

By: Jetton

H.B. No. 174

A BILL TO BE ENTITLED

AN ACT

relating to preferred provider benefit plan reimbursement of certain services provided by out-of-network providers.

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

SECTION 1. Section 1301.069, Insurance Code, is amended to read as follows:

Sec. 1301.069. SERVICES PROVIDED BY CERTAIN PHYSICIANS AND HEALTH CARE PROVIDERS. (a) The provisions of this chapter relating to prompt payment by an insurer of a physician or health care provider and to verification of medical care or health care services apply to a physician or provider who:

(1) is not a preferred provider included in the preferred provider network; and

(2) provides to an insured:

(A) care related to an emergency or its attendant episode of care as required by state or federal law; or

(B) specialty or other medical care or health care services at the request of the insurer or a preferred provider because the services are not reasonably available from a preferred provider who is included in the preferred delivery network.

(b) In reimbursing a physician or health care provider who is not a preferred provider included in the preferred provider network for services provided to an insured under Subsection (a)(2)(B) after the physician or provider received a waiver from

1 the insurer to provide the services to the insured, the insurer:

2 (1) may not base the reimbursement to the physician or
3 provider on the insurer's usual and customary rate; and

4 (2) shall reimburse the physician or provider at the
5 physician's or provider's specialty rate in accordance with the
6 physician's or provider's expertise, experience, and rate history.

7 SECTION 2. The changes in law made by this Act apply only to
8 a health benefit plan delivered, issued for delivery, or renewed on
9 or after June 1, 2022.

10 SECTION 3. This Act takes effect on the 91st day after the
11 last day of the legislative session.