

By: Shaheen

H.B. No. 3412

A BILL TO BE ENTITLED

AN ACT

relating to preauthorization by certain health benefit plan issuers of certain covered benefits under the health benefit plan.

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

SECTION 1. Subchapter I, Chapter 843, Insurance Code, is amended by adding Section 843.324 to read as follows:

Sec. 843.324. PREAUTHORIZATION OF CERTAIN COVERED BENEFITS; WAIVER. (a) The commissioner by rule shall:

(1) specify covered benefits provided to an enrollee under a health care plan for which the health maintenance organization is prohibited from requiring a physician or provider to obtain preauthorization from the health maintenance organization in order for the health maintenance organization to pay for the benefit; and

(2) establish a simple procedure under which a physician or provider may obtain a waiver of a health maintenance organization's preauthorization requirement for a covered benefit under circumstances specified by rule.

(b) Rules adopted under Subsection (a) must provide that the following covered benefits are not subject to preauthorization or are subject to a waiver of preauthorization requirements:

(1) if a physician or provider determines that an enrollee has an immediate need for the covered benefit:

(A) durable medical equipment, including

1 crutches and wheelchairs; or

2 (B) diagnostic testing; or

3 (2) another health care service under circumstances
4 that take into account:

5 (A) symptoms displayed by the enrollee;

6 (B) the relationship between the physician or
7 provider and the enrollee, including the length of the
8 relationship; and

9 (C) the professional experience of the physician
10 or provider.

11 SECTION 2. Subchapter B, Chapter 1301, Insurance Code, is
12 amended by adding Section 1301.070 to read as follows:

13 Sec. 1301.070. PREAUTHORIZATION OF CERTAIN COVERED
14 BENEFITS; WAIVER. (a) The commissioner by rule shall:

15 (1) specify covered benefits provided to an insured
16 under a preferred provider benefit plan for which the insurer is
17 prohibited from requiring a physician or health care provider to
18 obtain preauthorization from the insurer in order for the insurer
19 to pay for the benefit; and

20 (2) establish a simple procedure under which a
21 physician or health care provider may obtain a waiver of an
22 insurer's preauthorization requirement for a covered benefit under
23 circumstances specified by rule.

24 (b) Rules adopted under Subsection (a) must provide that the
25 following covered benefits are not subject to preauthorization or
26 are subject to a waiver of preauthorization requirements:

27 (1) if a physician or health care provider determines

1 that an insured has an immediate need for the covered benefit:

2 (A) durable medical equipment, including
3 crutches and wheelchairs; or

4 (B) diagnostic testing; or

5 (2) another health care service under circumstances
6 that take into account:

7 (A) symptoms displayed by the insured;

8 (B) the relationship between the physician or
9 health care provider and the insured, including the length of the
10 relationship; and

11 (C) the professional experience of the physician
12 or health care provider.

13 SECTION 3. The changes in law made by this Act apply only to
14 a health benefit plan delivered, issued for delivery, or renewed on
15 or after January 1, 2018. A health benefit plan delivered, issued
16 for delivery, or renewed before January 1, 2018, is governed by the
17 law as it existed immediately before the effective date of this Act,
18 and that law is continued in effect for that purpose.

19 SECTION 4. This Act takes effect September 1, 2017.