

## **BILL ANALYSIS**

H.B. 1514  
By: Sheffield  
Insurance  
Committee Report (Unamended)

### **BACKGROUND AND PURPOSE**

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.

### **CRIMINAL JUSTICE IMPACT**

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that rulemaking authority is expressly granted to the commissioner of insurance in SECTION 1 of this bill.

### **ANALYSIS**

H.B. 1514 amends the Insurance Code to require an identification card or other similar document issued by a qualified health plan issuer to an enrollee of a qualified health plan in Texas to display on the card or document in a location of the issuer's choice the acronym "QHP" or, if the enrollee receives advance payment of the premium tax credit, the acronym "QHP-S."

H.B. 1514 defines "advance payments of the premium tax credit," "enrollee," "qualified health plan," and "qualified health plan issuer" for purposes of that requirement by reference to a specified federal regulation as it existed on January 1, 2015. The bill requires the commissioner of insurance to monitor that federal regulation for amendments to the definitions and to determine if it is in the best interest of the state to adopt an amended definition for the purpose of qualified health plan identification card requirements. The bill requires the commissioner by rule to adopt an amended definition if the commissioner determines it is in the best interest of the state to adopt the amended definition. The bill requires the commissioner, in making the determination about a definition amendment, to consider the beneficial and adverse effects the amendment may have on individuals receiving medical care and health care services in Texas and on health care providers and physicians, in addition to considering other factors affecting the public interest.

H.B. 1514 requires the commissioner to prepare a report of a determination to adopt an amended definition, 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. The bill authorizes the commissioner to adopt rules as necessary to administer and enforce the bill's provisions.

**EFFECTIVE DATE**

September 1, 2015.