

BILL ANALYSIS

S.B. 1739
By: Menéndez
Insurance
Committee Report (Unamended)

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 a chiropractor's license and the chiropractor is an in-network provider or preferred provider. S.B. 1739 seeks to protect chiropractors and their patients from the costs resulting from such a 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

S.B. 1739 amends the Insurance Code to prohibit a health maintenance organization (HMO) offering a health care plan or an insurer offering a preferred provider benefit plan that covers a service that is within the scope of a chiropractor's license 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 subjects an HMO or insurer that violates the bill's provisions or a health insurance policy issuer that violates statutory provisions relating to an insured's selection of a chiropractor to a maximum administrative penalty of \$1,000 for each claim that remains unpaid in violation of the applicable provisions. The bill establishes that each day the violation continues constitutes a separate violation. 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.