

BILL ANALYSIS

Senate Research Center

H.B. 1612
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Health & Human Services
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Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Currently, uninsured patients who require hospital-based services are potentially responsible for the financial costs associated with a hospital procedure. Without insurance, patients face high bills, and hospitals risk incurring sunk costs.

H.B. 1612 seeks to end price discrimination against uninsured patients by capping the amount a hospital facility may charge patients without health insurance to no more than 25 percent greater than their generally billed amount or no more than 50 percent greater than the lowest contracted rate for the service. H.B. 1612 limits the amount a hospital licensed in this state may bill uninsured patients.

H.B. 1612 amends current law relating to direct payment for certain health care provided by a hospital.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter A, Chapter 311, Health and Safety Code, by adding Section 311.006, as follows:

Sec. 311.006. DIRECT PAYMENT TO HOSPITAL. (a) Defines "enrollee," "health benefit plan," "health care service," and "hospital."

(b) Requires a hospital, at the request of a patient who is not an enrollee, and subject to Subsection (c), to accept directly from the patient full payment for a health care service provided by the hospital.

(c) Requires that a request under Subsection (b) be made not later than the 60th day after the date on which the patient receives a bill for or other final accounting of the health care service provided. Requires that the bill or other final accounting notify the patient of the ability to make a request under Subsection (b).

(d) Authorizes a hospital, notwithstanding Section 552.003 (Charging Different Prices; Offense), Insurance Code, or any other law, in accepting payments as described by Subsection (b) for health care services provided by the hospital, to charge patients amounts that meet certain criteria.

(e) Provides that nothing in this section precludes a patient from receiving from a hospital charity care that the patient would otherwise qualify for or be entitled to.

SECTION 2. Effective date: September 1, 2025.