

By: Schwertner

S.B. No. 1140

A BILL TO BE ENTITLED

1 AN ACT
2 relating to the adequacy and effectiveness of managed care plan
3 networks.

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

5 SECTION 1. Section 108.002(9), Health and Safety Code, is
6 amended to read as follows:

7 (9) "Health benefit plan" means a plan provided by:

8 (A) a health maintenance organization;

9 (B) a preferred provider or exclusive provider
10 benefit plan issuer under Chapter 1301, Insurance Code; or

11 (C) [~~(B)~~] an approved nonprofit health
12 corporation that is certified under Section 162.001, Occupations
13 Code, and that holds a certificate of authority issued by the
14 commissioner of insurance under Chapter 844, Insurance Code.

15 SECTION 2. Section 501.001, Insurance Code, is amended to
16 read as follows:

17 Sec. 501.001. DEFINITIONS [~~DEFINITION~~]. In this chapter:

18 (1) "Managed care plan" means:

19 (A) a health maintenance organization plan
20 provided under Chapter 843;

21 (B) a preferred provider benefit plan, as defined
22 by Section 1301.001; or

23 (C) an exclusive provider benefit plan, as
24 defined by Section 1301.001.

1 (2) "Office" [~~,"office"~~] means the office of public
2 insurance counsel.

3 SECTION 3. Section 501.151, Insurance Code, is amended to
4 read as follows:

5 Sec. 501.151. POWERS AND DUTIES OF OFFICE. The office:

6 (1) may assess the impact of insurance rates, rules,
7 and forms on insurance consumers in this state; [~~and~~]

8 (2) shall advocate in the office's own name positions
9 determined by the public counsel to be most advantageous to a
10 substantial number of insurance consumers;

11 (3) shall monitor the adequacy of networks offered by
12 managed care plans in this state by reviewing related filings,
13 applications, and requests, including filings, applications, and
14 requests related to access plans or waivers of network adequacy
15 requirements, for accuracy, accessibility of health care services,
16 and reasonable access to covered benefits; and

17 (4) may advocate for consumers in the office's own
18 name:

19 (A) positions to strengthen the overall adequacy
20 or oversight of networks offered by managed care plans in this
21 state; and

22 (B) positions to strengthen the adequacy or
23 oversight of a particular network offered by a managed care plan in
24 this state.

25 SECTION 4. Section 501.153, Insurance Code, is amended to
26 read as follows:

27 Sec. 501.153. AUTHORITY TO APPEAR, INTERVENE, OR INITIATE.

1 (a) The public counsel:

2 (1) may appear or intervene, as a party or otherwise,
3 as a matter of right before the commissioner or department on behalf
4 of insurance consumers, as a class, in matters involving:

5 (A) rates, rules, and forms affecting:

6 (i) property and casualty insurance;

7 (ii) title insurance;

8 (iii) credit life insurance;

9 (iv) credit accident and health insurance;

10 or

11 (v) any other line of insurance for which
12 the commissioner or department promulgates, sets, adopts, or
13 approves rates, rules, or forms;

14 (B) rules affecting life, health, or accident
15 insurance; ~~or~~

16 (C) a managed care plan's ability to provide
17 accessible health care services and reasonable access to covered
18 benefits; or

19 (D) withdrawal of approval of policy forms:

20 (i) in proceedings initiated by the
21 department under Sections 1701.055 and 1701.057; or

22 (ii) if the public counsel presents
23 persuasive evidence to the department that the forms do not comply
24 with this code, a rule adopted under this code, or any other law;

25 (2) may initiate or intervene as a matter of right or
26 otherwise appear in a judicial proceeding involving or arising from
27 an action taken by an administrative agency in a proceeding in which

1 the public counsel previously appeared under the authority granted
2 by this chapter;

3 (3) may appear or intervene, as a party or otherwise,
4 as a matter of right on behalf of insurance consumers as a class in
5 any proceeding in which the public counsel determines that
6 insurance consumers are in need of representation, except that the
7 public counsel may not intervene in an enforcement or parens
8 patriae proceeding brought by the attorney general; ~~and~~

9 (4) may appear or intervene before the commissioner or
10 department as a party or otherwise on behalf of small commercial
11 insurance consumers, as a class, in a matter involving rates,
12 rules, or forms affecting commercial insurance consumers, as a
13 class, in any proceeding in which the public counsel determines
14 that small commercial consumers are in need of representation; and

15 (5) may file objections and request a hearing
16 regarding any application, filing, or request that a managed care
17 plan files with the department related to an access plan or waiver
18 of a network adequacy requirement, including an application,
19 filing, or request that is currently pending or that has already
20 been approved.

21 (b) To assist the office in determining whether to request a
22 hearing under Subsection (a)(5), the office is entitled to:

23 (1) review all relevant filings and information that a
24 managed care plan submits to the department, including
25 communications related to the filing; and

26 (2) communicate with a managed care plan regarding a
27 submission described by Subdivision (1).

1 (c) A matter described by Subsection (a)(5) is a contested
2 case that may be subject to informal disposition or heard by the
3 State Office of Administrative Hearings under Chapter 2001,
4 Government Code.

5 (d) Nothing in this chapter may be construed as authorizing
6 a managed care plan to request a waiver of network adequacy
7 requirements or to use an access plan unless otherwise authorized
8 by law or regulation.

