By:  Hancock S.B. No. 1530

(In the Senate - Filed March 5, 2019; March 14, 2019, read first time and referred to Committee on Business & Commerce; April 8, 2019, reported adversely, with favorable Committee Substitute by the following vote: Yeas 7, Nays 2; April 8, 2019, sent to printer.)

COMMITTEE VOTE

                    Yea Nay Absent  PNV

Hancock              X

Nichols              X

Campbell                 X

Creighton            X

Menéndez             X

Paxton               X

Schwertner               X

Whitmire             X

Zaffirini            X

COMMITTEE SUBSTITUTE FOR S.B. No. 1530 By:  Hancock

A BILL TO BE ENTITLED

AN ACT

relating to the applicability of mediation requirements for balance billing to certain health benefit plans.

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

SECTION 1.  Section 1467.001, Insurance Code, is amended by amending Subdivisions (1), (2-a), (2-b), and (3) and adding Subdivision (2-c) to read as follows:

(1)  "Administrator" means:

(A)  an administering firm for a health benefit plan providing coverage under Chapter 1551, 1575, or 1579; [~~and~~]

(B)  if applicable, the claims administrator for the health benefit plan; and

(C)  if applicable, an administrating firm for an eligible plan for which an election is made under Section 1467.0021.

(2-a)  "Eligible plan" means a managed care plan that is a self-funded or self-insured employee welfare benefit plan that provides health benefits and is established in accordance with the Employee Retirement Income Security Act of 1974 (29 U.S.C. Section 1001 et seq.).

(2-b)  "Emergency care" has the meaning assigned by Section 1301.155.

(2-c) [~~(2-b)~~]  "Emergency care provider" means a physician, health care practitioner, facility, or other health care provider who provides and bills an enrollee, administrator, or health benefit plan for emergency care.

(3)  "Enrollee" means an individual who is eligible to receive benefits through a [~~preferred provider benefit plan or a~~] health benefit plan subject to this chapter [~~under Chapter 1551, 1575, or 1579~~].

SECTION 2.  Section 1467.002, Insurance Code, is amended to read as follows:

Sec. 1467.002.  APPLICABILITY OF CHAPTER.  This chapter applies to:

(1)  a preferred provider benefit plan offered by an insurer under Chapter 1301; [~~and~~]

(2)  an administrator of a health benefit plan, other than a health maintenance organization plan, under Chapter 1551, 1575, or 1579; and

(3)  an eligible plan for which the plan sponsor makes an election under Section 1467.0021.

SECTION 3.  Subchapter A, Chapter 1467, Insurance Code, is amended by adding Section 1467.0021 to read as follows:

Sec. 1467.0021.  ELECTIVE APPLICABILITY. (a)  A plan sponsor of an eligible plan may elect on an annual basis for this chapter to apply to the plan. A sponsor making an election shall provide written notice of the election to the department in the form and manner required by department rule.

(b)  An administrator of an eligible plan for which an election is made under Subsection (a) shall ensure that the plan and any evidence of coverage complies with this chapter.

SECTION 4.  The Texas Department of Insurance shall adopt rules necessary to implement Section 1467.0021, Insurance Code, as added by this Act, not later than August 31, 2021.

SECTION 5.  The changes in law made by this Act apply only to a managed care plan that is delivered, issued for delivery, or renewed on or after September 1, 2021. A managed care plan delivered, issued for delivery, or renewed before September 1, 2021, 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 6.  This Act takes effect January 1, 2020.

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