|  |
| --- |
| BILL ANALYSIS |

|  |
| --- |
| S.B. 1739 |
| By: Menéndez |
| Insurance |
| Committee Report (Unamended) |

|  |
| --- |
| **BACKGROUND AND PURPOSE**  There are concerns that some insurers may pay an insurance claim for treatment provided by a physician or physical therapist but deny a claim for the same treatment provided by a chiropractor, even if the treatment is within the scope of a chiropractor's license and the chiropractor is an in-network provider or preferred provider. S.B. 1739 seeks to protect chiropractors and their patients from the costs resulting from such a practice and ensure that chiropractors are not denied reimbursement for the performance of a covered service solely because the service is provided by a chiropractor. |
| **CRIMINAL JUSTICE IMPACT**  It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision. |
| **RULEMAKING AUTHORITY**  It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution. |
| **ANALYSIS**  S.B. 1739 amends the Insurance Code to prohibit a health maintenance organization (HMO) offering a health care plan or an insurer offering a preferred provider benefit plan that covers a service that is within the scope of a chiropractor's license from refusing to provide reimbursement to an in-network chiropractor or a preferred provider chiropractor, as applicable, for the performance of the covered service solely because the service is provided by a chiropractor. The bill expressly does not require an HMO or an insurer to cover a particular medical or health care service or affect the right of an HMO or an insurer to determine whether such a service is medically necessary. The bill subjects an HMO or insurer that violates the bill's provisions or a health insurance policy issuer that violates statutory provisions relating to an insured's selection of a chiropractor to a maximum administrative penalty of $1,000 for each claim that remains unpaid in violation of the applicable provisions. The bill establishes that each day the violation continues constitutes a separate violation. The bill applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2020. |
| **EFFECTIVE DATE**  September 1, 2019. |
|  |