

By: Lucio III

H.B. No. 1410

Substitute the following for H.B. No. 1410:

By: Lucio III

C.S.H.B. No. 1410

A BILL TO BE ENTITLED

AN ACT

relating to payment for care provided by a chiropractor under certain health benefit plans.

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

SECTION 1. Subchapter I, Chapter 843, Insurance Code, is amended by adding Section 843.3042 to read as follows:

Sec. 843.3042. CHIROPRACTIC SERVICES. (a) A health maintenance organization offering a health care plan that covers a service that is within the scope of the practice of chiropractic as described by Section 201.002, Occupations Code, may not refuse to provide reimbursement to an in-network chiropractor for the performance of the covered service solely because the service is provided by a chiropractor.

(b) This section does not require a health maintenance organization to cover a particular health care service.

(c) This section does not affect the right of a health maintenance organization to determine whether a health care service is medically necessary.

SECTION 2. Subchapter B, Chapter 1301, Insurance Code, is amended by adding Section 1301.0516 to read as follows:

Sec. 1301.0516. CHIROPRACTIC SERVICES. (a) An insurer offering a preferred provider benefit plan, other than an exclusive provider benefit plan, that covers a service that is within the scope of the practice of chiropractic as described by Section

1 201.002, Occupations Code, may not refuse to provide reimbursement  
2 for the performance of the covered service solely because the  
3 service is provided by a chiropractor.

4 (b) An insurer offering an exclusive provider benefit plan  
5 that covers a service that is within the scope of the practice of  
6 chiropractic as described by Section 201.002, Occupations Code, may  
7 not refuse to provide reimbursement to a chiropractor who is a  
8 preferred provider for the performance of the covered service  
9 solely because the service is provided by a chiropractor.

10 (c) This section does not require an insurer to cover a  
11 particular medical or health care service.

12 (d) This section does not affect the right of an insurer to  
13 determine whether a medical or health care service is medically  
14 necessary.

15 SECTION 3. The change in law made by this Act applies only  
16 to a health benefit plan that is delivered, issued for delivery, or  
17 renewed on or after January 1, 2020. A health benefit plan that is  
18 delivered, issued for delivery, or renewed before January 1, 2020,  
19 is governed by the law as it existed immediately before the  
20 effective date of this Act, and that law is continued in effect for  
21 that purpose.

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