1-1 By: Oliverson, Price (Senate Sponsor - Hancock) H.B. No. 2002 1-2 1-3 (In the Senate - Received from the House May 5, 2023; 2023, read first time and referred to Committee on Health & May 8, Human Services; May 18, 2023, reported favorably by the following vote: Yeas 8, Nays 0; May 18, 2023, sent to printer.) 1-4 1-5

1-6	COMMITTEE VOTE				
1-7		Yea	Nay	Absent	PNV
1-8	Kolkhorst	Х			
1-9	Perry	Х			
1-10	Blanco	Х			
1-11	Hall	Х			
1-12	Hancock	Х			
1-13	Hughes			Х	
1-14	LaMantia	Х			
1-15	Miles	Х			
1-16	Sparks	Х			

A BILL TO BE ENTITLED AN ACT

1-19 relating to preferred provider benefit plan out-of-pocket expense 1-20 credits for payments made by an insured directly to a physician or health care provider. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS: 1-21

1-22 1-23 SECTION 1. Subchapter C-1, Chapter 1301, Insurance Code, is 1-24 amended by adding Section 1301.140 to read as follows:

Sec. 1301.140. OUT-OF-POCKET EXPENSE CREDIT. (a) An insurer shall credit toward an insured's deductible and annual maximum out-of-pocket expenses an amount the insured pays directly to any physician or health care provider for a medically necessary 1-25 1-26 1-27 1-28 1-29 covered medical or health care service or supply if a claim for the service or supply is not submitted to the insurer and the amount 1-30 paid by the insured to the physician or health care provider is less than the average discounted rate for the service or supply paid to an equivalently licensed or authorized preferred provider under the 1-31 1-32 1-33 insured's preferred provider benefit plan. 1-34 1-35

(b) An insurer shall:

(1) establish a procedure by which an insured may claim a credit under Subsection (a); and (2) identify documentation necessary to support a 1-36 1-37

1-38 claim for a credit under Subsection (a). 1-39

1-40 (c) Information about the procedure and documentation described by Subsection (b) must be readily accessible to an insured on the insurer's Internet website. SECTION 2. Section 1301.140, Insurance Code, as added by 1-41 1-42

1-43 this Act, applies only to a preferred provider benefit plan that is 1 - 441-45 delivered, issued for delivery, or renewed on or after January 1, 1-46 2024. 1-47

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

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