

1-1 By: Harris of Williamson (Senate Sponsor - Hughes) H.B. No. 4500  
 1-2 (In the Senate - Received from the House May 10, 2023;  
 1-3 May 11, 2023, read first time and referred to Committee on Health &  
 1-4 Human Services; May 21, 2023, reported adversely, with favorable  
 1-5 Committee Substitute by the following vote: Yeas 8, Nays 0;  
 1-6 May 21, 2023, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
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	X			

1-18 COMMITTEE SUBSTITUTE FOR H.B. No. 4500 By: Hughes

1-19 A BILL TO BE ENTITLED  
 1-20 AN ACT

1-21 relating to electronic verification of health benefits by health  
 1-22 benefit plan issuers for certain physicians and health care  
 1-23 providers.

1-24 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-25 SECTION 1. Subtitle A, Title 8, Insurance Code, is amended  
 1-26 by adding Chapter 1223 to read as follows:

1-27 CHAPTER 1223. VERIFICATION OF HEALTH BENEFITS

1-28 Sec. 1223.001. APPLICABILITY OF CHAPTER. (a) This chapter  
 1-29 applies only to a health benefit plan that provides benefits for  
 1-30 medical or surgical expenses incurred as a result of a health  
 1-31 condition, accident, or sickness, including an individual, group,  
 1-32 blanket, or franchise insurance policy or insurance agreement, a  
 1-33 group hospital service contract, or an individual or group evidence  
 1-34 of coverage or similar coverage document that is issued by:

1-35 (1) an insurance company;

1-36 (2) a group hospital service corporation operating  
 1-37 under Chapter 842;

1-38 (3) a health maintenance organization operating under  
 1-39 Chapter 843;

1-40 (4) an approved nonprofit health corporation that  
 1-41 holds a certificate of authority under Chapter 844;

1-42 (5) a multiple employer welfare arrangement that holds  
 1-43 a certificate of authority under Chapter 846;

1-44 (6) a stipulated premium company operating under  
 1-45 Chapter 884;

1-46 (7) a Lloyd's plan operating under Chapter 941; or

1-47 (8) an exchange operating under Chapter 942.

1-48 (b) Notwithstanding any other law, this chapter applies to:

1-49 (1) a small employer health benefit plan subject to  
 1-50 Chapter 1501, including coverage provided through a health group  
 1-51 cooperative under Subchapter B of that chapter;

1-52 (2) a standard health benefit plan issued under  
 1-53 Chapter 1507;

1-54 (3) a basic coverage plan under Chapter 1551;

1-55 (4) a basic plan under Chapter 1575;

1-56 (5) a primary care coverage plan under Chapter 1579;

1-57 (6) a plan providing basic coverage under Chapter  
 1-58 1601;

1-59 (7) alternative health benefit coverage offered by a  
 1-60 subsidiary of the Texas Mutual Insurance Company under Subchapter

2-1 M, Chapter 2054;  
2-2 (8) group health coverage made available by a school  
2-3 district in accordance with Section 22.004, Education Code;  
2-4 (9) a regional or local health care program operated  
2-5 under Section 75.104, Health and Safety Code; and  
2-6 (10) a self-funded health benefit plan sponsored by a  
2-7 professional employer organization under Chapter 91, Labor Code.  
2-8 (c) This chapter does not apply to the state Medicaid  
2-9 program, including the Medicaid managed care program operated under  
2-10 Chapter 533, Government Code, or the child health plan program  
2-11 operated under Chapter 62, Health and Safety Code.  
2-12 Sec. 1223.002. INTERNET WEBSITE FOR VERIFICATION REQUIRED  
2-13 FOR EMERGENCY PHYSICIANS AND HEALTH CARE PROVIDERS. (a) A health  
2-14 benefit plan issuer shall maintain and make available a secure  
2-15 system on the issuer's Internet website that allows a physician or  
2-16 health care provider for a hospital or freestanding emergency  
2-17 medical care facility to determine at any time:  
2-18 (1) whether the physician's or provider's patient is  
2-19 covered by the issuer's health benefit plan; and  
2-20 (2) the deductible, copayment, or coinsurance for  
2-21 which the patient is responsible.  
2-22 (b) A health benefit plan issuer may provide the information  
2-23 described by Subsection (a) through:  
2-24 (1) an existing Internet portal that is available at  
2-25 all times; or  
2-26 (2) an Internet portal that is:  
2-27 (A) provided by a third party contracting with  
2-28 the issuer; and  
2-29 (B) available at all times.  
2-30 SECTION 2. This Act takes effect January 1, 2024.

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