

BILL ANALYSIS

Senate Research Center
88R3585 CJD-D

S.B. 1723
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Health & Human Services
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As Filed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Certain health plans require that a patient see a primary care doctor before the insurance allows the patient to see a specialist. This requirement is concerning for emergency situations in which the patient is unable to receive a primary care referral before receiving specialized emergency treatment. Insurance companies will often instruct patients to go to the emergency room in these situations, but the emergency room may not have the necessary specialty equipment to provide care for issues like a retina detachment.

S.B. 1723 removes this barrier to emergency care by allowing patients to receive insurance reimbursement if the primary care referral is retroactively provided up to 30 days after the patient received the specialist service or supply.

As proposed, S.B. 1723 amends current law relating to the backdating of referrals for certain managed care health benefit plans.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subtitle C, Title 8, Insurance Code, by adding Chapter 1276, as follows:

CHAPTER 1276. REFERRAL REQUIREMENTS

Sec. 1276.001. APPLICABILITY OF CHAPTER. (a) Provides that this chapter applies only to a health benefit plan, including a plan provided by a health maintenance organization operating under Chapter 843 (Health Maintenance Organizations) or a preferred provider benefit plan issued under Chapter 1301 (Preferred Provider Benefit Plans), that requires a primary care physician or other participating health care provider to provide a referral to an enrollee as a condition of payment or for the enrollee to receive a network benefit.

(b) Provides that this chapter, notwithstanding any other law, applies to certain health plans.

(c) Provides that this chapter, notwithstanding any other law, applies to coverage under certain health programs.

Sec. 1276.002. BACKDATED REFERRALS. Requires a health benefit plan issuer or administrator, for purposes of payment or the provision of network benefits for a health care service provided to an enrollee, to accept a referral made by the enrollee's primary care physician or another participating health care provider authorized under the enrollee's health benefit plan to make the required referral if the referral is provided not later than the 30th day after the date on which the enrollee receives the service or supply.

SECTION 2. Makes application of this Act prospective to January 1, 2024.

SECTION 3. Effective date: September 1, 2023.