

Suspending limitations on conference committee jurisdiction, S.B. No. 1742 (Menéndez/J. Johnson of Dallas)

By: Menéndez

S.R. No. 850

SENATE RESOLUTION

BE IT RESOLVED by the House of Representatives of the State of Texas, 86th Legislature, Regular Session, 2019, That House Rule 13, Section 9(a), be suspended in part as provided by House Rule 13, Section 9(f), to enable the conference committee appointed to resolve the differences on Senate Bill 1742 (physician and health care provider directories, preauthorization, utilization review, independent review, and peer review for certain health benefit plans and workers' compensation coverage) to consider and take action on the following matter:

House Rule 13, Section 9(a)(4), is suspended to permit the conference committee to add text on a matter not included in either the house or senate version of the bill by adding the following new ARTICLE to the bill:

ARTICLE 4. JOINT INTERIM STUDY

SECTION 4.01. CREATION OF JOINT INTERIM COMMITTEE. (a) A joint interim committee is created to study, review, and report on the use of prior authorization and utilization review processes by private health benefit plan issuers in this state, as provided by Section 4.02 of this article, and propose reforms under that section related to the transparency of and improving patient outcomes under the prior authorization and utilization review processes used by private health benefit plan issuers in this state.

(b) The joint interim committee shall be composed of four senators appointed by the lieutenant governor and four members of the house of representatives appointed by the speaker of the house of representatives.

(c) The lieutenant governor and speaker of the house of representatives shall each designate a co-chair from among the joint interim committee members.

(d) The joint interim committee shall convene at the joint call of the co-chairs.

(e) The joint interim committee has all other powers and duties provided to a special or select committee by the rules of the senate and house of representatives, by Subchapter B, Chapter 301, Government Code, and by policies of the senate and house committees on administration.

SECTION 4.02. INTERIM STUDY REGARDING PRIOR AUTHORIZATION AND UTILIZATION REVIEW PROCESSES. (a) The joint interim committee created by Section 4.01 of this article shall study data and other information available from the Texas Department of Insurance, the office of public insurance counsel, or other sources the committee determines relevant to examine and analyze the transparency of and improving patient outcomes under the prior authorization and utilization review processes used by private health benefit plan issuers in this state.

(b) The joint interim committee shall propose reforms based on the study required under Subsection (a) of this section to improve the transparency of and patient outcomes under prior authorization and utilization review processes in this state.

(c) The joint interim committee shall prepare a report of the findings and proposed reforms.

SECTION 4.03. COMMITTEE FINDINGS AND PROPOSED REFORMS.

(a) Not later than December 1, 2020, the joint interim committee created under Section 4.01 of this article shall submit to the lieutenant governor, the speaker of the house of representatives, and the governor the report prepared under Section 4.02 of this article. The joint interim committee shall include in its report recommendations of specific statutory and regulatory changes that appear necessary from the committee's study under Section 4.02 of this article.

(b) Not later than the 60th day after the effective date of this Act, the lieutenant governor and speaker of the house of representatives shall appoint the members of the joint interim committee in accordance with Section 4.01 of this article.

SECTION 4.04. ABOLITION OF COMMITTEE. The joint interim committee created under Section 4.01 of this article is abolished and this article expires December 15, 2020.

Explanation: The addition is necessary to provide for the interim study of the use of prior authorization and utilization review processes by health benefit plan issuers in this state and the proposal of reforms to improve the transparency of and patient outcomes under those processes.