

Amend SB 1742 (house committee report) on third reading by adding the following appropriately numbered SECTIONS to the bill and renumbering SECTIONS of the bill accordingly:

SECTION _____. Section 843.348, Insurance Code, is amended by adding Subsection (g-1) to read as follows:

(g-1) Nothing in Subsection (g) may be construed to:

(1) authorize a provider to provide health care services outside of the scope of the provider's practice as defined by applicable state law; or

(2) require the health maintenance organization to pay for a health care service provided outside of the scope of a provider's practice as defined by applicable state law.

SECTION _____. The heading to Chapter 1217, Insurance Code, is amended to read as follows:

CHAPTER 1217. [~~STANDARD REQUEST FORM FOR~~] PRIOR AUTHORIZATION OF HEALTH CARE OR DENTAL CARE SERVICES

SECTION _____. Chapter 1217, Insurance Code, is amended by adding Section 1217.008 to read as follows:

Sec. 1217.008. PROHIBITION OF DENIAL OF PAYMENT FOR PREAUTHORIZED HEALTH CARE OR DENTAL CARE SERVICES. (a) If a health benefit plan issuer has given prior authorization for health care or dental care services, the health benefit plan issuer may not deny or reduce payment to the physician, dentist, or health care provider for those services based on medical necessity or appropriateness of care unless the physician, dentist, or health care provider materially misrepresented the proposed health care or dental care services or substantially failed to perform the proposed health care or dental care services.

(b) Nothing in this section limits the liability of a physician, dentist, or health care provider:

(1) in an action brought under Chapter 36, Human Resources Code; or

(2) for a violation of state or federal law governing medical assistance under Chapter 32, Human Resources Code, including medical assistance delivered through a managed care model or health benefits provided under the state child health plan program under Chapter 62, Health and Safety Code.

(c) Subsection (a) does not apply to:

(1) a denial, recoupment, or suspension of or reduction in a payment to a physician, dentist, or health care provider made by a managed care organization under the direction of the Health and Human Services Commission's office of the inspector general, under the office's authority to prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all health and human services in the state under Section 531.102, Government Code; or

(2) a recovery by a managed care organization under Section 531.1131, Government Code.

(d) Nothing in Subsection (a) may be construed to:

(1) authorize a health care provider to provide health care services outside of the scope of the health care provider's practice as defined by applicable state law; or

(2) require the health benefit plan issuer to pay for a health care service provided outside of the scope of a health care provider's practice as defined by applicable state law.

SECTION _____. Section 1301.135, Insurance Code, is amended by adding Subsection (f-1) to read as follows:

(f-1) Nothing in Subsection (f) may be construed to:

(1) authorize a health care provider to provide medical care or health care services outside of the scope of the health care provider's practice as defined by applicable state law;
or

(2) require the insurer to pay for a medical care or health care service provided outside of the scope of a health care provider's practice as defined by applicable state law.