

Amend HB 3359 (senate committee printing) as follows:

(1) In SECTION 5 of the bill, immediately after added Section 1301.0055(b), Insurance Code (page 4, between lines 12 and 13), insert the following:

(c) Subsection (b)(6) does not apply to an exclusive provider benefit plan if the plan has:

(1) contracted with preferred provider hospitals in sufficient number capable of meeting the covered inpatient and outpatient health care benefits for current and actuarially projected utilization in accordance with Subsection (b)(3); or

(2) received a waiver under Subsection (a).

(2) In SECTION 10 of the bill, in added Section 1301.0642(a), Insurance Code (page 11, line 50), between "contract" and "that", insert "with a physician, health care practitioner, or organization of physicians or health care practitioners".

(3) In SECTION 10 of the bill, immediately after added Section 1301.0642(f), Insurance Code (page 12, between lines 29 and 30), insert the following:

(g) This section does not apply to a preferred provider contract:

(1) with an unspecified and indefinite duration;

(2) with no stated or automatic renewal period or event; and

(3) that may only be terminated by notice from one party to the other.

(4) In SECTION 11(a) of the bill, in the transition language (page 12, lines 32 and 33), strike "January" each time it appears and substitute "September".

(5) In SECTION 11 of the bill, in the transition language immediately after Subsection (a) of that section (page 12, between lines 35 and 36), add the following appropriately lettered subsection and reletter subsequent subsections accordingly:

(__) Notwithstanding Subsection (a) of this section, maximum appointment wait time standards prescribed by Sections 1301.0055(b) and 1301.00555, Insurance Code, as added by this Act, apply only to an insurance policy that is delivered, issued for delivery, or renewed on or after September 1, 2025.