

By: Parker

H.B. No. 3678

A BILL TO BE ENTITLED

AN ACT

relating to an insurer's obligation for continuity of care for certain Medicaid recipients.

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

SECTION 1. Section 1301.154, Insurance Code, is amended by amending Subsection (a) and adding Subsection (c) to read as follows:

(a) Except as provided by Subsections [~~Subsection~~] (b) and (c), Sections 1301.152 and 1301.153 do not extend an insurer's obligation to reimburse the terminated physician or provider or, if applicable, the insured at the preferred provider level of coverage for ongoing treatment of an insured ~~after~~:

(1) the 90th day after the ~~effective~~ last date of the end of the contract termination; or

(2) if the insured has been diagnosed as having a terminal illness at the time of the termination, the expiration of the nine-month period after the effective date of the termination.

(c) If an insured is a Medicaid recipient with complex medical needs who is eligible for Medicaid receives services through a Medicaid managed care organization under Chapter 533, Government Code, and who has established at any time a relationship with a specialty provider, including a provider of durable medical equipment, services, and supplies, an insurer's obligation to reimburse, at the preferred provider level of coverage, the

1 physician or provider or, if applicable, the insured, extends until  
2 a contract has been implemented under Section 533.038(g),  
3 Government Code.

4 SECTION 2. If before implementing any provision of this Act  
5 a state agency determines that a waiver or authorization from a  
6 federal agency is necessary for implementation of that provision,  
7 the agency affected by the provision shall request the waiver or  
8 authorization and may delay implementing that provision until the  
9 waiver or authorization is granted.

10 SECTION 3. The change in law made by this Act applies only  
11 to a health benefit plan that is delivered, issued for delivery, or  
12 renewed on or after January 1, 2022. A health benefit plan that is  
13 delivered, issued for delivery, or renewed before January 1, 2022,  
14 is governed by the law as it existed immediately before the  
15 effective date of this Act, and that law is continued in effect for  
16 that purpose.

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