

## **BILL ANALYSIS**

Senate Research Center  
89R724 MEW-D

H.B. 388  
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Health & Human Services  
5/2/2025  
Engrossed

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

Coordination of benefits is necessary so that dual plans that provide healthcare coverage for a patient may determine their respective payment responsibility. One universal and standard form to be used by all plans doing business in Texas should be established and required. This will expedite the process and greatly benefit the patient.

Further, this proposal would eliminate errors with the various forms of different carriers/plans from appropriately covering patients. Such errors have resulted in patients in Texas receiving a surprise bill. The legislation would require the Texas Department of Insurance (TDI) to create and mandate one document for coordinating patient benefits under dual plans.

The five major health insurance carriers in Texas have unique questionnaires asking for the same or similar information. A uniform coordination of benefits questionnaire, created and approved by TDI, would simplify the process of coordination of a patient's benefits, which are in the best interest of all patients who present themselves to any healthcare provider in Texas.

H.B. 388 is the identical companion bill to Senator Hughes's S.B. 684.

H.B. 388 amends current law relating to a uniform coordination of benefits questionnaire for health benefit plans.

### **RULEMAKING AUTHORITY**

Rulemaking authority is expressly granted to the commissioner of education in SECTION 1 (Section 1203.152, Insurance Code) of this bill.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Chapter 1203, Insurance Code, by adding Subchapter D, as follows:

#### **SUBCHAPTER D. COORDINATION OF BENEFITS QUESTIONNAIRE**

Sec. 1203.151. APPLICABILITY OF SUBCHAPTER. (a) Provides that this subchapter 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 certain entities.

(b) Provides that, notwithstanding any other law, this subchapter applies to certain health benefit plans and programs.

Sec. 1203.152. CREATION OF UNIFORM COORDINATION OF BENEFITS QUESTIONNAIRE. Requires the commissioner of insurance (commissioner), in collaboration with appropriate stakeholders, to adopt rules establishing a uniform coordination of benefits questionnaire to be used by all health benefit plan issuers in this state.

Sec. 1203.153. UNIFORM COORDINATION OF BENEFITS QUESTIONNAIRE REQUIRED. Requires each health benefit plan issuer that issues a health benefit plan that includes a coordination of benefits provision to use the uniform coordination of benefits questionnaire established under Section 1203.152 and make the questionnaire available to health care providers as appropriate.

SECTION 2. (a) Requires the commissioner, not later than January 1, 2026, to adopt rules establishing the uniform coordination of benefits questionnaire under Section 1203.152, Insurance Code, as added by this Act.

(b) Makes application of this Act prospective to February 1, 2026.

SECTION 3. Effective date: September 1, 2025.