1-1	By: Cook, et al. S.B. No. 1307
1-2	(In the Senate - Filed February 14, 2025; February 28, 2025,
	read first time and referred to Committee on Health & Human
	Services; March 31, 2025, reported adversely, with favorable
	Committee Substitute by the following vote: Yeas 9, Nays 0;
1-6	March 31, 2025, sent to printer.)
1-7	COMMITTEE VOTE
Τ-/	COMMITTEE VOIE
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
1-10	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 1-27	CHAPTER 524A. PUBLIC EDUCATION ON HEALTH COVERAGE 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 1-38	(3) sources from which consumers may obtain health coverage, including through employers, and an explanation of how
1-39	coverage may be obtained from each of those sources;
1-40	(4) a quide 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 1 - 49	(C) an explanation and comparison of preferred
1-49 1-50	provider benefit plans, exclusive provider benefit plans, health 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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2-1	(6) an explanation of the effect of the Consolidated
2-2	Omnibus Budget Reconciliation Act of 1985 (Pub. L. No. 99-272) on
2-3	consumers' health coverage;
2-4	(7) a basic overview of federal, state, and local
2-5	programs that may assist consumers to obtain health care services;
2-6	(8) methods for a consumer to resolve disputes with a
2-7	health coverage issuer or administrator;
2-8	(9) methods to seek assistance from the department for
2-9	a complaint regarding a health coverage plan or product; and
2-10	(10) the areas of health coverage regulated by the
2-11	department and those regulated by federal law, including the
2-12	Employee Retirement Income Security Act of 1974 (29 U.S.C. Section
2-13	<u>1001 et seq.).</u>
2-14	(c) The department shall publish the reference guide
2-15	developed under this section on the department's Internet website
2-16	and in a printed form available to the public on request.
2-17	SECTION 2. The Texas Department of Insurance shall publish
2-18	the first biennial reference guide under Section 524A.001,
2-19	Insurance Code, as added by this Act, not later than January 1,
2-20	2026.
2-21	SECTION 3. This Act takes effect September 1, 2025.
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