

Amend CSHB 2387 (house committee printing) by adding the following appropriately numbered SECTIONS to the bill and renumbering subsequent SECTIONS of the bill accordingly:

SECTION _____. Section 533.005, Government Code, is amended by adding Subsection (e) to read as follows:

(e) In addition to the requirements under Subsection (a), a contract described by that subsection must require the managed care organization to comply with Section 541.062, Insurance Code.

SECTION _____. Subchapter D, Chapter 4201, Insurance Code, is amended by adding Section 4201.156 to read as follows:

Sec. 4201.156. REVIEW PROCEDURES FOR EMERGENCY CARE CLAIMS.

(a) Utilization review of an emergency care claim must be made by a utilization review agent who is a physician licensed under Subtitle B, Title 3, Occupations Code.

(b) With respect to an enrollee's emergency medical condition that is the basis for an emergency care claim, a utilization review agent:

(1) may not make an adverse determination for the emergency care claim predominately based on the condition's classification under a Current Procedural Terminology or International Classification of Diseases code; and

(2) must review the enrollee's medical records.

SECTION _____. Section 4201.156, Insurance Code, as added by this Act, applies only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2020. A health benefit plan delivered, issued for delivery, or renewed before January 1, 2020, 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 _____. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision under the waiver or authorization is granted.