

SUBJECT: Expanding information included in health care provider directories

COMMITTEE: Insurance — favorable, without amendment

VOTE: 5 ayes — Lucio, Oliverson, Lambert, C. Turner, Vo

0 nays

4 absent — G. Bonnen, S. Davis, Julie Johnson, Paul

SENATE VOTE: On final passage, April 26 — 30-0, on Local and Uncontested Calendar

WITNESSES: *On House companion bill, HB 2630:*

For — Cameron Duncan, Texas Hospital Association; Richard Snyder, Texas Medical Association; Ray Callas, Texas Society of Anesthesiologists; (*Registered, but did not testify:* Blake Hutson, AARP Texas; Will Schlotter, Capito Anesthesiology Association; Stacey Pogue, Center for Public Policy Priorities; James Mathis, Houston Methodist Hospital; Tucker Frazier, Kyle Frazier Consulting; Daniel Chepkauskas and Kyle Frazier, Patient Choice Coalition of Texas; Marshall Kenderdine, Texas Academy of Family Physicians, Texas Society for Gastroenterology and Endoscopy; Bradford Shields, Texas Association of Freestanding Emergency Centers; Price Ashley, Texas College of Emergency Physicians; Bobby Hillert, Texas Orthopaedic Association; Michael Grimes, Texas Radiological Society; Jenna Courtney, Texas Society of Pathologists; John Henderson, TORCH)

Against — Jamie Dudensing, Texas Association of Health Plans

On — (*Registered, but did not testify:* Jamie Walker, Texas Department of Insurance)

BACKGROUND: Insurance Code sec. 1451.504 requires health benefit plan issuers that offer coverage for health care services through preferred or exclusive providers or through a network of physicians and health care providers to develop and maintain a physician and health care provider directory. The

directory must include the name, street address, and telephone number of each physician and health care provider through which a health benefit plan offers coverage and must indicate whether the physician or provider is accepting new patients.

Insurance Code sec. 1451.505 requires a health benefit plan issuer to clearly display the directory on a public website and to display a link to the website in the electronic summary of benefits and coverage of each health benefit plan the issuer issued.

Insurance Code sec. 1451.501(1) defines "health care provider" as a practitioner, institutional provider, or other person or entity that provides health care services and that is licensed or authorized to practice in Texas. This term includes a pharmacist, pharmacy, hospital, nursing home, or other medical or health-related service facility that provides care. This term does not include physicians.

Health and Safety Code sec. 324.001(7) defines "facility" as a licensed ambulatory surgical center, a licensed birthing center, a licensed hospital, or a freestanding emergency medical care facility.

DIGEST:

CSSB 1742 would expand the requirements for physician and health care provider directories maintained by health benefit plan issuers to include certain information for health care providers that were facilities.

The bill would define a "facility-based physician" as a radiologist, anesthesiologist, pathologist, emergency department physician, neonatologist, or assistant surgeon with clinical privileges granted by a facility and who provided services to the facility's patients under those privileges.

CSSB 1742 would require that physician and health care provider directories include the specialty, if any, of each physician and health care provider included in the directory. Directories also would have to be electronically searchable by physician or health care provider name, specialty, if any, facility, and location.

Under the bill, for each health care provider that was a facility included in a directory, the directory would have to:

- list separate headings under the facility name for radiologists, anesthesiologists, pathologists, emergency department physicians, neonatologists, and assistant surgeons;
- list under each heading each facility-based physician that practiced the specialty corresponding with the heading that is a preferred provider, exclusive provider, or network physician; and
- clearly indicate each health plan that could provide coverage for the services provided by each facility or facility-based physician that is a preferred provider, exclusive provider, or network physician.

The directory also would include each facility in a listing of all facilities included in the directory indicating:

- the name of the facility;
- the municipality in which the facility was located or the county in which the facility was located if the facility was in an unincorporated area;
- the name, street address, and telephone number of any facility-based physician that is a preferred provider, exclusive provider, or network physician or of the physician group in which the facility-based physician practiced; and
- each health benefit plan issued by the issuer that could provide coverage for the services provided by a facility or facility-based physician group.

The directory would have to list a facility-based physician individually and as part of a physician group, if applicable.

Health benefit plan issuers would be required to update their websites to conform with the provisions of the bill by January 1, 2020.

The bill would take effect September 1, 2019.

**SUPPORTERS
SAY:**

CSSB 1742 would help patients avoid surprise billing events by ensuring that physician and health provider directories clearly indicated which physicians were in-network for a patient in a user-friendly format. The bill would come with no fiscal impact to the state.

Patients and health care providers currently use directories provided by health plan issuers to make health care choices, making it critical that these directories are easy to navigate and contain accurate information for patients and providers. However, these directories often are unclear and outdated, which can lead patients to inadvertently receive care at an in-network facility by an out-of-network physician. This can lead to surprise billing events for patients who do not have access to clear and updated information from their health benefit plan issuer. CSSB 1742 would rectify this by creating uniform standards for health benefit plan issuers' directories, which could help prevent patients from receiving out-of-network care at in-network facilities.

CSSB 1742 also would ensure that physicians who sought to bring in specialists to provide needed care for patients could consult in network. This would further increase transparency for both physicians and patients.

**OPPONENTS
SAY:**

No concerns identified.