

## **BILL ANALYSIS**

C.S.H.B. 1410  
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Insurance  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

There are concerns that some insurers may pay an insurance claim for treatment provided by a physician or physical therapist but deny a claim for the same treatment provided by a chiropractor, even if the treatment is within the scope of the practice of chiropractic and the chiropractor is an in-network provider or preferred provider. C.S.H.B. 1410 seeks to protect chiropractors and their patients from the costs resulting from such practice and ensure that chiropractors are not denied reimbursement for the performance of a covered service solely because the service is provided by a chiropractor.

### **CRIMINAL JUSTICE IMPACT**

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

C.S.H.B. 1410 amends the Insurance Code to prohibit a health maintenance organization (HMO) offering a health care plan, an insurer offering a preferred provider benefit plan other than an exclusive provider benefit plan, or an insurer offering an exclusive provider benefit plan that covers a service that is within the scope of the practice of chiropractic from refusing to provide reimbursement to an in-network chiropractor or a preferred provider chiropractor, as applicable, for the performance of the covered service solely because the service is provided by a chiropractor. The bill expressly does not require an HMO or an insurer to cover a particular medical or health care service or affect the right of an HMO or an insurer to determine whether such a service is medically necessary. The bill applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2020.

### **EFFECTIVE DATE**

September 1, 2019.

### **COMPARISON OF ORIGINAL AND SUBSTITUTE**

While C.S.H.B. 1410 may differ from the original in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute changes references to the scope of the service covered under an applicable plan

from within the scope of a chiropractor's license to within the scope of the practice of chiropractic.

The substitute includes a specification that the chiropractor an HMO is prohibited from refusing to reimburse is an in-network chiropractor.

The substitute includes a specification that the preferred provider benefit plan is a plan other than an exclusive provider benefit plan.

The substitute includes a prohibition against an insurer offering an exclusive provider benefit plan that covers a service within the scope of chiropractic refusing to provide reimbursement to a chiropractor who is a preferred provider.

The substitute does not include provisions authorizing a chiropractor to file an action against an HMO or an insurer to recover payment for a covered service.