

A BILL TO BE ENTITLED

AN ACT

relating to electronic verification of health benefits by health benefit plan issuers for certain physicians and health care providers.

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

SECTION 1. Subtitle A, Title 8, Insurance Code, is amended by adding Chapter 1223 to read as follows:

CHAPTER 1223. VERIFICATION OF HEALTH BENEFITS

Sec. 1223.001. APPLICABILITY OF CHAPTER. (a) This chapter applies only to a health benefit plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document that is issued by:

(1) an insurance company;

(2) a group hospital service corporation operating under Chapter 842;

(3) a health maintenance organization operating under Chapter 843;

(4) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844;

(5) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846;

- 1           (6) a stipulated premium company operating under  
2 Chapter 884;
- 3           (7) a fraternal benefit society operating under  
4 Chapter 885;
- 5           (8) a Lloyd's plan operating under Chapter 941; or  
6           (9) an exchange operating under Chapter 942.
- 7       (b) Notwithstanding any other law, this chapter applies to:
- 8           (1) a small employer health benefit plan subject to  
9 Chapter 1501, including coverage provided through a health group  
10 cooperative under Subchapter B of that chapter;
- 11          (2) a standard health benefit plan issued under  
12 Chapter 1507;
- 13          (3) a basic coverage plan under Chapter 1551;  
14          (4) a basic plan under Chapter 1575;  
15          (5) a primary care coverage plan under Chapter 1579;  
16          (6) a plan providing basic coverage under Chapter  
17 1601;
- 18          (7) nonprofit agricultural organization health  
19 benefits offered by a nonprofit agricultural organization under  
20 Chapter 1682;
- 21          (8) alternative health benefit coverage offered by a  
22 subsidiary of the Texas Mutual Insurance Company under Subchapter  
23 M, Chapter 2054;
- 24          (9) health benefits provided by or through a church  
25 benefits board under Subchapter I, Chapter 22, Business  
26 Organizations Code;
- 27          (10) group health coverage made available by a school

1 district in accordance with Section 22.004, Education Code;

2 (11) the state Medicaid program, including the  
3 Medicaid managed care program operated under Chapter 533,  
4 Government Code;

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

7 (13) a regional or local health care program operated  
8 under Section 75.104, Health and Safety Code;

9 (14) a self-funded health benefit plan sponsored by a  
10 professional employer organization under Chapter 91, Labor Code;

11 (15) county employee group health benefits provided  
12 under Chapter 157, Local Government Code; and

13 (16) health and accident coverage provided by a risk  
14 pool created under Chapter 172, Local Government Code.

15 Sec. 1223.002. INTERNET WEBSITE FOR VERIFICATION REQUIRED  
16 FOR EMERGENCY PHYSICIANS AND HEALTH CARE PROVIDERS. A health  
17 benefit plan issuer shall maintain and make available a secure  
18 system on the issuer's Internet website that allows a physician or  
19 health care provider for a hospital or freestanding emergency  
20 medical care facility to determine at any time:

21 (1) whether the physician's or provider's patient is  
22 covered by the issuer's health benefit plan;

23 (2) whether the issuer will pay the physician or  
24 provider for the proposed health care service or supply the  
25 physician or provider intends to provide to the patient; and

26 (3) the deductible, copayment, or coinsurance for  
27 which the patient is responsible.

1           SECTION 2. If before implementing any provision of Chapter  
2 1223, Insurance Code, as added by this Act, a state agency  
3 determines that a waiver or authorization from a federal agency is  
4 necessary for implementation of that provision, the agency affected  
5 by the provision shall request the waiver or authorization and may  
6 delay implementing that provision until the waiver or authorization  
7 is granted.

8           SECTION 3. This Act takes effect January 1, 2024.