86R10291 MEW-D

By:  Bonnen of Galveston H.B. No. 2367

A BILL TO BE ENTITLED

AN ACT

relating to a prohibition on bids by certain insurance and health benefit providers to administer or provide coverage under certain group benefit plans for governmental employees.

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

SECTION 1.  Subchapter E, Chapter 1551, Insurance Code, is amended by adding Section 1551.2131 to read as follows:

Sec. 1551.2131.  CERTAIN CARRIERS PROHIBITED FROM BIDDING. A carrier is prohibited from submitting a bid under Section 1551.212 or 1551.213 for two competitive bidding cycles if the board of trustees finds that the carrier 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 carrier of the full range of physicians and providers, including out-of-network providers, available to the enrollee.

SECTION 2.  Subchapter C, Chapter 1575, Insurance Code, is amended by adding Section 1575.1061 to read as follows:

Sec. 1575.1061.  CERTAIN HEALTH CARE PROVIDERS PROHIBITED FROM BIDDING. A health care provider described by Section 1575.109 is prohibited from submitting a bid under Section 1575.106 for two competitive bidding cycles if the trustee finds that the health care provider 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 health care provider of the full range of physicians and providers, including out-of-network providers, available to the enrollee.

SECTION 3.  Subchapter B, Chapter 1579, Insurance Code, is amended by adding Section 1579.0541 to read as follows:

Sec. 1579.0541.  CERTAIN HEALTH CARE AND BENEFIT PROVIDERS PROHIBITED FROM BIDDING. A health care or benefit provider is prohibited from submitting a bid under Section 1579.054 for two competitive bidding cycles if the trustee finds that the health care or benefit provider 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 coverage plan offered or administered by the health care or benefit provider of the full range of physicians and providers, including out-of-network providers, available to the enrollee.

SECTION 4.  This Act takes effect September 1, 2019.