

By: Bonnen

H.B. No. 5099

A BILL TO BE ENTITLED

# 1 AN ACT

2 relating to establishment of a shared savings program for certain  
3 managed care plans.

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

5 SECTION 1. Subtitle C, Title 8, Insurance Code, is amended  
6 by adding Chapter 1276 to read as follows:

## CHAPTER 1276. SHARED SAVINGS PROGRAM

## SUBCHAPTER A. GENERAL PROVISIONS

Sec. 1276.001. DEFINITIONS. In this chapter:

20 (3) "Out-of-network provider" means a health care  
21 provider of any health care service or supply that does not have a  
22 contract under an enrollee's health benefit plan.

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1                   Sec. 1276.002. APPLICABILITY OF CHAPTER. (a) This chapter  
2 applies only to nonemergency health care services or supplies  
3 covered under a managed care plan.

4                   (b) This chapter applies only to the following health  
5 benefit plans:

10 (3) a basic coverage plan provided under Chapter 1551.

11           (c) Notwithstanding any other law, this chapter applies to  
12 an administrator of a health benefit plan described by this  
13 section.

14                   Sec. 1276.003. RULES. The commissioner may adopt rules  
15 necessary to implement this chapter.

## SUBCHAPTER B. PROGRAM REQUIREMENTS

17                   Sec. 1276.051. PROGRAM REQUIRED. (a) A health benefit plan  
18    issuer or administrator to which this chapter applies shall  
19    establish a shared savings program in accordance with this chapter.

20                   **(b) A health benefit plan issuer or administrator shall**  
21 provide written notice to its enrollees of the program.

1 particular health care service or supply in the preceding 12  
2 months.

3 (b) A health benefit plan issuer or administrator shall  
4 disclose to the enrollee the rate the enrollee requested under  
5 Subsection (a).

6 Sec. 1276.053. HEALTH CARE PROVIDER ESTIMATE. An  
7 out-of-network provider shall, on an enrollee's request, provide  
8 the enrollee a written estimate of the final charge for a proposed  
9 health care service or supply eligible for the enrollee's program.  
10 The estimate must include all costs associated with the service or  
11 supply and reflect the enrollee's final out-of-pocket cost  
12 associated with the proposed service or supply.

13 Sec. 1276.054. SHARED SAVINGS PAYMENT. (a) Except as  
14 provided by Subsection (b), if an enrollee who requests a  
15 disclosure under Section 1276.052 elects and receives a health care  
16 service or supply with an actual cost equal to an amount less than  
17 the rate disclosed under Section 1276.052, the health benefit plan  
18 issuer or administrator shall pay to the enrollee 50 percent of the  
19 difference between the disclosed rate and the actual cost, minus  
20 any applicable deductible, copayment, or coinsurance.

21 (b) A health benefit plan issuer is not required to pay an  
22 enrollee under Subsection (a) if the difference described by that  
23 subsection is less than \$50.

24 (c) A health benefit plan issuer or administrator shall pay  
25 an enrollee under Subsection (a) not later than the 30th day after  
26 the date on which the enrollee submits a program claim.

27 Sec. 1276.055. DEDUCTIBLES UNDER PROGRAM. (a) This section

1 applies only to a health care service or supply for which an  
2 enrollee received:

3                   (1) a disclosure under Section 1276.052; and

4                   (2) an estimate under Section 1276.053 equal to an  
5 amount at least \$50 less than the rate provided under the  
6 disclosure.

7                   (b) A health benefit plan issuer or administrator shall  
8 apply a deductible for a health care service or supply to which this  
9 section applies in an amount equivalent to the deductible applied  
10 to a network service or supply.

11                  Sec. 1276.056. LIABILITY FOR UNFORESEEN CHARGE OVER  
12 ESTIMATE. If the final charge for the health care service or supply  
13 described by Section 1276.055(a) is an amount greater than the  
14 amount estimated under Section 1276.053 due to unforeseen  
15 circumstances, the enrollee's health benefit plan issuer or  
16 administrator shall pay 95 percent of the difference not to exceed  
17 the allowed amount for the service or supply and the enrollee is  
18 responsible for the remaining difference.

19                  SECTION 2. Chapter 1276, Insurance Code, as added by this  
20 Act, applies only to a health benefit plan delivered, issued for  
21 delivery, or renewed on or after January 1, 2026.

22                  SECTION 3. This Act takes effect September 1, 2025.