

1-1 By: Hughes S.B. No. 1051
 1-2 (In the Senate - Filed February 21, 2023; March 3, 2023,
 1-3 read first time and referred to Committee on Health & Human
 1-4 Services; April 19, 2023, reported adversely, with favorable
 1-5 Committee Substitute by the following vote: Yeas 9, Nays 0;
 1-6 April 19, 2023, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	X			
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14	X			
1-15	X			
1-16	X			
1-17	X			

1-18 COMMITTEE SUBSTITUTE FOR S.B. No. 1051 By: Hughes

1-19 A BILL TO BE ENTITLED
 1-20 AN ACT

1-21 relating to a uniform coordination of benefits questionnaire for
 1-22 health benefit plans.

1-23 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-24 SECTION 1. Chapter 1203, Insurance Code, is amended by
 1-25 adding Subchapter C to read as follows:

1-26 SUBCHAPTER C. COORDINATION OF BENEFITS QUESTIONNAIRE

1-27 Sec. 1203.101. APPLICABILITY OF SUBCHAPTER. (a) This
 1-28 subchapter applies only to a health benefit plan that provides
 1-29 benefits for medical or surgical expenses incurred as a result of a
 1-30 health condition, accident, or sickness, including an individual,
 1-31 group, blanket, or franchise insurance policy or insurance
 1-32 agreement, a group hospital service contract, or an individual or
 1-33 group evidence of coverage or similar coverage document that is
 1-34 issued by:

- 1-35 (1) an insurance company;
- 1-36 (2) a group hospital service corporation operating
 1-37 under Chapter 842;
- 1-38 (3) a health maintenance organization operating under
 1-39 Chapter 843;
- 1-40 (4) an approved nonprofit health corporation that
 1-41 holds a certificate of authority under Chapter 844;
- 1-42 (5) a multiple employer welfare arrangement that holds
 1-43 a certificate of authority under Chapter 846;
- 1-44 (6) a stipulated premium company operating under
 1-45 Chapter 884;
- 1-46 (7) a Lloyd's plan operating under Chapter 941; or
- 1-47 (8) an exchange operating under Chapter 942.

1-48 (b) Notwithstanding any other law, this subchapter applies
 1-49 to:

- 1-50 (1) a small employer health benefit plan subject to
 1-51 Chapter 1501, including coverage provided through a health group
 1-52 cooperative under Subchapter B of that chapter;
- 1-53 (2) a standard health benefit plan issued under
 1-54 Chapter 1507;
- 1-55 (3) a basic coverage plan under Chapter 1551;
- 1-56 (4) a basic plan under Chapter 1575;
- 1-57 (5) a primary care coverage plan under Chapter 1579;
- 1-58 (6) a plan providing basic coverage under Chapter
 1-59 1601;
- 1-60 (7) nonprofit agricultural organization health

2-1 benefits offered by a nonprofit agricultural organization under
2-2 Chapter 1682;
2-3 (8) alternative health benefit coverage offered by a
2-4 subsidiary of the Texas Mutual Insurance Company under Subchapter
2-5 M, Chapter 2054;
2-6 (9) group health coverage made available by a school
2-7 district in accordance with Section 22.004, Education Code;
2-8 (10) the state Medicaid program, including the
2-9 Medicaid managed care program operated under Chapter 533,
2-10 Government Code;
2-11 (11) the child health plan program under Chapter 62,
2-12 Health and Safety Code;
2-13 (12) a regional or local health care program operated
2-14 under Section 75.104, Health and Safety Code; and
2-15 (13) a self-funded health benefit plan sponsored by a
2-16 professional employer organization under Chapter 91, Labor Code.
2-17 Sec. 1203.102. CREATION OF UNIFORM COORDINATION OF BENEFITS
2-18 QUESTIONNAIRE. In collaboration with appropriate stakeholders,
2-19 the commissioner shall adopt rules establishing a uniform
2-20 coordination of benefits questionnaire to be used by all health
2-21 benefit plan issuers in this state.
2-22 Sec. 1203.103. UNIFORM COORDINATION OF BENEFITS
2-23 QUESTIONNAIRE REQUIRED. Each health benefit plan issuer that
2-24 issues a health benefit plan that includes a coordination of
2-25 benefits provision shall use the uniform coordination of benefits
2-26 questionnaire established under Section 1203.102 and make the
2-27 questionnaire available to health care providers as appropriate.
2-28 SECTION 2. (a) Not later than January 1, 2024, the
2-29 commissioner of insurance shall adopt rules establishing the
2-30 uniform coordination of benefits questionnaire under Section
2-31 1203.102, Insurance Code, as added by this Act.
2-32 (b) The changes in law made by this Act apply only to the use
2-33 of a coordination of benefits questionnaire on or after February 1,
2-34 2024.
2-35 SECTION 3. This Act takes effect September 1, 2023.

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