

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

1 AN ACT  
2 relating to preauthorization requirements and examinations of  
3 certain health benefit plan issuers.

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

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

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

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

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

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

19 (a-1) The commissioner shall examine a health maintenance  
20 organization to determine the health maintenance organization's  
21 compliance with applicable requirements of this code related to  
22 utilization review, including requirements in this chapter,  
23 Chapter 1222, Chapter 1369, and Chapter 4201 related to  
24 preauthorization of health care services. Except as provided by

1 Subsection (a-2), a health maintenance organization is subject to  
2 an examination by the commissioner under this subsection at least  
3 once every year and whenever the commissioner considers an  
4 examination necessary. Documentation provided to the commissioner  
5 during an examination conducted under this subsection is  
6 confidential and is not subject to disclosure as public information  
7 under Chapter 552, Government Code. In this section, "utilization  
8 review" has the meaning assigned by Section 4201.002.

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

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

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

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

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