

By: Schwertner

S.B. No. 1359

A BILL TO BE ENTITLED

AN ACT

relating to reporting on the use of telemedicine medical services and telehealth services among participating providers of certain managed care plans.

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

SECTION 1. Subtitle C, Title 8, Insurance Code, is amended by adding Chapter 1276 to read as follows:

CHAPTER 1276. REPORTING REQUIREMENTS

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 1276.001. DEFINITIONS. In this chapter:

(1) "Participating provider" means a physician or health care provider who contracts with a health benefit plan issuer or administrator to provide medical care or health care to enrollees in a health benefit plan.

(2) "Telehealth service" and "telemedicine medical service" have the meanings assigned by Section 111.001, Occupations Code.

Sec. 1276.002. APPLICABILITY OF CHAPTER. This chapter applies only to:

(1) a health benefit plan offered by a health maintenance organization operating under Chapter 843;

(2) a preferred provider benefit plan, including an exclusive provider benefit plan, offered by an insurer under Chapter 1301; and

1 (3) an administrator of a health benefit plan offered
2 under Chapter 1551, 1575, or 1579.

3 Sec. 1276.003. RULES. The commissioner may adopt rules
4 necessary to implement this chapter.

5 SUBCHAPTER B. NETWORK ADEQUACY REPORTING

6 Sec. 1276.051. ANNUAL REPORT ON USE OF TELEMEDICINE MEDICAL
7 AND TELEHEALTH SERVICES FOR NETWORK. A health benefit plan issuer
8 or administrator shall submit an annual report to the department in
9 the form and manner prescribed by commissioner rule on whether each
10 participating provider for a health benefit plan issued or
11 administered by the issuer or administrator provides services
12 primarily:

13 (1) in person in the area in which the plan's enrollees
14 reside; or

15 (2) through the use of telemedicine medical services
16 or telehealth services.

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