

BILL ANALYSIS

S.B. 1742
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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 to prevent 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. S.B. 1742 seeks to address those concerns by requiring a health plan's network directory to clearly identify any applicable specialty of each physician and health care provider and by requiring the directory to be electronically searchable by specialty and facility.

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. 1742 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 and facility. The bill requires the directory, for each provider that is a facility, to:

- list under the facility name separate headings for radiologists, anesthesiologists, pathologists, emergency department physicians, neonatologists, and assistant surgeons;
- list under each such 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 that is a preferred provider, exclusive provider, or network physician;
- 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 listing of all facilities included in the directory indicating specified information relating to the facility, a facility-based physician practicing at the facility, and each health benefit plan for services provided by the facility or provided by each facility-based physician group.

The bill requires the directory to list a facility-based physician individually and as part of the

physician group if the physician belongs to a physician group.

S.B. 1742 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.