

1-1 By: Hancock S.B. No. 1530
 1-2 (In the Senate - Filed March 5, 2019; March 14, 2019, read
 1-3 first time and referred to Committee on Business & Commerce;
 1-4 April 8, 2019, reported adversely, with favorable Committee
 1-5 Substitute by the following vote: Yeas 7, Nays 2; April 8, 2019,
 1-6 sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8 Hancock	X			
1-9 Nichols	X			
1-10 Campbell		X		
1-11 Creighton	X			
1-12 Menéndez	X			
1-13 Paxton	X			
1-14 Schwertner		X		
1-15 Whitmire	X			
1-16 Zaffirini	X			

1-18 COMMITTEE SUBSTITUTE FOR S.B. No. 1530 By: Hancock

1-19 A BILL TO BE ENTITLED
 1-20 AN ACT

1-21 relating to the applicability of mediation requirements for balance
 1-22 billing to certain health benefit plans.

1-23 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-24 SECTION 1. Section 1467.001, Insurance Code, is amended by
 1-25 amending Subdivisions (1), (2-a), (2-b), and (3) and adding
 1-26 Subdivision (2-c) to read as follows:

1-27 (1) "Administrator" means:

1-28 (A) an administering firm for a health benefit
 1-29 plan providing coverage under Chapter 1551, 1575, or 1579; ~~and~~

1-30 (B) if applicable, the claims administrator for
 1-31 the health benefit plan; and

1-32 (C) if applicable, an administering firm for an
 1-33 eligible plan for which an election is made under Section
 1-34 1467.0021.

1-35 (2-a) "Eligible plan" means a managed care plan that
 1-36 is a self-funded or self-insured employee welfare benefit plan that
 1-37 provides health benefits and is established in accordance with the
 1-38 Employee Retirement Income Security Act of 1974 (29 U.S.C. Section
 1-39 1001 et seq.).

1-40 (2-b) "Emergency care" has the meaning assigned by
 1-41 Section 1301.155.

1-42 (2-c) ~~[(2-b)]~~ "Emergency care provider" means a
 1-43 physician, health care practitioner, facility, or other health care
 1-44 provider who provides and bills an enrollee, administrator, or
 1-45 health benefit plan for emergency care.

1-46 (3) "Enrollee" means an individual who is eligible to
 1-47 receive benefits through a ~~[preferred provider benefit plan or a]~~
 1-48 health benefit plan subject to this chapter [under Chapter 1551,
 1-49 1575, or 1579].

1-50 SECTION 2. Section 1467.002, Insurance Code, is amended to
 1-51 read as follows:

1-52 Sec. 1467.002. APPLICABILITY OF CHAPTER. This chapter
 1-53 applies to:

1-54 (1) a preferred provider benefit plan offered by an
 1-55 insurer under Chapter 1301; ~~and~~

1-56 (2) an administrator of a health benefit plan, other
 1-57 than a health maintenance organization plan, under Chapter 1551,
 1-58 1575, or 1579; and

1-59 (3) an eligible plan for which the plan sponsor makes
 1-60 an election under Section 1467.0021.

2-1 SECTION 3. Subchapter A, Chapter 1467, Insurance Code, is
2-2 amended by adding Section 1467.0021 to read as follows:

2-3 Sec. 1467.0021. ELECTIVE APPLICABILITY. (a) A plan
2-4 sponsor of an eligible plan may elect on an annual basis for this
2-5 chapter to apply to the plan. A sponsor making an election shall
2-6 provide written notice of the election to the department in the form
2-7 and manner required by department rule.

2-8 (b) An administrator of an eligible plan for which an
2-9 election is made under Subsection (a) shall ensure that the plan and
2-10 any evidence of coverage complies with this chapter.

2-11 SECTION 4. The Texas Department of Insurance shall adopt
2-12 rules necessary to implement Section 1467.0021, Insurance Code, as
2-13 added by this Act, not later than August 31, 2021.

2-14 SECTION 5. The changes in law made by this Act apply only to
2-15 a managed care plan that is delivered, issued for delivery, or
2-16 renewed on or after September 1, 2021. A managed care plan
2-17 delivered, issued for delivery, or renewed before September 1,
2-18 2021, is governed by the law as it existed immediately before the
2-19 effective date of this Act, and that law is continued in effect for
2-20 that purpose.

2-21 SECTION 6. This Act takes effect January 1, 2020.

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