

## **BILL ANALYSIS**

H.B. 2630  
By: Johnson, Julie  
Insurance  
Committee Report (Unamended)

### **BACKGROUND AND PURPOSE**

It has been noted that, in an effort to stay in network when seeking care from a specialist and thereby preventing the occurrence of a surprise medical bill, patients and referring physicians often review plan directories to determine the network status of facility-based physicians at in-network facilities. Concerns have been raised that this can be difficult to do effectively because current health plan provider directories do not always display this information in a uniform or user-friendly manner. H.B. 2630 seeks to address those concerns by requiring a health plan's network directory to clearly identify the specialty, if any, of each physician and health care provider and by requiring the directory to be electronically searchable by specialty.

### **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**

H.B. 2630 amends the Insurance Code to require a physician and health care provider directory maintained by certain health benefit plan issuers to include any specialty of a physician or health care provider in the directory and to require the directory to be electronically searchable by specialty. The bill requires, for each provider that is a facility, the directory to:

- list under the facility name separate headings for radiologists, anesthesiologists, pathologists, emergency department physicians, neonatologists, and assistant surgeons;
- list under each heading each facility-based physician, as defined by the bill, who is a preferred provider, exclusive provider, or network physician or provider practicing in the specialty corresponding with that heading;
- for the facility and each facility-based physician, clearly indicate each health benefit plan issued by the issuer that may provide coverage for the services provided by that facility or physician; and
- include the facility in a grid listing of all facilities included in the directory with separate columns indicating specified information relating to the facility, a physician or health care provider practicing at the facility, and each health benefit plan for services provided by the facility or provided by each facility-based physician group.

H.B. 2630 requires a health benefit plan issuer to update the issuer's website to conform to the bill's provisions not later than January 1, 2020.

**EFFECTIVE DATE**

September 1, 2019.