

BILL ANALYSIS

S.B. 1003
By: Johnson
Insurance
Committee Report (Unamended)

BACKGROUND AND PURPOSE

In 2019, the 86th Legislature expanded provider directory requirements for certain health benefit plan issuers that allowed consumers to search for health care providers who practice at facilities that are in their plan issuer's network. These directories must list certain information for specified types of facility-based physicians, but current law omits certain other facility-based specialists. Including other types of facility-based physicians and providers in the directory requirements will help consumers plan their care, avoid accidentally using out-of-network providers, and maximize their in-network benefits. Such a change will also provide a more comprehensive picture of health plan provider networks, which would help the Texas Department of Insurance regulate these networks more effectively. S.B. 1003 seeks to address this issue by expanding the types of facility-based providers a health benefit plan issuer must include in its provider directory.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the commissioner of insurance in SECTION 2 of this bill.

ANALYSIS

S.B. 1003 amends the Insurance Code to expand the types of health care providers for which an applicable health benefit plan issuer offering coverage for health care services through preferred providers, exclusive providers, or a network of physicians or health care providers must include certain information in its provider directory by replacing references to a facility-based physician, defined as a state-licensed radiologist, anesthesiologist, pathologist, emergency department physician, neonatologist, or assistant surgeon to whom a facility has granted clinical privileges and who provides services to the facility's patients under those privileges with references to a facility-based physician or provider, which includes any state-licensed or otherwise authorized health care practitioner or other person who is granted such privileges and provides services to the facility's patients under those privileges.

S.B. 1003 includes the following specialty professions among the professions that the directory must list in separate headings under the applicable provider facility name:

- nurse anesthetists;
- nurse midwives;
- surgical assistants;
- physical therapists;
- occupational therapists;

- speech-language pathologists; and
- any other specialty that the commissioner of insurance identifies by rule.

The bill removes assistant surgeons from the professions the directory must list in separate headings under the applicable provider facility name and establishes that the directory is not required to list a physician or health care provider who is employed by the facility.

S.B. 1003 requires a health benefit plan issuer to update its physician and health care provider directory and website to conform with the bill's provisions not later than January 1, 2024.

EFFECTIVE DATE

September 1, 2023.