

By: Muñoz, Jr.

H.B. No. 3558

A BILL TO BE ENTITLED

AN ACT

relating to provider reimbursement for certain emergency health care services.

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

SECTION 1. Section 1271.155, Insurance Code, is amended by adding Subsection (g-1) to read as follows:

(g-1) A health maintenance organization may not, based on a patient's final diagnosis, deny or reduce payment on a claim for the following services provided in a hospital emergency facility, freestanding emergency medical care facility, or comparable emergency facility:

(1) a medical screening examination or related health care service that is within the capability of the facility and the facility's staff and performed to evaluate the patient's condition; and

(2) further medical treatment:

(A) necessary to stabilize the patient and to ensure, with reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the patient from the facility; or

(B) provided with respect to emergency care.

SECTION 2. Section 1301.0053, Insurance Code, is amended by adding Subsection (b-1) to read as follows:

(b-1) An insurer may not, based on a patient's final

1 diagnosis, deny or reduce payment on a claim for the following
2 services provided in a hospital emergency facility, freestanding
3 emergency medical care facility, or comparable emergency facility:

4 (1) a medical screening examination or related health
5 care service that is within the capability of the facility and the
6 facility's staff and performed to evaluate the patient's condition;
7 and

8 (2) further medical treatment:

9 (A) necessary to stabilize the patient and to
10 ensure, with reasonable medical probability, that no material
11 deterioration of the condition is likely to result from or occur
12 during the transfer of the patient from the facility; or

13 (B) provided with respect to emergency care.

14 SECTION 3. Section 1301.155, Insurance Code, is amended by
15 adding Subsection (d-1) to read as follows:

16 (d-1) An insurer may not, based on a patient's final
17 diagnosis, deny or reduce payment on a claim for the following
18 services provided in a hospital emergency facility, freestanding
19 emergency medical care facility, or comparable emergency facility:

20 (1) a medical screening examination or related health
21 care service that is within the capability of the facility and the
22 facility's staff and performed to evaluate the patient's condition;
23 and

24 (2) further medical treatment:

25 (A) necessary to stabilize the patient and to
26 assure, with reasonable medical probability, that no material
27 deterioration of the condition is likely to result from or occur

1 during the transfer of the patient from the facility; or

2 (B) provided with respect to emergency care.

3 SECTION 4. The changes in law made by this Act apply only to
4 a health benefit plan delivered, issued for delivery, or renewed on
5 or after January 1, 2022. A health benefit plan delivered, issued
6 for delivery, or renewed before January 1, 2022, is governed by the
7 law as it existed immediately before the effective date of this Act,
8 and that law is continued in effect for that purpose.

9 SECTION 5. This Act takes effect September 1, 2021.