

By: Oliverson

H.B. No. 3366

A BILL TO BE ENTITLED

AN ACT

1
2 relating to mediation and arbitration between health benefit plan
3 issuers or administrators and out-of-network health care
4 providers.

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

6 SECTION 1. Section 1467.051(b), Insurance Code, is amended
7 to read as follows:

8 (b) If a person requests mediation under this subchapter,
9 the out-of-network provider or the provider's representative, and a
10 representative of the health benefit plan issuer or the
11 administrator, as appropriate, shall participate in the mediation.
12 Each party's representative must have the authority to reach an
13 agreement in the mediation. The representative of a health benefit
14 plan issuer or administrator must have the authority to bind the
15 issuer or administrator to pay the amount in the agreement.

16 SECTION 2. Section 1467.054, Insurance Code, is amended by
17 adding Subsection (c) to read as follows:

18 (c) As soon as practicable after the mediator is appointed,
19 a health benefit plan issuer or administrator that is a party to the
20 mediation shall provide the mediator the issuer's or
21 administrator's complete contact information necessary to begin
22 the mediation, including contact information for the issuer's or
23 administrator's representative or scheduler.

24 SECTION 3. Subchapter B, Chapter 1467, Insurance Code, is

1 amended by adding Section 1467.057 to read as follows:

2 Sec. 1467.057. MEDIATOR'S RIGHT TO COMPEL ARBITRATION. (a)
3 Not later than the 45th day after the date that the mediator's
4 report is provided to the department under Section 1467.060, the
5 mediator of a mediation for which there was no agreement may compel
6 arbitration under Subchapter B-1 to determine the amount due to the
7 out-of-network provider if the mediator determines that a party
8 failed to participate in the mediation in good faith.

9 (b) A party may not bring a civil action under Section
10 1467.0575 if the mediator orders arbitration under this section.

11 SECTION 4. Section 1467.087(e), Insurance Code, is amended
12 to read as follows:

13 (e) The parties shall evenly split and pay the arbitrator's
14 fees and expenses. The fees may not exceed the maximum amount fixed
15 by commissioner rule. In fixing the maximum amount, the
16 commissioner shall determine a reasonable amount that fairly
17 compensates the arbitrator.

18 SECTION 5. The changes in law made by this Act apply only to
19 a health care or medical service or supply provided on or after
20 January 1, 2026. A health care or medical service or supply
21 provided before January 1, 2026, is governed by the law as it
22 existed immediately before the effective date of this Act, and that
23 law is continued in effect for that purpose.

24 SECTION 6. This Act takes effect September 1, 2025.