87R22415 E

By:  Vo H.B. No. 2142

Substitute the following for H.B. No. 2142:

By:  Oliverson C.S.H.B. No. 2142

A BILL TO BE ENTITLED

AN ACT

relating to preauthorization requirements and examinations of certain health benefit plan issuers.

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

SECTION 1.  Section 843.154(f), Insurance Code, is amended to read as follows:

(f)  A health maintenance organization shall pay to the commissioner a fee in an amount assessed by the commissioner and paid in accordance with rules adopted by the commissioner for the expenses of an examination under Section 843.156 [~~843.156(a)~~] that:

(1)  are incurred by the commissioner or under the commissioner's authority; and

(2)  are directly attributable to that examination, including the actual salaries and expenses of the examiners directly attributable to that examination, as determined under rules adopted by the commissioner.

SECTION 2.  Section 843.156, Insurance Code, is amended by adding Subsections (a-1) and (a-2) to read as follows:

(a-1)  The commissioner shall examine a health maintenance organization to determine the health maintenance organization's compliance with applicable requirements of this code related to utilization review, including requirements in this chapter, Chapter 1222, Chapter 1369, and Chapter 4201 related to preauthorization of health care services. Except as provided by Subsection (a-2), a health maintenance organization is subject to an examination by the commissioner under this subsection at least once every year and whenever the commissioner considers an examination necessary. Documentation provided to the commissioner during an examination conducted under this subsection is confidential and is not subject to disclosure as public information under Chapter 552, Government Code. In this section, "utilization review" has the meaning assigned by Section 4201.002.

(a-2)  If the commissioner has examined or will examine a health maintenance organization to determine the health maintenance organization's compliance with applicable requirements of this code related to utilization review in another examination conducted by the commissioner during the same year, the health maintenance organization is not subject to an examination under Subsection (a-1) that year.

SECTION 3.  Section 1301.0056, Insurance Code, is amended by adding Subsections (a-1) and (a-2) to read as follows:

(a-1)  The commissioner shall examine an insurer to determine the insurer's compliance with applicable requirements of this code related to utilization review, including requirements in this chapter, Chapter 1222, Chapter 1369, and Chapter 4201 related to preauthorization of medical care or health care services. Except as provided by Subsection (a-2), an insurer is subject to an examination by the commissioner under this subsection at least once every year and whenever the commissioner considers an examination necessary. In this section, "utilization review" has the meaning assigned by Section 4201.002.

(a-2)  If the commissioner has examined or will examine an insurer to determine the insurer's compliance with applicable requirements of this code related to utilization review in another examination conducted by the commissioner during the same year, the insurer is not subject to an examination under Subsection (a-1) that year.

SECTION 4.  This Act takes effect September 1, 2021.