S.B. No. 1307 Cook, et al. (In the Senate - Filed February 14, 2025; February 28, 2025, read first time and referred to Committee on Health & Human Services; March 31, 2025, reported adversely, with favorable Committee Substitute by the following vote: Yeas 9, Nays 0; 1-2 1-3 1-4 1-5 1-6 March 31, 2025, sent to printer.) COMMITTEE VOTE 1-7 1-8 Absent PNV Yea Nay 1-9 Kolkhorst Χ 1-10 1-11 Perry <u>Blanco</u> 1-12 Cook X 1-13 Hall Χ Hancock Χ 1-14 1**-**15 1**-**16 Hughes Miles 1-17 Sparks Χ 1-18 COMMITTEE SUBSTITUTE FOR S.B. No. 1307 By: Perry 1-19 A BILL TO BE ENTITLED 1-20 AN ACT 1-21 relating to a biennial health coverage reference guide developed by 1-22 the Texas Department of Insurance. 1-23 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS: 1-24 SECTION 1. Subtitle B, Title 5, Insurance Code, is amended 1-25 by adding Chapter 524A to read as follows: CHAPTER 524A. PUBLIC EDUCATION ON HEALTH COVERAGE Sec. 524A.001. BIENNIAL HEALTH COVERAGE REFERENCE 1-26 1-27 The department shall consult with the Health and Human Services 1-28 1-29 Commission to develop a biennial reference guide designed to 1-30 educate the public about health coverage in this state. (b) 1-31 The reference quide must include following 1-32 information: 1-33 (1)the biennial period covered by the current 1-34 edition; (2) definitions of the term "health insurance" and terms used to describe other forms of health coverage;

(3) sources from which consumers may obtain health 1-35 1-36 1-37 1-38 including through employers, and an explanation of how coverage may be obtained from each of those sources; 1-39 1-40 (4) a guide to consumer rights and resources related to health coverage;

(5) a health coverage shopping guide that includes: 1-41 1-42 (A) an explanation of discount cards and other 1-43 1-44 noninsurance health coverage products and a comparison of those products to health insurance; 1-45 1-46 an explanation and comparison of common types (B) 1-47 of short-term or disease-specific health coverage; 1-48 (C) an explanation and comparison of preferred 1-49 provider benefit plans, exclusive provider benefit plans, health maintenance organizations, and point-of-service plans;

(D) an explanation of provider networks and the differences between in-network providers and out-of-network 1-50 1-51 1-52 1-53 providers; 1-54 an explanation of the Affordable Care Act (E) 1-55 marketplace plan categories of bronze, silver, gold, and platinum; 1-56 (F) an explanation of the out-of-pocket costs of 1-57 including premiums, deductibles, copayments, and health coverage 1-58 coinsurance; and 1-59 (G) information on how to recognize health

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coverage scams;

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C.S.S.B. No. 1307 an explanation of the effect of the Consolidated 2-1 Omnibus Budget Reconciliation Act of 1985 (Pub. L. No. 99-272) on 2-2 consumers' health coverage; 2-3 (7) a basic overview of federal, state, and loca programs that may assist consumers to obtain health care services; 2-4 state, and local 2**-**5 2-6 (8) methods for a consumer to resolve disputes with a health coverage issuer or administrator; 2-7 2-8 (9) methods to seek assistance from the department for a complaint regarding a health coverage plan or product; and

(10) the areas of health coverage regulated by the department and those regulated by federal law, including the Employee Retirement Income Security Act of 1974 (29 U.S.C. Section 2-9 2**-**10 2**-**11 2-12 1001 et seq.). (c) The 2-13 (c) The department shall publish the reference guide developed under this section on the department's Internet website and in a printed form available to the public on request. 2-14 2**-**15 2**-**16 2-17 SECTION 2. The Texas Department of Insurance shall publish the first biennial reference guide under Section 524A.001, 2-18

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

Insurance Code, as added by this Act, not later than January 1,

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