

BILL ANALYSIS

H.B. 2367
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Pensions, Investments & Financial Services
Committee Report (Unamended)

BACKGROUND AND PURPOSE

It has been noted that insurance and health benefit providers are prohibited from terminating a contract with a physician or provider solely because the physician or provider informs an enrollee of the full range of physicians and providers available to the enrollee, including out-of-network providers. H.B. 2367 seeks to prohibit insurance and health benefit providers who violate that prohibition from bidding to administer or provide coverage under certain group benefit plans offered by the Employees Retirement System of Texas or the Teacher Retirement System of Texas for two competitive bidding cycles.

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

H.B. 2367 amends the Insurance Code to prohibit an insurance carrier from submitting a bid to administer self-funded coverage or purchased coverage under the Texas Employees Group Benefits Act, a health care provider from submitting a bid to provide group benefits under the Texas public school employees group benefits program, or a health care or benefit provider from submitting a bid to provide group health coverage under provisions relating to Texas school employees uniform group health coverage for two competitive bidding cycles if the Employees Retirement System of Texas board of trustees or the Teacher Retirement System of Texas, as applicable, finds that the insurance carrier or health care or benefit provider, as applicable, has terminated a contract with a physician or provider for the provision of services solely because the physician or provider informed an enrollee in a health benefit plan offered or administered by the insurance carrier or health care or benefit provider of the full range of physicians and providers, including out-of-network providers, available to the enrollee.

EFFECTIVE DATE

September 1, 2019.