By: Seliger S.B. No. 1519

A BILL TO BE ENTITLED

1 AN ACT

- 2 relating to notice and appeal of an adverse determination by
- 3 utilization review agents.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
- 5 SECTION 1. Section 4201.304, Insurance Code, is amended to
- 6 read as follows:
- 7 Sec. 4201.304. TIME FOR NOTICE OF ADVERSE DETERMINATION.
- 8 (a) Subject to Subsection (b), a [A] utilization review agent shall
- 9 provide notice of an adverse determination required by this
- 10 subchapter as follows:
- 11 (1) with respect to a patient who is hospitalized at
- 12 the time of the adverse determination, within one working day by
- 13 either telephone or electronic transmission to the provider of
- 14 record, followed by a letter within three working days notifying
- 15 the patient and the provider of record of the adverse
- 16 determination;
- 17 (2) with respect to a patient who is not hospitalized
- 18 at the time of the adverse determination, within three working days
- 19 in writing to the provider of record and the patient; or
- 20 (3) within the time appropriate to the circumstances
- 21 relating to the delivery of the services to the patient and to the
- 22 patient's condition, provided that when denying poststabilization
- 23 care subsequent to emergency treatment as requested by a treating
- 24 physician or other health care provider, the agent shall provide

- 1 the notice to the treating physician or other health care provider
- 2 not later than one hour after the time of the request.
- 3 (b) A utilization review agent shall provide notice of an
- 4 adverse determination for a concurrent review of health care
- 5 services not later than the 30th day before the date on which the
- 6 health care services will be discontinued.
- 7 SECTION 2. Subchapter H, Chapter 4201, Insurance Code, is
- 8 amended by adding Section 4201.3555 to read as follows:
- 9 Sec. 4201.3555. CONTINUATION OF CONCURRENT HEALTH CARE
- 10 SERVICES. The procedures for appealing an adverse determination
- 11 for a concurrent review of health care services must provide that:
- 12 (1) coverage or benefits for the contested health care
- 13 services, including prescription drugs, that are the basis of the
- 14 <u>adverse determination continues under the e</u>nrollee's health
- 15 insurance policy or health benefit plan while the appeal is being
- 16 considered; and
- 17 (2) without regard to whether the adverse
- 18 determination is upheld on appeal, the payor may not charge an
- 19 enrollee for the cost of the contested health care services,
- 20 including prescription drugs, received during the period the appeal
- 21 was considered except for an applicable copayment, coinsurance, or
- 22 deductible under the enrollee's health insurance policy or health
- 23 <u>benefit plan.</u>
- SECTION 3. Subchapter I, Chapter 4201, Insurance Code, is
- 25 amended by adding Section 4201.404 to read as follows:
- Sec. 4201.404. CONTINUATION OF CONCURRENT HEALTH CARE
- 27 SERVICES. The procedures for an independent review of an appeal of

- 1 an adverse determination for a concurrent review of health care
- 2 services must provide that:
- 3 (1) coverage or benefits for the contested health care
- 4 services, including prescription drugs, that are the basis of the
- 5 adverse determination continues under the enrollee's health
- 6 insurance policy or health benefit plan while the review is being
- 7 considered; and
- 8 (2) without regard to whether the adverse
- 9 determination is upheld on review, the payor may not charge an
- 10 enrollee for the cost of the contested health care services,
- 11 including prescription drugs, received during the period the review
- 12 was considered except for an applicable copayment, coinsurance, or
- 13 <u>deductible under the enrollee's health insurance policy or health</u>
- 14 benefit plan.
- 15 SECTION 4. This Act applies only to an adverse
- 16 determination made in relation to coverage or benefits under a
- 17 health insurance policy or health benefit plan delivered, issued
- 18 for delivery, or renewed on or after January 1, 2016. An adverse
- 19 determination made in relation to coverage or benefits under a
- 20 policy or plan delivered, issued for delivery, or renewed before
- 21 January 1, 2016, is governed by the law as it existed immediately
- 22 before the effective date of this Act, and that law is continued in
- 23 effect for that purpose.
- SECTION 5. This Act takes effect September 1, 2015.