By:  Menéndez, et al. S.B. No. 1742

(J. Johnson of Dallas)

A BILL TO BE ENTITLED

AN ACT

relating to physician and health care provider directories for certain health benefit plans.

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

SECTION 1.  Section 1451.501, Insurance Code, is amended by amending Subdivision (1) and adding Subdivisions (1-a) and (1-b) to read as follows:

(1)  "Facility" has the meaning assigned by Section 324.001, Health and Safety Code.

(1-a)  "Facility-based physician" means a radiologist, anesthesiologist, pathologist, emergency department physician, neonatologist, or assistant surgeon:

(A)  to whom a facility has granted clinical privileges; and

(B)  who provides services to patients of the facility under those clinical privileges.

(1-b) "Health care provider" means a practitioner, institutional provider, or other person or organization that furnishes health care services and that is licensed or otherwise authorized to practice in this state. The term includes a pharmacist, pharmacy, hospital, nursing home, or other medical or health-related service facility that provides care for the sick or injured or other care. The term does not include a physician.

SECTION 2.  Section 1451.504, Insurance Code, is amended by amending Subsection (b) and adding Subsections (c) and (d) to read as follows:

(b)  The directory must include the name, street address, specialty, if any, and telephone number of each physician and health care provider described by Subsection (a) and indicate whether the physician or provider is accepting new patients.

(c)  For each health care provider that is a facility included in the directory under this section, the directory must:

(1)  list under the facility name separate headings for radiologists, anesthesiologists, pathologists, emergency department physicians, neonatologists, and assistant surgeons;

(2)  list under each heading described by Subdivision (1) each facility-based physician described by Subsection (a) practicing in the specialty corresponding with that heading that is a preferred provider, exclusive provider, or network physician;

(3)  for the facility and each facility-based physician described by Subdivision (2), clearly indicate each health benefit plan issued by the issuer that may provide coverage for the services provided by that facility or physician; and

(4)  include the facility in a listing of all facilities included in the directory indicating:

(A)  the name of the facility;

(B)  the municipality in which the facility is located or county in which the facility is located if the facility is in the unincorporated area of the county;

(C)  for each specialty of facility-based physician practicing at the facility, the name, street address, and telephone number of any facility-based physician that is a preferred provider, exclusive provider, or network physician or of the physician group in which the facility-based physician practices;

(D)  each health benefit plan issued by the issuer that may provide coverage for the services provided by the facility; and

(E)  each health benefit plan issued by the issuer that may provide coverage for the services provided by each facility-based physician group.

(d)  The directory must list a facility-based physician individually and, if the physician belongs to a physician group, as part of the physician group.

SECTION 3.  Section 1451.505(c), Insurance Code, is amended to read as follows:

(c)  The directory must be:

(1)  electronically searchable by physician or health care provider name, specialty, if any, facility, and location; and

(2)  publicly accessible without necessity of providing a password, a user name, or personally identifiable information.

SECTION 4.  A health benefit plan issuer shall update the issuer's website to conform with Subchapter K, Chapter 1451, Insurance Code, as amended by this Act, not later than January 1, 2020.

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