

## **BILL ANALYSIS**

C.S.H.B. 216  
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Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

The bill author has informed the committee that some individuals are facing challenges in accessing their itemized medical bills due to barriers such as lack of Internet access, difficulty navigating health care portals, or delays in receiving paper statements and that this can create difficulties in verifying charges, identifying billing errors, or managing health care expenses effectively. The bill author has further informed the committee that without clear and timely access to itemized bills, patients may struggle to dispute incorrect charges, budget for medical costs, or use financial assistance programs and that, for a variety of reasons, these individuals rely on mailed correspondence, which still remains a preferred or default option. C.S.H.B. 216 seeks to ensure that patients always receive an itemized bill for health care services and supplies, even if they have not set up an online patient portal.

### **CRIMINAL JUSTICE IMPACT**

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

C.S.H.B. 216 amends the Health and Safety Code to replace the requirement for a health care provider that requests payment from a patient after providing a health care service or related supply to the patient to submit with the request a written, itemized bill of the alleged cost of each service and supply provided to the patient during the patient's visit to the provider with the requirement to submit with the request a written, itemized bill of the alleged amount due for each such service and supply. The bill expands the methods through which a health care provider may issue the itemized bill to include the following methods, which are in addition to the currently prescribed methods of electronically or through a patient portal:

- through a hard copy delivered by mail or a common carrier; and
- through a hard copy the patient or the patient's designee obtains at the provider's place of business.

C.S.H.B. 216 requires a health care provider that issues an itemized bill to a patient electronically through a patient portal on the provider's website to do the following:

- determine whether the patient has an active patient profile on the portal; and
- mail a copy of the itemized bill to the patient if the provider determines that the patient does not have an active patient portal.

C.S.H.B. 216 conditions the entitlement of a patient to obtain from the health care provider an itemized bill on request at any time after the itemized bill is initially issued by specifying that a patient is entitled to such until the date the provider is no longer required to retain an itemized bill under applicable record retention laws or provider policies and procedures regarding retention of patient billing information. Additionally, the bill entitles a patient to obtain such an itemized bill from the provider through the patient's chosen method of issuance.

C.S.H.B. 216 includes a violation of this requirement among the violations for which the appropriate licensing authority is required to take disciplinary action against a health care provider as if the provider violated an applicable licensing law. The bill establishes that such a requirement to take disciplinary action does not apply to a health care provider that in good faith mails a hard copy of an itemized bill to a patient if the mailed copy is returned as undeliverable and the provider provides evidence of the undeliverability.

C.S.H.B. 216 repeals Sections 311.002(b), (c), and (d), Health and Safety Code, which do the following, respectively:

- require the hospital to provide on request an itemized statement that meets certain criteria of the billed services provided to the person not later than the 30th business day after the date of the hospital discharge of a person who receives hospital services;
- require a hospital to inform a person of the availability of the statement before the person is discharged from the hospital; and
- require a person, to be entitled to receive a statement, to request the statement not later than one year after the date on which the person is discharged from the hospital and require the hospital to provide the statement to the person not later than the 30th day after the date on which the person requests the statement.

C.S.H.B. 216 applies only to an itemized bill issued on or after the bill's effective date. An itemized bill issued before the bill's effective date is governed by the law in effect on the date the itemized bill was issued, and the former law is continued in effect for that purpose.

### **EFFECTIVE DATE**

September 1, 2025.

### **COMPARISON OF INTRODUCED AND SUBSTITUTE**

While C.S.H.B. 216 may differ from the introduced in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

Whereas the introduced required a health care provider that issues an itemized bill to a patient electronically through a patient portal to determine whether the patient has created a patient profile on the portal and mail a copy of the itemized bill to the patient, if the health care provider determines the patient has not created such a patient portal, the substitute requires instead that a health care provider do the following:

- determine whether the patient has an active patient profile on the portal; and
- mail a copy of the itemized bill to the patient if the provider determines that the patient does not have an active patient portal.

The substitute includes the following provisions absent from the introduced:

- a provision replacing the requirement for a health care provider that requests payment from a patient after providing a health care service or related supply to the patient to submit with the request a written, itemized bill of the alleged cost of each service and supply provided to the patient during the patient's visit to the provider with the requirement to submit with the request a written, itemized bill of the alleged amount due for each such service and supply;

- provisions including among the methods of issuance by which a health care provider is authorized to issue the itemized bill a hard copy delivered by mail or a common carrier and a hard copy the patient or the patient's designee obtains at the provider's place of business;
- a provision conditioning the entitlement of a patient to obtain from the health care provider an itemized bill on request at any time after the itemized bill is initially issued by specifying that a patient is entitled to such until the date the provider is no longer required to retain an itemized bill under applicable record retention laws or provider policies and procedures regarding retention of patient billing information; and
- a provision entitling a patient to obtain such an itemized bill from the provider through the patient's chosen method of issuance.

Both the introduced and the substitute include a violation of the requirement with respect to a health care provider that issues an itemized bill among the violations for which the appropriate licensing authority is required to take disciplinary action against a health care provider as if the provider violated an applicable licensing law. However, the substitute includes a provision not in the introduced establishing that such requirement does not apply to a health care provider that in good faith mails a hard copy of an itemized bill to a patient if the mailed copy is returned as undeliverable and the provider provides evidence of the undeliverability.

The substitute includes provisions not in the introduced repealing Sections 311.002(b), (c), and (d), Health and Safety Code, which provide for certain requirements regarding itemized statements of billed services provided by a hospital and the circumstances under which a person is entitled to receive such a statement.