

By: J. Johnson of Dallas

H.B. No. 3232

A BILL TO BE ENTITLED

AN ACT

relating to the authority of health benefit plan issuers to require utilization review for a health care service provided by network physicians or providers.

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

SECTION 1. Subchapter J, Chapter 843, Insurance Code, is amended by adding Section 843.355 to read as follows:

Sec. 843.355. UTILIZATION REVIEW FOR PARTICIPATING PHYSICIAN OR PROVIDER PROHIBITED. A health maintenance organization may not require utilization review, including a preauthorization determination that a health care service is medically necessary and appropriate, of a health care service provided to an enrollee by a participating physician or provider.

SECTION 2. Subchapter C-1, Chapter 1301, Insurance Code, is amended by adding Section 1301.140 to read as follows:

Sec. 1301.140. UTILIZATION REVIEW FOR PREFERRED PHYSICIAN OR PROVIDER PROHIBITED. (a) In this section, "utilization review" has the meaning assigned by Section 4201.002.

(b) An insurer may not require utilization review, including preauthorization, of a medical care or health care service provided to an insured by a preferred physician or provider.

SECTION 3. Sections 843.348 and 1301.135, Insurance Code, are repealed.

1 SECTION 4. The changes in law made by this Act apply only to
2 a health benefit plan delivered, issued for delivery, or renewed on
3 or after January 1, 2020. A health benefit plan delivered, issued
4 for delivery, or renewed before January 1, 2020, is governed by the
5 law as it existed immediately before the effective date of this Act,
6 and that law is continued in effect for that purpose.

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