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By:  Lalani H.B. No. 3091

A BILL TO BE ENTITLED

AN ACT

relating to identification cards issued by health maintenance organizations and preferred provider organizations.

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

SECTION 1.  Section 843.209, Insurance Code, is amended to read as follows:

Sec. 843.209.  IDENTIFICATION CARD. (a) An identification card or other similar document issued by a health maintenance organization to an enrollee must:

(1)  indicate that the health maintenance organization is regulated under this code and subject to the provisions of Subchapter J; [~~and~~]

(2)  display:

(A)  the first date on which the enrollee became enrolled; or

(B)  a toll-free number a physician or provider may use to obtain that date; and

(3)  display the acronym "HMO" in the location of the health maintenance organization's choice.

(b)  An identification card or other similar document that bears the acronym "HMO" as required by Subsection (a) indicates that health benefit coverage for health care services provided by a participating physician or provider does not ensure the enrollee has access to:

(1)  health care services at a discounted rate if the services are provided by a physician or provider who is not included in the health maintenance organization delivery network; or

(2)  other fee discounts available under the health maintenance organization delivery network.

SECTION 2.  Section 1301.162, Insurance Code, is amended to read as follows:

Sec. 1301.162.  IDENTIFICATION CARD. (a) An identification card or other similar document issued by an insurer regulated by this code and subject to this chapter to an individual insured must:

(1)  display:

(A) [~~(1)~~]  the first date on which the individual became insured under the plan; or

(B) [~~(2)~~]  a toll-free number a physician or health care provider may use to obtain that date; and

(2)  display the acronym "PPO" in the location of the insurer's choice.

(b)  An identification card or other similar document that bears the acronym "PPO" as required by Subsection (a) indicates that health benefit coverage for medical care or health care services provided by a preferred provider does not ensure the insured has access to:

(1)  medical care or health care services at a discounted rate if the services are provided by an out-of-network provider; or

(2)  other fee discounts available under the provider network.

SECTION 3.  Sections 843.209 and 1301.162, Insurance Code, as amended by this Act, apply only to an identification card or other similar document issued on or after January 1, 2024.

SECTION 4.  This Act takes effect September 1, 2023.