88R3585 CJD-D

By:  Paxton S.B. No. 1723

A BILL TO BE ENTITLED

AN ACT

relating to the backdating of referrals for certain managed care health benefit plans.

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

SECTION 1.  Subtitle C, Title 8, Insurance Code, is amended by adding Chapter 1276 to read as follows:

CHAPTER 1276. REFERRAL REQUIREMENTS

Sec. 1276.001.  APPLICABILITY OF CHAPTER. (a) This chapter applies only to a health benefit plan, including a plan provided by a health maintenance organization operating under Chapter 843 or a preferred provider benefit plan issued under Chapter 1301, 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)  Notwithstanding any other law, this chapter applies to:

(1)  a basic coverage plan under Chapter 1551;

(2)  a basic plan under Chapter 1575;

(3)  a primary care coverage plan under Chapter 1579; and

(4)  basic coverage under Chapter 1601.

(c)  Notwithstanding any other law, this chapter applies to coverage under:

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

(2)  a Medicaid managed care program operated under Chapter 533, Government Code.

Sec. 1276.002.  BACKDATED REFERRALS. For purposes of payment or the provision of network benefits for a health care service provided to an enrollee, a health benefit plan issuer or administrator shall 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.  The change in law made by this Act applies only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2024.

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