

BILL ANALYSIS

Senate Research Center

H.B. 1514
By: Sheffield (Creighton)
Business & Commerce
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Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Interested parties note that there is not an easily identifiable way to distinguish which patients are covered by a qualified health plan (QHP) or covered under the federal Patient Protection and Affordable Care Act. The parties assert that while some insurers make this information available on the patient's identification card, there is no requirement to do so, nor is there a uniform way in which the information is displayed on the identification card. H.B. 1514 seeks to address this issue.

H.B. 1514 amends current law relating to health insurance identification cards issued by qualified health plan issuers.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the commissioner of insurance in SECTION 1 (Sections 1693.003 and 1693.005, Insurance Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Title 8, Insurance Code, by adding Subtitle L, as follows:

SUBTITLE L. QUALIFIED HEALTH PLAN MANDATORY DISCLOSURES

CHAPTER 1693. QUALIFIED HEALTH PLAN IDENTIFICATION CARDS

Sec. 1693.001. DEFINITIONS. Defines, except as proved by Section 1693.003, in this chapter, "enrollee," "exchange," "qualified health plan," and "qualified health plan issuer" to have the meanings assigned by 45 C.F.R. Section 155.20 as that section existed on January 1, 2015.

Sec. 1693.002. REQUIRED INFORMATION. Requires that an identification card or other similar document issued by a qualified health plan issuer to an enrollee of a qualified health plan purchased through an exchange to, in addition to any requirement under other law, including Sections 843.209 (Identification Card), 1301.162 (Identification Card), and 1369.153 (Information Required on Identification Card), display on the card or document in a location of the issuer's choice the acronym "QHP."

Sec. 1693.003. COMMISSIONER DETERMINATIONS REGARDING FEDERAL REGULATIONS. (a) Requires the commissioner of insurance (commissioner) to monitor 45 C.F.R. Section 155.20 for amendments to the definitions listed in Section 1693.001 and determine if it is in the best interest of the state to adopt an amended definition for purposes of this chapter. Requires the commissioner by rule to adopt the amended definition if the commissioner determines that it is in the best interest of the state to adopt the amended definition.

(b) Requires the commissioner, in making the determination about an amendment, to consider, in addition to other factors affecting the public interest, the beneficial and adverse effects the amendment may have on individuals who are receiving

medical care and health care services in this state and health care providers and physicians.

Sec. 1693.004. REPORT TO LEGISLATURE. Requires the commissioner to prepare a report of a determination made under Section 1693.003, including an explanation of the reasons for the determination, and to file the report with the presiding officer of each house of the legislature not later than the 30th day after the date the determination is made.

Sec. 1693.005. RULES. Authorizes the commissioner to adopt rules as necessary to administer and enforce this chapter.

SECTION 2. Effective date: September 1, 2015.