

BILL ANALYSIS

Senate Research Center
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S.B. 536
By: Van de Putte
State Affairs
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As Filed

AUTHOR'S/SPONSOR'S STATEMENT OF INTENT

Current law prohibits discrimination in the payment schedule or the payment provisions in a health insurance policy, and in the amount or manner of payment or reimbursement, between scheduled services or procedures when performed by a doctor of podiatric medicine and the same services or procedures when performed by any other practitioner of the healing arts. However, the Texas Department of Insurance has taken the position that the current statutory provision which prohibits discriminatory fee schedules does not apply in the context of an HMO or preferred network arrangement.

As proposed, S.B. 536 prohibits insurance companies and health maintenance organizations from discriminating against podiatrists with regard to the payment or reimbursement for covered services.

RULEMAKING AUTHORITY

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

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter I, Chapter 843, Insurance Code, by adding Section 843.3122, as follows:

Sec. 843.3122. SELECTION OF PODIATRIST. (a) Defines "podiatrist."

(b) Provides that, notwithstanding any other law or the provisions of a physician or provider contract subject to this chapter, if the health care plan or a physician or provider contract of a health maintenance organization (HMO) provides for payment or reimbursement for a service or procedure that is within the scope of practice of a licensed podiatrist, an enrollee is authorized to select a podiatrist to provide the service or procedure and the person providing the service or procedure is entitled to the same amount of reimbursement from the HMO, regardless of whether the person is a physician or podiatrist.

(c) Provides that this section does not prohibit a variation in reimbursement by the HMO based on certain conditions.

SECTION 2. Amends Subchapter B, Chapter 1301, Insurance Code, as effective April 1, 2005, by adding Section 1301.0522, as follows:

Sec. 1301.0522. SELECTION OF PODIATRIST. (a) Defines "podiatrist."

(b) Provides that, notwithstanding any other law or the provisions of a physician or provider contract subject to this chapter, if the preferred provider benefit plan or a preferred provider contract provides for payment or reimbursement for a service or procedure that is within the scope of practice of a licensed podiatrist, an insured is authorized to select a podiatrist to provide the service or procedure and the person providing the service or procedure is entitled to the same amount of reimbursement from the preferred provider benefit plan, regardless of whether the person is a physician or podiatrist.

(c) Provides that this section does not prohibit a variation in reimbursement by the preferred provider benefit plan based on certain conditions.

SECTION 3. Makes application of this Act prospective to January 1, 2006.

SECTION 4. Effective date: September 1, 2005.