following vote: Yeas 28, Nays 3; and that the Senate concurred in House amendment on May 22, 2015, by the following vote: Yeas 29, Nays 2.

Secretary of the Senate

I hereby certify that S.B. No. 481 passed the House, with amendment, on May 18, 2015, by the following vote: Yeas 137, Nays 1, one present not voting.

Chief Clerk of the House

Approved:

Date

Governor