

BILL ANALYSIS

H.B. 3695
By: Orr
Insurance
Committee Report (Unamended)

BACKGROUND AND PURPOSE

In 2019, the Texas Legislature passed legislation authorizing a physical therapist to treat a patient without a referral under certain conditions. However, the bill author has informed the committee that this legislation did not consider that patients would still need to give copays at the specialist rate even though it should be a direct rate due to a referral not being necessary prior to the physical therapy services. H.B. 3695 seeks to lower health care costs for patients being treated by a physical therapist by prohibiting certain health benefit plans from charging a higher copayment amount for an office visit with a physical therapist that did not require a referral than the copayment amount charged for an office visit with a primary care physician or provider.

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

H.B. 3695 amends the Insurance Code to prohibit a health care plan under the Texas Health Maintenance Organization Act that requires an enrollee to pay a copayment for an office visit with the enrollee's primary care physician or provider from charging a higher copayment amount to that enrollee for an office visit with a physical therapist if that visit did not require a referral from a physician or provider.

H.B. 3695 also prohibits a preferred provider benefit plan that requires an insured to pay a copayment for an office visit with the insured's primary care physician or provider from charging a higher copayment amount to that insured for an office visit with a physical therapist if that visit did not require a referral from a physician or health care provider.

H.B. 3695 applies only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2026.

EFFECTIVE DATE

September 1, 2025.