

1-1 By: Hancock S.B. No. 481  
 1-2 (In the Senate - Filed February 6, 2015; February 10, 2015,  
 1-3 read first time and referred to Committee on Business and Commerce;  
 1-4 March 31, 2015, reported favorably by the following vote: Yeas 6,  
 1-5 Nays 1; March 31, 2015, sent to printer.)

1-6 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-7				
1-8	X			
1-9			X	
1-10			X	
1-11	X			
1-12		X		
1-13	X			
1-14	X			
1-15	X			
1-16	X			

1-17 A BILL TO BE ENTITLED  
 1-18 AN ACT

1-19 relating to notice and availability of mediation for balance  
 1-20 billing by a facility-based physician.

1-21 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-22 SECTION 1. Section 324.001(8), Health and Safety Code, is  
 1-23 amended to read as follows:

1-24 (8) "Facility-based physician" means a radiologist,  
 1-25 an anesthesiologist, a pathologist, an emergency department  
 1-26 physician, ~~or~~ a neonatologist, or an assistant surgeon.

1-27 SECTION 2. Section 1456.001(3), Insurance Code, is amended  
 1-28 to read as follows:

1-29 (3) "Facility-based physician" means a radiologist,  
 1-30 an anesthesiologist, a pathologist, an emergency department  
 1-31 physician, ~~or~~ a neonatologist, or an assistant surgeon:

1-32 (A) to whom the facility has granted clinical  
 1-33 privileges; and

1-34 (B) who provides services to patients of the  
 1-35 facility under those clinical privileges.

1-36 SECTION 3. Section 1456.004(c), Insurance Code, is amended  
 1-37 to read as follows:

1-38 (c) A facility-based physician who bills a patient covered  
 1-39 by a preferred provider benefit plan or a health benefit plan under  
 1-40 Chapter 1551 that does not have a contract with the facility-based  
 1-41 physician shall send a billing statement to the patient that  
 1-42 contains a conspicuous, plain-language explanation [with  
 1-43 information sufficient to notify the patient] of the mandatory  
 1-44 mediation process available under Chapter 1467 if [the amount for  
 1-45 which] the enrollee is responsible to the physician, after  
 1-46 copayments, deductibles, and coinsurance, for an [including the]  
 1-47 amount unpaid by the administrator or insurer ~~[, is greater than~~  
 1-48 ~~\$1,000]~~.

1-49 SECTION 4. Section 1467.001(4), Insurance Code, is amended  
 1-50 to read as follows:

1-51 (4) "Facility-based physician" means a radiologist,  
 1-52 an anesthesiologist, a pathologist, an emergency department  
 1-53 physician, ~~or~~ a neonatologist, or an assistant surgeon:

1-54 (A) to whom the facility has granted clinical  
 1-55 privileges; and

1-56 (B) who provides services to patients of the  
 1-57 facility under those clinical privileges.

1-58 SECTION 5. Section 1467.051(a), Insurance Code, is amended  
 1-59 to read as follows:

1-60 (a) An enrollee may request mediation of a settlement of an  
 1-61 out-of-network health benefit claim if:

2-1 (1) [~~the amount for which~~] the enrollee is responsible  
2-2 to a facility-based physician, after copayments, deductibles, and  
2-3 coinsurance, for an [~~including the~~] amount unpaid by the  
2-4 administrator or insurer [~~, is greater than \$1,000~~]; and

2-5 (2) the health benefit claim is for a medical service  
2-6 or supply provided by a facility-based physician in a hospital that  
2-7 is a preferred provider or that has a contract with the  
2-8 administrator.

2-9 SECTION 6. Sections 1456.004(c) and 1467.051(a), Insurance  
2-10 Code, as amended by this Act, apply only to charges for a medical  
2-11 service or supply provided on or after the effective date of this  
2-12 Act. Charges for a medical service or supply provided before the  
2-13 effective date of this Act are governed by the law as it existed  
2-14 immediately before the effective date of this Act, and that law is  
2-15 continued in effect for that purpose.

2-16 SECTION 7. This Act takes effect September 1, 2015.

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