86R735 LED-D

By:  J. Johnson of Dallas, Oliverson, Lambert, H.B. No. 1832

     et al.

A BILL TO BE ENTITLED

AN ACT

relating to prohibited practices relating to health benefit plan coverage for emergency care.

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

SECTION 1.  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 2.  Subchapter B, Chapter 541, Insurance Code, is amended by adding Section 541.062 to read as follows:

Sec. 541.062.  EMERGENCY CARE. (a) In this section, "emergency care" and "utilization review" have the meanings assigned by Section 4201.002.

(b)  It is an unfair method of competition or an unfair or deceptive act or practice in the business of insurance to make health benefit plan coverage for an emergency care claim dependent on a utilization review determination that the patient's medical condition required emergency care.

SECTION 3.  Section 541.062, 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 4.  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 until the waiver or authorization is granted.

SECTION 5.  This Act takes effect September 1, 2019.