88R12290 CJD-D

By:  Talarico H.B. No. 3034

A BILL TO BE ENTITLED

AN ACT

relating to notice regarding nonemergency ambulance and certain nonemergency health care coverage in health benefit plans.

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

SECTION 1.  Chapter 1210, Insurance Code, is amended to read as follows:

CHAPTER 1210. NOTICE OF CERTAIN POLICY PROVISIONS

SUBCHAPTER A. NOTICE OF PROVISIONS RELATED TO RENEWAL OR NONRENEWAL

Sec. 1210.001.  NOTICE REQUIRED.  A policy, contract, or certificate of insurance that insures against loss resulting from sickness or accidental bodily injury and that is subject to an increase in the premium at time of renewal or to nonrenewal on the insured attaining a certain age may not be delivered, issued, or used in this state unless the document contains on the first page above the policy provisions a printed notice in 10-point type that states that the policy, contract, or certificate is subject to either or both conditions.

SUBCHAPTER B. AMBULANCE AND CERTAIN NONEMERGENCY HEALTH CARE COVERAGE PROVISIONS

Sec. 1210.011.  DEFINITION. In this subchapter, "emergency medical services personnel" has the meaning assigned by Section 773.003, Health and Safety Code.

Sec. 1210.012.  APPLICABILITY OF SUBCHAPTER. (a) This subchapter applies only to a health benefit plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document that is offered by:

(1)  an insurance company;

(2)  a group hospital service corporation operating under Chapter 842;

(3)  a health maintenance organization operating under Chapter 843;

(4)  an approved nonprofit health corporation that holds a certificate of authority under Chapter 844;

(5)  a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846;

(6)  a stipulated premium company operating under Chapter 884;

(7)  a fraternal benefit society operating under Chapter 885;

(8)  a Lloyd's plan operating under Chapter 941; or

(9)  an exchange operating under Chapter 942.

(b)  Notwithstanding any other law, this subchapter applies to:

(1)  a small employer health benefit plan subject to Chapter 1501, including coverage provided through a health group cooperative under Subchapter B of that chapter;

(2)  a standard health benefit plan issued under Chapter 1507;

(3)  a basic coverage plan under Chapter 1551;

(4)  a basic plan under Chapter 1575;

(5)  a primary care coverage plan under Chapter 1579;

(6)  a plan providing basic coverage under Chapter 1601;

(7)  nonprofit agricultural organization health benefits offered by a nonprofit agricultural organization under Chapter 1682;

(8)  alternative health benefit coverage offered by a subsidiary of the Texas Mutual Insurance Company under Subchapter M, Chapter 2054;

(9)  health benefits provided by or through a church benefits board under Subchapter I, Chapter 22, Business Organizations Code;

(10)  the state Medicaid program, including the Medicaid managed care program operated under Chapter 533, Government Code;

(11)  the child health plan program under Chapter 62, Health and Safety Code;

(12)  a regional or local health care program operated under Section 75.104, Health and Safety Code;

(13)  a self-funded health benefit plan sponsored by a professional employer organization under Chapter 91, Labor Code;

(14)  county employee group health benefits provided under Chapter 157, Local Government Code; and

(15)  health and accident coverage provided by a risk pool created under Chapter 172, Local Government Code.

Sec. 1210.013.  NOTICE REQUIRED. (a) This section applies only with respect to a health benefit plan that does not provide coverage for nonemergency ambulance services or nonemergency health care services provided by emergency medical services personnel.

(b)  A health benefit plan issuer or administrator shall provide written notice in the form and manner prescribed by the commissioner in an explanation of benefits provided to an enrollee that the enrollee's plan does not cover nonemergency ambulance services or nonemergency health care services provided by emergency medical services personnel.

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

SECTION 3.  This Act takes effect September 1, 2023.