

By: Campbell

S.B. No. 1615

A BILL TO BE ENTITLED

AN ACT

relating to what constitutes balance billing of a health benefit plan enrollee by a physician or health care provider for purposes of certain disclosure and medication requirements.

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

SECTION 1. Section 1456.001(1), Insurance Code, is amended to read as follows:

(1) "Balance billing" means the practice of charging an enrollee in a health benefit plan that uses a provider network to recover from the enrollee the balance of a non-network health care provider's fee for service received by the enrollee from the health care provider that is not fully reimbursed by the enrollee's health benefit plan. The term does not include charging for:

(A) any deductible, copayment, or coinsurance amount for which the enrollee is obligated under the health benefit plan; or

(B) any amount the health benefit plan is obligated to reimburse the enrollee or to pay on behalf of the enrollee for service received by the enrollee from the health care provider.

SECTION 2. Section 1467.051(a), Insurance Code, is amended to read as follows:

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

1 (1) the amount charged to the enrollee through balance
2 billing as defined by Section 1456.001 [~~amount for which the~~
3 ~~enrollee is responsible to a facility-based physician, after~~
4 ~~copayments, deductibles, and coinsurance, including the amount~~
5 ~~unpaid by the administrator or insurer,~~] is greater than \$500; and
6 (2) the health benefit claim is for a medical service
7 or supply provided by a facility-based physician in a hospital that
8 is a preferred provider or that has a contract with the
9 administrator.
10 SECTION 3. This Act takes effect September 1, 2017.