

By: Guillen

H.B. No. 4300

Substitute the following for H.B. No. 4300:

By: Oliverson

C.S.H.B. No. 4300

A BILL TO BE ENTITLED

1 AN ACT  
2 relating to expedited credentialing of certain physician  
3 assistants and advanced practice nurses by managed care plan  
4 issuers.

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

6 SECTION 1. Chapter 1452, Insurance Code, is amended by  
7 adding Subchapter F to read as follows:

8 SUBCHAPTER F. EXPEDITED CREDENTIALING PROCESS FOR CERTAIN  
9 PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES

10 Sec. 1452.251. DEFINITIONS. In this subchapter:

11 (1) "Advanced practice nurse" means an advanced  
12 practice registered nurse as defined by Section 301.152,  
13 Occupations Code.

14 (2) "Applicant" means a physician assistant or  
15 advanced practice nurse applying for expedited credentialing under  
16 this subchapter.

17 (3) "Enrollee" means an individual who is eligible to  
18 receive health care services under a managed care plan.

19 (4) "Health care provider" means:

20 (A) an individual who is licensed, certified, or  
21 otherwise authorized to provide health care services in this state;  
22 or

23 (B) a hospital, emergency clinic, outpatient  
24 clinic, or other facility providing health care services.

1           (5) "Managed care plan" means a health benefit plan  
2 under which health care services are provided to enrollees through  
3 contracts with health care providers and that requires enrollees to  
4 use participating providers or that provides a different level of  
5 coverage for enrollees who use participating providers. The term  
6 includes a health benefit plan issued by:

7                   (A) a health maintenance organization;

8                   (B) a preferred provider benefit plan issuer; or

9                   (C) any other entity that issues a health benefit  
10 plan, including an insurance company.

11           (6) "Medical group" means:

12                   (A) a single legal entity authorized to practice  
13 medicine in this state that is owned by two or more physicians; or

14                   (B) a professional association composed solely  
15 of physicians.

16           (7) "Participating provider" means a health care  
17 provider who has contracted with a health benefit plan issuer to  
18 provide services to enrollees.

19           (8) "Physician" means an individual licensed to  
20 practice medicine in this state.

21           (9) "Physician assistant" means an individual who  
22 holds a license issued under Chapter 204, Occupations Code.

23           Sec. 1452.252. APPLICABILITY. This subchapter applies only  
24 to a physician assistant or advanced practice nurse who joins, as an  
25 employee, an established medical group that has a contract with a  
26 managed care plan that already includes contracted rates for  
27 physician assistants or advanced practice nurses employed by the

1 medical group.

2 Sec. 1452.253. ELIGIBILITY REQUIREMENTS. To qualify for  
3 expedited credentialing under this subchapter and payment under  
4 Section 1452.254, a physician assistant or advanced practice nurse  
5 must:

6 (1) be licensed in this state by, and in good standing  
7 with, the Texas Physician Assistant Board or Texas Board of  
8 Nursing;

9 (2) submit all documentation and other information  
10 required by the managed care plan issuer to begin the credentialing  
11 process required for the issuer to include the physician assistant  
12 or advanced practice nurse in the plan's network;

13 (3) agree to comply with the terms of the managed care  
14 plan's participating provider contract with the physician  
15 assistant's or advanced practice nurse's established medical group,  
16 including the rates applicable to other physician assistants or  
17 advanced practice nurses under the contract; and

18 (4) have received express written consent from the  
19 physician assistant's or advanced practice nurse's established  
20 medical group to apply for expedited credentialing under this  
21 subchapter.

22 Sec. 1452.254. PAYMENT FOR SERVICES OF PHYSICIAN ASSISTANT  
23 OR ADVANCED PRACTICE NURSE DURING CREDENTIALING PROCESS. After an  
24 applicant has met the eligibility requirements under Section  
25 1452.253, the issuer shall, for payment purposes only, treat the  
26 applicant as if the applicant is a participating provider in the  
27 plan's network when the applicant provides services to the plan's

1 enrollees as an employee of the applicant's established medical  
2 group, including:

3 (1) authorizing the applicant's medical group to  
4 collect copayments from the enrollees for the applicant's services;  
5 and

6 (2) making payments to the applicant's medical group  
7 for the applicant's services.

8 Sec. 1452.255. DIRECTORY ENTRIES. Nothing in this  
9 subchapter may be construed as requiring the managed care plan  
10 issuer to include the applicant in the plan's directory, Internet  
11 website listing, or other listing of participating providers.

12 Sec. 1452.256. EFFECT OF FAILURE TO MEET CREDENTIALING  
13 REQUIREMENTS. If, on completion of the credentialing process, the  
14 managed care plan issuer determines that the applicant does not  
15 meet the issuer's credentialing requirements:

16 (1) the issuer may recover from the applicant's  
17 medical group that was paid under Section 1452.254 an amount equal  
18 to the difference between payments for in-network benefits and  
19 out-of-network benefits; and

20 (2) the applicant's medical group may retain any  
21 copayments collected or in the process of being collected as of the  
22 date of the issuer's determination.

23 Sec. 1452.257. ENROLLEE HELD HARMLESS. An enrollee is not  
24 responsible and shall be held harmless for the difference between  
25 in-network copayments paid under Section 1452.254 by the enrollee  
26 to an applicant's medical group for services provided by an  
27 employee applicant physician assistant or advanced practice nurse

1 who is determined to be ineligible under Section 1452.256 and the  
2 enrollee's managed care plan's charges for out-of-network services.  
3 The physician assistant's or advanced practice nurse's medical  
4 group may not charge the enrollee for any portion of the physician  
5 assistant's or advanced practice nurse's fee that is not paid or  
6 reimbursed by the plan.

7 Sec. 1452.258. LIMITATION ON MANAGED CARE ISSUER LIABILITY.

8 A managed care plan issuer that complies with this subchapter is not  
9 subject to liability for damages arising out of or in connection  
10 with, directly or indirectly, the payment by the issuer of a  
11 physician assistant's or advanced practice nurse's medical group  
12 for services provided by the medical group's employed physician  
13 assistant or advanced practice nurse treated as if the physician  
14 assistant or advanced practice nurse is a participating provider in  
15 the plan's network under this subchapter.

16 SECTION 2. This Act takes effect September 1, 2023.