

BILL ANALYSIS

Senate Research Center
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H.B. 213
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Economic Development
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Engrossed

DIGEST

Currently, some insurance companies will only pay medical bills within predetermined limits. However, medical providers do not always bill the insurance company within the insurance company's time limits. As a result, patients receive bills that the insurance company refuses to pay because the insurance company maintains the provider did not submit the claim within the specified amount of time. H.B. 213 would regulate certain claims for health care services.

PURPOSE

As proposed, H.B. 213 regulates certain claims for health care services.

RULEMAKING AUTHORITY

This bill does not grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Title 6, Civil Practice and Remedies Code, by adding Chapter 146, as follows:

CHAPTER 146. CERTAIN CLAIMS BY HEALTH CARE SERVICE PROVIDERS BARRED

Sec. 146.001. DEFINITIONS. Defines "health benefit plan" and "health care service provider."

Sec. 146.002. TIMELY BILLING REQUIRED. Requires a health care service provider, except as provided by Subsection (b) or (c), to bill a patient or other responsible person for services provided to the patient, not later than a certain time. Sets forth the dates at which time a health care service provider is required to bill the issuer of the plan, if the health care service provider is required or authorized to directly bill the issuer of a health benefit plan for services provided to the patient. Sets forth the latest dates at which time a health service provider is required to bill the third party payor, if the health care service provider is required or authorized to directly bill a third party payor operating under federal or state law, including Medicare and the state Medicaid program. Provides that the date of billing is the date on which the health care service provider's bill is mailed or otherwise submitted in a certain manner.

Sec. 146.003. CERTAIN CLAIMS BARRED. Prohibits a health care provider who violates Section 146.002 from recovering from a patient any amount that the patient would have been entitled to receive as payment or reimbursement under a health benefit plan or that the patient would not otherwise have been obligated to pay had the provider complied with Section 146.002. Prohibits the health care service provider from recovering from any other individual who, because of a family or other personal relationship with the patient, would otherwise be responsible for the debt, if recovery from a patient is barred under this section.

Sec. 146.004. DISCIPLINARY ACTION NOT AUTHORIZED. Provides that a health care provider who violates this chapter is not subject to disciplinary action for the violation under any other law, including the law under which the health care provider is licensed or otherwise holds a grant authority.

SECTION 2. Effective date: September 1, 1999.

SECTION 3. Makes application of this Act prospective.

SECTION 4. Emergency clause.