

1-1 By: Cook, et al. S.B. No. 1307
1-2 (In the Senate - Filed February 14, 2025; February 28, 2025,
1-3 read first time and referred to Committee on Health & Human
1-4 Services; March 31, 2025, reported adversely, with favorable
1-5 Committee Substitute by the following vote: Yeas 9, Nays 0;
1-6 March 31, 2025, sent to printer.)

1-7	COMMITTEE VOTE				
1-8		Yea	Nay	Absent	PNV
1-9	Kolkhorst	X			
1-10	Perry	X			
1-11	Blanco	X			
1-12	Cook	X			
1-13	Hall	X			
1-14	Hancock	X			
1-15	Hughes	X			
1-16	Miles	X			
1-17	Sparks	X			

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:
1-26 CHAPTER 524A. PUBLIC EDUCATION ON HEALTH COVERAGE
1-27 Sec. 524A.001. BIENNIAL HEALTH COVERAGE REFERENCE GUIDE.
1-28 (a) The department shall consult with the Health and Human Services
1-29 Commission to develop a biennial reference guide designed to
1-30 educate the public about health coverage in this state.
1-31 (b) The reference guide must include the following
1-32 information:
1-33 (1) the biennial period covered by the current
1-34 edition;
1-35 (2) definitions of the term "health insurance" and
1-36 terms used to describe other forms of health coverage;
1-37 (3) sources from which consumers may obtain health
1-38 coverage, including through employers, and an explanation of how
1-39 coverage may be obtained from each of those sources;
1-40 (4) a guide to consumer rights and resources related
1-41 to health coverage;
1-42 (5) a health coverage shopping guide that includes:
1-43 (A) an explanation of discount cards and other
1-44 noninsurance health coverage products and a comparison of those
1-45 products to health insurance;
1-46 (B) an explanation and comparison of common types
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
1-50 maintenance organizations, and point-of-service plans;
1-51 (D) an explanation of provider networks and the
1-52 differences between in-network providers and out-of-network
1-53 providers;
1-54 (E) an explanation of the Affordable Care Act
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 health coverage, including premiums, deductibles, copayments, and
1-58 coinsurance; and
1-59 (G) information on how to recognize health
1-60 coverage scams;

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