

## BILL ANALYSIS

Senate Research Center  
79R9146 T

S.B. 1149  
By: Harris  
State Affairs  
4/4/2005  
As Filed

### AUTHOR'S/SPONSOR'S STATEMENT OF INTENT

Current Texas law does not require health plans to provide real-time information. Most health plans issue enrollee information cards that provide some of this information. The information on these cards is dynamic and changes frequently, such as an enrollee's deductible, the health plan's contracted network of physicians and hospitals, and the contracted physicians with privileges at contracted hospitals.

As proposed, S.B. 1149 requires that health plans make available to participating providers, by telephone or electronically, information relating to enrollee demographics, enrollment and eligibility status, benefits, and financial responsibility. It also requires health plans to provide a list of hospitals and participating providers and a listing of physicians with hospital privileges at each hospital.

### RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the commissioner of insurance in SECTION 1 (Section 847.004, Insurance Code) of this bill.

### SECTION BY SECTION ANALYSIS

SECTION 1. Amends Title 6, Subtitle C, Insurance Code, by adding Chapter 847, as follows:

#### CHAPTER 847. ELECTRONIC TRANSMISSION OF ELIGIBILITY AND PAYMENT STATUS.

Sec. 847.001. Definitions. Defines "enrollee," "health care insurer," "health care provider," "participating provider," and "physician."

Sec. 847.002. Real Time Transmission of Enrollee Eligibility and Payment Status. Requires each health care insurer to make available, telephonically or electronically, to each participating provide, information sufficient for the provider to determine at the time of an enrollee's visit:

- (a) certain information concerning the enrollee.
- (b) certain information concerning enrollee benefits.
- (c) certain for information concerning enrollee financial information.

Sec. 847.003. CERTAIN CHARGES PROHIBITED. Prohibits a health care insurer from directly or indirectly charging or holding a physician, health care provider, or enrollee responsible for a fee for making available or accessing information under this chapter.

Sec. 847.004. RULES. Requires the commissioner of insurance (commissioner) to adopt rules to implement the provisions of this section by January 31, 2006. Requires the commissioner to create and receive advice from an advisory committee comprised of specific individuals, before adopting the rules. Provides that members of the advisory committee serve without compensation and such committee is not subject to Chapter 551 (Open Meetings), Government Code.

SECTION 2. Makes application of this Act prospective to January 31, 2006. Provides that "any contract that renews" includes, but is not limited to, a contract that renews from one term to the next in the absence of contrary notice by one of the parties.

SECTION 3. Effective date: upon passage or September 1, 2005.