

By: Harris of Williamson

H.B. No. 3351

A BILL TO BE ENTITLED

AN ACT

relating to standards required for certain rankings of physicians
by health benefit plan issuers.

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

SECTION 1. Section 1460.003, Insurance Code, is amended to
read as follows:

Sec. 1460.003. PHYSICIAN RANKING REQUIREMENTS. (a) A
health benefit plan issuer, including a subsidiary or affiliate,
may not rank physicians or [7] classify physicians into tiers based
on performance [~~7, or publish physician-specific information that~~
~~includes rankings, tiers, ratings, or other comparisons of a~~
~~physician's performance against standards, measures, or other~~
~~physicians,~~] unless [7

[~~(1)~~] the standards used by the health benefit plan
issuer conform to nationally recognized standards and guidelines as
required by rules adopted under Section 1460.005 [7

[~~(2)~~ the standards and measurements to be used by the
health benefit plan issuer are disclosed to each affected physician
before any evaluation period used by the health benefit plan
issuer, and

[~~(3)~~ each affected physician is afforded, before any
publication or other public dissemination, an opportunity to
dispute the ranking or classification through a process that, at a
minimum, includes due process protections that conform to the

1 following protections:

2 ~~[(A) the health benefit plan issuer provides at~~
3 ~~least 45 days' written notice to the physician of the proposed~~
4 ~~rating, ranking, tiering, or comparison, including the~~
5 ~~methodologies, data, and all other information utilized by the~~
6 ~~health benefit plan issuer in its rating, tiering, ranking, or~~
7 ~~comparison decision;~~

8 ~~[(B) in addition to any written fair~~
9 ~~reconsideration process, the health benefit plan issuer, upon a~~
10 ~~request for review that is made within 30 days of receiving the~~
11 ~~notice under Paragraph (A), provides a fair reconsideration~~
12 ~~proceeding, at the physician's option;~~

13 ~~[(i) by teleconference, at an agreed upon~~
14 ~~time; or~~

15 ~~[(ii) in person, at an agreed upon time or~~
16 ~~between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday;~~

17 ~~[(C) the physician has the right to provide~~
18 ~~information at a requested fair reconsideration proceeding for~~
19 ~~determination by a decision-maker, have a representative~~
20 ~~participate in the fair reconsideration proceeding, and submit a~~
21 ~~written statement at the conclusion of the fair reconsideration~~
22 ~~proceeding; and~~

23 ~~[(D) the health benefit plan issuer provides a~~
24 ~~written communication of the outcome of a fair reconsideration~~
25 ~~proceeding prior to any publication or dissemination of the rating,~~
26 ~~ranking, tiering, or comparison. The written communication must~~
27 ~~include the specific reasons for the final decision].~~

(b) This section does not apply to:

(1) the publication of a list of network physicians and providers if ratings [~~or comparisons~~] are not made and the list is not a product of nor reflects the tiering or classification of physicians or providers; or

(2) the provision of physician-specific cost comparison information from a health benefit plan issuer to a network physician whose payment by the health benefit plan issuer to the physician is partly based on costs of other health care providers that are attributed by the health benefit plan issuer.

SECTION 2. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2023.