

By: Muñoz, Jr.

H.B. No. 2711

A BILL TO BE ENTITLED

AN ACT

relating to the relationship of noninstitutional providers of laboratory services with health benefit plan issuers.

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

SECTION 1. Chapter 1451, Insurance Code, is amended by adding Subchapter L to read as follows:

SUBCHAPTER L. NONINSTITUTIONAL PROVIDERS OF LABORATORY SERVICES

Sec. 1451.551. DEFINITION. In this subchapter, "noninstitutional laboratory" means a provider of laboratory services that is not affiliated with or controlled by a hospital, nursing home, or other medical or health-related service facility.

Sec. 1451.552. APPLICABILITY OF SUBCHAPTER. (a) This subchapter applies only to a health benefit plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document that is issued by:

(1) an insurance company;

(2) a group hospital service corporation operating under Chapter 842;

(3) a health maintenance organization operating under Chapter 843;

1 (4) an approved nonprofit health corporation that
2 holds a certificate of authority under Chapter 844;

3 (5) a multiple employer welfare arrangement that holds
4 a certificate of authority under Chapter 846;

5 (6) a stipulated premium company operating under
6 Chapter 884;

7 (7) a fraternal benefit society operating under
8 Chapter 885;

9 (8) a Lloyd's plan operating under Chapter 941; or

10 (9) an exchange operating under Chapter 942.

11 (b) Notwithstanding any other law, this subchapter applies
12 to:

13 (1) a small employer health benefit plan subject to
14 Chapter 1501, including coverage provided through a health group
15 cooperative under Subchapter B of that chapter;

16 (2) a standard health benefit plan issued under
17 Chapter 1507;

18 (3) a basic coverage plan under Chapter 1551;

19 (4) a basic plan under Chapter 1575;

20 (5) a primary care coverage plan under Chapter 1579;

21 (6) a plan providing basic coverage under Chapter
22 1601;

23 (7) health benefits provided by or through a church
24 benefits board under Subchapter I, Chapter 22, Business
25 Organizations Code;

26 (8) group health coverage made available by a school
27 district in accordance with Section 22.004, Education Code;

1 (9) the state Medicaid program, including the Medicaid
2 managed care program operated under Chapter 533, Government Code;

3 (10) the child health plan program under Chapter 62,
4 Health and Safety Code;

5 (11) a regional or local health care program operated
6 under Section 75.104, Health and Safety Code;

7 (12) a self-funded health benefit plan sponsored by a
8 professional employer organization under Chapter 91, Labor Code;

9 (13) county employee group health benefits provided
10 under Chapter 157, Local Government Code; and

11 (14) health and accident coverage provided by a risk
12 pool created under Chapter 172, Local Government Code.

13 (c) This subchapter applies to coverage under a group health
14 benefit plan provided to a resident of this state regardless of
15 whether the group policy, agreement, or contract is delivered,
16 issued for delivery, or renewed in this state.

17 Sec. 1451.553. RELATIONS WITH NONINSTITUTIONAL
18 LABORATORIES. (a) A health benefit plan issuer that provides
19 coverage for laboratory services shall establish reasonable terms
20 under which a noninstitutional laboratory may provide laboratory
21 services to enrollees under the health benefit plan.

22 (b) A health benefit plan issuer may not refuse to contract
23 with or otherwise unreasonably discriminate against a
24 noninstitutional laboratory or among different noninstitutional
25 laboratories that meet the terms established by the issuer under
26 Subsection (a).

27 (c) A health benefit plan payment schedule may provide for a

different amount of payment or reimbursement for scheduled services performed by different noninstitutional laboratories based on:

(1) individual negotiation by the health benefit plan issuer with a laboratory;

(2) the geographical location of a laboratory; or

(3) specialty services provided by a laboratory.

SECTION 2. This Act applies only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2018. A health benefit plan delivered, issued for delivery, or renewed before January 1, 2018, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

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