BILL ANALYSIS

H.B. 1832 By: Johnson, Julie Insurance Committee Report (Unamended)

BACKGROUND AND PURPOSE

It has been suggested that some of the largest health insurance corporations have recently offered policies that deny coverage for emergency services based on a final diagnosis, including denials for emergency room visits deemed a non-emergency despite overlap in symptoms in patients suffering from emergency and non-emergency ailments. Reports indicate that these retroactive policies often discourage individuals with genuine emergencies from seeking lifesaving care. H.B. 1832 seeks to address this issue by prohibiting a retroactive review of an emergency care claim for purposes of determining whether the patient actually required such care.

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

ANALYSIS

H.B. 1832 amends the Insurance Code to establish as an unfair method of competition or an unfair or deceptive act or practice in the business of insurance making health benefit plan coverage for an emergency care claim dependent on a utilization review determination that the patient's medical condition required emergency care.

H.B. 1832 amends the Government Code to require a contract between a Medicaid managed care organization and the Health and Human Services Commission for the organization to provide health care services to recipients to require the organization to comply with the bill's provisions. The bill's provisions apply only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2020.

EFFECTIVE DATE

September 1, 2019.

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