By: Paul H.B. No. 2403

A BILL TO BE ENTITLED

AN ACT

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- 2 relating to the establishment of the Texas Health Insurance Mandate
- 3 Advisory Review Center; authorizing a fee.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
- 5 SECTION 1. Chapter 38, Insurance Code, is amended by adding
- 6 Subchapter J to read as follows:
- 7 SUBCHAPTER J. TEXAS HEALTH INSURANCE MANDATE ADVISORY REVIEW CENTER
- 8 Sec. 38.451. DEFINITIONS. In this subchapter:
- 9 <u>(1) "Enrollee" means an individual who is enrolled in</u>
- 10 a health benefit plan, including a covered dependent.
- 11 (2) "Health benefit plan issuer" means an insurer,
- 12 <u>health maintenance organization</u>, or other entity authorized to
- 13 provide health benefits coverage under the laws of this state,
- 14 including a Medicaid managed care organization.
- 15 (3) "Health care provider" means a physician,
- 16 facility, or other person who is licensed, certified, registered,
- 17 or otherwise authorized to provide a health care service in this
- 18 state.

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- 19 (4) "Health care service" means a service, procedure,
- 20 drug, or device to diagnose, prevent, alleviate, cure, or heal a
- 21 human disease, injury, or unhealthy or abnormal physical or mental
- 22 condition, including a service, procedure, drug, or device related
- 23 to pregnancy or delivery.
- 24 (5) "Mandate" means a provision of a bill or joint

1	resolution that requires a health benefit plan issuer to:						
2	(A) provide coverage for a health care service;						
3	(B) increase or decrease payments to health care						
4	providers for a health care service; or						
5	(C) implement a new contractual or						
6	administrative requirement.						
7	(6) "Mandate review center" means the Texas Health						
8	Insurance Mandate Advisory Review Center established under Section						
9	<u>38.452.</u>						
10	Sec. 38.452. ESTABLISHMENT OF MANDATE REVIEW CENTER. The						
11	Center for Healthcare Data at The University of Texas Health						
12	Science Center at Houston shall establish the Texas Health						
13	Insurance Mandate Advisory Review Center to prepare analyses of						
14	bills and joint resolutions that would impose new mandates on						
15	health benefit plan issuers in this state.						
16	Sec. 38.453. REQUEST FOR ANALYSIS OF MANDATE. (a)						
17	Regardless of whether the legislature is in session, the lieutenant						
18	governor, the speaker of the house of representatives, or the chair						
19	of the appropriate committee in either house of the legislature may						
20	submit a request to the mandate review center to prepare and develop						
21	an analysis of a proposed or enacted bill or joint resolution that						
22	imposes a new mandate on health benefit plan issuers in this state.						
23	(b) A request submitted under this section must include a						
24	draft of the bill or joint resolution prepared by the Texas						
25	Legislative Council or a copy of an act of the Texas Legislature.						
26	Sec. 38.454. ANALYSIS OF MANDATE. (a) On receiving a						
27	request under Section 38.453, the mandate review center shall						

1 conduct an analysis of, as applicable, the extent to which: 2 (1) the mandate has increased or decreased or is 3 expected to increase or decrease total spending in this state for any relevant health care service, including the estimated dollar 4 5 amount of that increase or decrease; 6 (2) the mandate has increased or is expected to 7 increase the utilization of any relevant health care service in 8 this state; 9 (3) the mandate has increased or decreased or is 10 expected to increase or decrease administrative expenses of health benefit plan issuers and expenses of enrollees, plan sponsors, and 11 12 policyholders; (4) the mandate has increased or decreased or is 13 14 expected to increase or decrease the total spending by all persons 15 in the private sector, by public sector entities, including state or local retirement systems and political subdivisions, and 16 17 individuals purchasing individual health insurance or health benefit plan coverage in this state; 18 19 (5) coverage for any relevant health care service is or was, without the mandate, generally available or utilized; or 20 21 (6) any relevant health care service is supported by medical and scientific evidence, including: 22 (A) determinations made by the United States Food 23 24 and Drug Administration; 25 (B) coverage determinations made by the Centers

(C) determinations made by the United States

for Medicare and Medicaid Services;

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- 1 Preventive Services Task Force; and
- 2 (D) nationally recognized clinical practice
- 3 guidelines.
- 4 (b) In conducting an analysis under this section, the
- 5 mandate review center may consult with persons with relevant
- 6 knowledge and expertise.
- 7 Sec. 38.455. REPORT. Not later than 60 days after receiving
- 8 a request under Section 38.453, the mandate review center shall
- 9 prepare a written report containing the results of the analysis
- 10 performed under Section 38.454 and:
- 11 (1) deliver the report to the lieutenant governor, the
- 12 speaker of the house of representatives, and the appropriate
- 13 committees in each house of the legislature; and
- 14 (2) make the report available on a generally
- 15 accessible Internet website.
- Sec. 38.456. FUNDING OF MANDATE REVIEW CENTER; FEE. (a)
- 17 The department shall assess an annual fee on each health benefit
- 18 plan issuer other than an issuer operating solely as a Medicaid
- 19 managed care organization in the amount necessary to implement this
- 20 subchapter.
- 21 (b) The mandate review center shall develop an annual cost
- 22 estimate of the amount necessary to fund the actual and necessary
- 23 <u>expenses of implementing this subchapter.</u>
- (c) The department shall, in consultation with the mandate
- 25 review center:
- 26 (1) determine the amount of the fee assessed under
- 27 this section; and

- 1 (2) adjust the amount of the fee assessed under this
- 2 section for each state fiscal biennium to address any:
- 3 (A) estimated increase in costs to implement this
- 4 subchapter; or
- 5 (B) deficits incurred during the preceding year
- 6 as a result of implementing this subchapter.
- 7 (d) Not later than August 1 of each year, a health benefit
- 8 plan issuer shall pay the fee assessed under this section to the
- 9 department. The legislature may appropriate money received under
- 10 this section only to The University of Texas Health Science Center
- 11 at Houston to be used by the Center for Healthcare Data to
- 12 administer the center's duties under this subchapter.
- (e) The commissioner shall adopt rules to administer this
- 14 section.
- SECTION 2. Not later than January 1, 2024, the Center for
- 16 Healthcare Data at The University of Texas Health Science Center at
- 17 Houston shall establish the Texas Health Insurance Mandate Advisory
- 18 Review Center as required by Section 38.452, Insurance Code, as
- 19 added by this Act.
- SECTION 3. Not later than January 1, 2024, the commissioner
- 21 of insurance shall adopt rules as required by Section 38.456,
- 22 Insurance Code, as added by this Act.
- 23 SECTION 4. This Act takes effect September 1, 2023.