

By: Bonnen of Galveston

H.B. No. 2077

A BILL TO BE ENTITLED

AN ACT

relating to data collection related to certain health benefit plan issuers' calculation of payments to out-of-network physicians and providers.

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

SECTION 1. Chapter 38, Insurance Code, is amended by adding Subchapter J to read as follows:

SUBCHAPTER J. DATA COLLECTION RELATED TO PAYMENT OF OUT-OF-NETWORK PHYSICIANS AND HEALTH CARE PROVIDERS

Sec. 38.451. APPLICABILITY. This subchapter applies to an issuer of a preferred provider benefit plan as defined by Section 1301.001 or an evidence of coverage for a health care plan that provides basic health care services as defined by Section 843.002.

Sec. 38.452. DEFINITION. In this subchapter, "out-of-network physicians and health care providers" means physicians and health care providers who are not preferred providers or are not otherwise included in a health benefit plan issuer's delivery network.

Sec. 38.453. COLLECTION OF INFORMATION; REPORT. (a) A health benefit plan issuer described by Section 38.451 shall report biennially to the department the information required by the commissioner under Subsection (b) relating to the health benefit plan issuer's calculation of payment rates for and payments to out-of-network physicians and health care providers.

1 (b) The commissioner by rule shall prescribe the form and
2 required content of the report required under Subsection (a). The
3 report must include payment methodologies and formulas used to
4 calculate payment rates for and payments to out-of-network
5 physicians and health care providers.

6 (c) On or before December 31 of each even-numbered year, the
7 commissioner shall assemble and analyze the information submitted
8 under this section during the preceding biennium and submit to the
9 speaker of the house of representatives, the lieutenant governor,
10 and the appropriate committees of each house of the legislature a
11 report of the information and the commissioner's analysis.

12 SECTION 2. Not later than December 31, 2017, the
13 commissioner of insurance shall adopt rules as necessary to
14 implement Subchapter J, Chapter 38, Insurance Code, as added by
15 this Act. The rules must require that a health benefit plan issuer
16 subject to that subchapter make the initial submission of data
17 under that subchapter not later than the 60th day after the
18 effective date of the rules.

19 SECTION 3. This Act takes effect September 1, 2017.