

Floor Amendment No. _____

BY: _____

Amend H.B. 3351 (House Committee report) by striking all below the enacting clause and substituting the following:

SECTION 1. Section 1460.003, Insurance Code, is amended to read as follows:

Sec. 1460.003. PHYSICIAN RANKING REQUIREMENTS. (a) A health benefit plan issuer, including a subsidiary or affiliate, may not rank physicians, classify physicians into tiers based on performance, or publish physician-specific information that includes rankings, tiers, ratings, or other comparisons of a physician's performance against standards, measures, or other physicians, unless:

(1) the standards used by the health benefit plan issuer conform to nationally recognized standards and guidelines as required by rules adopted under Section 1460.005;

(2) the standards and measurements to be used by the health benefit plan issuer are disclosed to each affected physician before any evaluation [~~period used~~] by the health benefit plan issuer; and

(3) each affected physician is afforded, before any publication or other public dissemination, an opportunity to dispute the ranking or classification through a process that, at a minimum, includes due process protections that conform to the following protections:

(A) the health benefit plan issuer provides at

least 35 ~~[45]~~ days' written notice to the physician of the proposed rating, ranking, tiering, or comparison, including the methodologies, data, and all other information utilized by the health benefit plan issuer in its rating, tiering, ranking, or comparison decision;

(B) in addition to any written fair reconsideration process, the health benefit plan issuer, upon a request for review that is made within 30 days of receiving the notice under Paragraph (A), provides a fair reconsideration proceeding, at the physician's option:

(i) by teleconference, at an agreed upon time; or

(ii) by video conference ~~[in person]~~, at an agreed upon time ~~[or between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday]~~;

(C) the physician has the right to provide information at a requested fair reconsideration proceeding for determination by a decision-maker, have a representative participate in the fair reconsideration proceeding, and submit a written statement at the conclusion of the fair reconsideration proceeding; and

(D) the health benefit plan issuer provides a written communication of the outcome of a fair reconsideration proceeding prior to any publication or dissemination of the rating, ranking, tiering, or comparison. The written communication must include the specific reasons for the final decision.

(b) A health benefit plan issuer must comply with the requirements of this chapter, including the due process rights of this section, for any new physician rating, ranking, tiering, or comparison and any modification of a rating, ranking, tiering or comparison used by the health benefit plan issuer, including any time the measures or standards or any component of the methodology that forms the basis of a rating, ranking, tiering, or comparison is changed.

(c) This section does not apply to the publication of a list of network physicians and providers if ratings or comparisons are not made and the list is not a product of nor reflects the tiering or classification of physicians or providers.

SECTION 2. This Act takes effect September 1, 2023.