

By: Harris of Williamson

H.B. No.4500

A BILL TO BE ENTITLED

AN ACT

relating to electronic verification of health benefits by health benefit plan issuers for certain physicians and health care providers.

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

SECTION 1. Subtitle A, Title 8, Insurance Code, is amended by adding Chapter 1223 to read as follows:

CHAPTER 1223. VERIFICATION OF HEALTH BENEFITS

Sec. 1223.001. APPLICABILITY OF CHAPTER. (a) This chapter applies only to a health benefit plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document that is issued by:

(1) an insurance company;

(2) a group hospital service corporation operating under Chapter 842;

(3) a health maintenance organization operating under

Chapter 843;

(4) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844;

(5) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846;

(6) a stipulated premium company operating under Chapter 884;

(7) a fraternal benefit society operating under Chapter 885;

(8) a Lloyd's plan operating under Chapter 941; or

(9) an exchange operating under Chapter 942.

(b) Notwithstanding any other law, this chapter applies to:

(1) a small employer health benefit plan subject to Chapter 1501, including coverage provided through a health group cooperative under Subchapter B of that chapter;

(2) a standard health benefit plan issued under Chapter 1507;

(3) a basic coverage plan under Chapter 1551;

(4) a basic plan under Chapter 1575;

(5) a primary care coverage plan under Chapter 1579;

(6) a plan providing basic coverage under Chapter 1601;

(7) nonprofit agricultural organization health benefits offered by a nonprofit agricultural organization under

Chapter 1682;

(8) alternative health benefit coverage offered by a subsidiary of the Texas Mutual Insurance Company under Subchapter M, Chapter 2054;

(9) health benefits provided by or through a church benefits board under Subchapter I, Chapter 22, Business Organizations Code;

(10) group health coverage made available by a school district in accordance with Section 22.004, Education Code;

(11) the state Medicaid program, including the Medicaid managed care program operated under Chapter 533, Government Code;

(12) the child health plan program under Chapter 62, Health and Safety Code;

(13) a regional or local health care program operated under Section 75.104, Health and Safety Code;

(14) a self-funded health benefit plan sponsored by a professional employer organization under Chapter 91, Labor Code;

(15) county employee group health benefits provided under Chapter 157, Local Government Code; and

(16) health and accident coverage provided by a risk pool created under Chapter 172, Local Government Code.

Sec. 1223.002. INTERNET WEBSITE FOR VERIFICATION REQUIRED FOR EMERGENCY PHYSICIANS AND HEALTH CARE PROVIDERS. (a) A health

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benefit plan issuer shall maintain and make available a secure system on the issuer's Internet website that allows a physician or health care provider for a hospital or freestanding emergency medical care facility to determine at any time:

(1) whether the physician's or provider's patient is covered by the issuer's health benefit plan;

(2) whether the proposed health care service or supply the physician or provider intends to provide to the patient is covered by the issuer's health benefit plan; and

(3) the deductible, copayment, or coinsurance for which the patient is responsible.

(b) A health benefit plan issuer may provide the information described by Subsection (a) through an existing internet portal or through a portal provided by a third-party contracting with the issuer to provide such services.

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SECTION 2. If before implementing any provision of Chapter 1223, Insurance Code, as added by this Act, a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 3. This Act takes effect January 1, 2024.