9 SECTION 5. Section 501.154, Insurance Code, is amended to
10 read as follows:

11 Sec. 501.154. ACCESS TO INFORMATION. The public counsel:

12 (1) is entitled to the same access as a party, other
13 than department staff, to department records available in a
14 proceeding before the commissioner or department under the
15 authority granted to the public counsel by this chapter; ~~and~~

16 (2) is entitled to obtain discovery under Chapter
17 2001, Government Code, of any nonprivileged matter that is relevant
18 to the subject matter involved in a proceeding or submission before
19 the commissioner or department as authorized by this chapter; and

20 (3) is entitled to all filings, including any
21 attachments and supporting documentation, made by a managed care
22 plan relating to the adequacy of a network offered by the plan, and
23 any regulatory correspondence relating to the filings.

24 SECTION 6. Section 501.157, Insurance Code, is amended to
25 read as follows:

26 Sec. 501.157. PROHIBITED INTERVENTIONS OR APPEARANCES.

27 Except as otherwise provided by this code, the [The] public counsel

1 may not intervene or appear in:

2 (1) any proceeding or hearing before the commissioner
3 or department, or any other proceeding, that relates to approval or
4 consideration of an individual charter, license, certificate of
5 authority, acquisition, merger, or examination; or

6 (2) any proceeding concerning the solvency of an
7 individual insurer, a financial issue, a policy form, advertising,
8 or another regulatory issue affecting an individual insurer or
9 agent.

10 SECTION 7. Section 501.159, Insurance Code, is amended by
11 amending Subsection (a) and adding Subsections (a-1) and (a-2) to
12 read as follows:

13 (a) Notwithstanding this chapter, the office may submit
14 written comments to the commissioner and otherwise participate
15 regarding individual insurer filings:

16 (1) made under Chapters 2251 and 2301 relating to
17 insurance described by Subchapter B, Chapter 2301; or

18 (2) relating to the adequacy of a network offered by a
19 managed care plan, regardless of whether the filing is pending or
20 has already been approved.

21 (a-1) The office may comment on or otherwise participate
22 regarding the effect or implementation of a filing described by
23 Subsection (a)(2), including comments regarding concerns that a
24 managed care plan:

25 (1) is operating with an inadequate network in this
26 state;

27 (2) may be in violation of a network adequacy law or

1 regulation; or

2 (3) has an inaccurate provider network directory.

3 (a-2) For written comments filed with the department
4 regarding filings described by Subsection (a)(2), the department
5 shall:

6 (1) respond to the comments promptly and provide
7 updates to the office and the managed care plan regarding actions
8 taken by the department or other actions taken to address issues
9 raised in the comments; and

10 (2) consider conducting a targeted market conduct
11 examination under Chapter 751 or another form of investigation to
12 determine the existence and extent of potential violations.

13 SECTION 8. The heading to Subchapter F, Chapter 501,
14 Insurance Code, is amended to read as follows:

15 SUBCHAPTER F. DUTIES RELATING TO MANAGED CARE PLANS [~~HEALTH~~
16 ~~MAINTENANCE ORGANIZATIONS~~]

17 SECTION 9. Section 501.251, Insurance Code, is amended to
18 read as follows:

19 Sec. 501.251. COMPARISON OF MANAGED CARE PLANS [~~HEALTH~~
20 ~~MAINTENANCE ORGANIZATIONS~~]. (a) The office shall develop and
21 implement a system to compare and evaluate, on an objective basis,
22 the quality of care provided by, the adequacy of networks offered
23 by, and the performance of managed care plans [~~health maintenance~~
24 ~~organizations established under Chapter 843~~].

25 (b) In conducting comparisons under the system described by
26 Subsection (a), the office shall compare:

27 (1) health maintenance organizations to other health

1 maintenance organizations;

2 (2) preferred provider benefit plans to other
3 preferred provider benefit plans; and

4 (3) exclusive provider benefit plans to other
5 exclusive provider benefit plans.

6 (c) In developing the system, the office may use information
7 or data from a person, agency, organization, or governmental unit
8 that the office considers reliable.

9 SECTION 10. Section 501.252, Insurance Code, is amended to
10 read as follows:

11 Sec. 501.252. ANNUAL CONSUMER REPORT CARDS. (a) The office
12 shall develop and issue annual consumer report cards that identify
13 and compare, on an objective basis, managed care plans [~~health~~
14 ~~maintenance organizations in this state~~].

15 (b) The consumer report cards required by Subsection (a)
16 shall:

17 (1) include comparisons of types of managed care plans
18 in the same manner as provided by Section 501.251(b); and

19 (2) at the discretion of the office, be staggered for
20 release throughout the year based on the type of managed care plan
21 that is the subject of the consumer report card.

22 (c) Notwithstanding Subsection (b)(2), all consumer report
23 cards for a particular type of managed care plan must be released at
24 the same time.

25 (d) The consumer report cards may be based on information or
26 data from any person, agency, organization, or governmental unit
27 that the office considers reliable.

1 (e) [~~(b)~~] The office may not endorse or recommend a specific
2 managed care [~~health maintenance organization or~~] plan, or
3 subjectively rate or rank managed care [~~health maintenance~~
4 ~~organizations or~~] plans or managed care plan issuers, other than
5 through comparison and evaluation of objective criteria.

6 (f) [~~(e)~~] The office shall provide a copy of any consumer
7 report card on request on payment of a reasonable fee.

8 SECTION 11. It is the intent of the legislature to provide
9 the office of public insurance counsel with the flexibility to
10 establish a timeline for the implementation, development, and
11 initial issuance of annual consumer report cards under Section
12 [501.252](#), Insurance Code, as amended by this Act, in a manner that
13 best uses current office of public insurance counsel resources.

14 SECTION 12. This Act takes effect September 1, 2023.