

SUBJECT: Expanding information included in health care provider directories

COMMITTEE: Insurance — favorable, without amendment

VOTE: 7 ayes — Lucio, Oliverson, S. Davis, Julie Johnson, Lambert, C. Turner,
Vo

0 nays

2 absent — G. Bonnen, Paul

WITNESSES: For — Cameron Duncan, Texas Hospital Association; Richard Snyder, Texas Medical Association; Ray Callas, Texas Society of Anesthesiologists; (*Registered, but did not testify*: Blake Hutson, AARP Texas; Will Schlotter, Capito Anesthesiology Association; Stacey Pogue, Center for Public Policy Priorities; James Mathis, Houston Methodist Hospital; Tucker Frazier, Kyle Frazier Consulting; Daniel Chepkauskas and Kyle Frazier, Patient Choice Coalition of Texas; Marshall Kenderdine, Texas Academy of Family Physicians, Texas Society for Gastroenterology and Endoscopy; Bradford Shields, Texas Association of Freestanding Emergency Centers; Price Ashley, Texas College of Emergency Physicians; Bobby Hillert, Texas Orthopaedic Association; Michael Grimes, Texas Radiological Society; Jenna Courtney, Texas Society of Pathologists; John Henderson, TORCH)

Against — Jamie Dudensing, Texas Association of Health Plans

On — (*Registered, but did not testify*: Jamie Walker, Texas Department of Insurance)

BACKGROUND: Insurance Code sec. 1451.504 requires health benefit plan issuers that offer coverage for health care services through preferred or exclusive providers or through a network of physicians and health care providers to develop and maintain a physician and health care provider directory. The directory must include the name, street address, and telephone number of each physician and health care provider through which a health benefit

plan offers coverage and must indicate whether the physician or provider is accepting new patients.

Insurance Code sec. 1451.505 requires a health benefit plan issuer to clearly display the directory on a public website and to display a link to the website in the electronic summary of benefits and coverage of each health benefit plan the issuer issued.

Insurance Code sec. 1451.501(1) defines "health care provider" as a practitioner, institutional provider, or other person or entity that provides health care services and that is licensed or authorized to practice in Texas. This term includes a pharmacist, pharmacy, hospital, nursing home, or other medical or health-related service facility that provides care. This term does not include physicians.

Health and Safety Code sec. 324.001(7) defines "facility" as a licensed ambulatory surgical center, a licensed birthing center, a licensed hospital, or a freestanding emergency medical care facility.

DIGEST:

HB 2630 would expand the requirements for physician and health care provider directories maintained by health benefit plan issuers to include certain information for health care providers that were facilities.

The bill would define a "facility-based physician" as a radiologist, anesthesiologist, pathologist, emergency department physician, neonatologist, or assistant surgeon with clinical privileges granted by a facility and who provided services to the facility's patients under those privileges.

HB 2630 would require that physician and health care provider directories include the specialty, if any, of each physician and health care provider included in the directory. Directories also would have to be electronically searchable by specialty.

Under the bill, for each health care provider that was a facility included in a directory, the directory would have to:

- list separate headings under the facility name for radiologists, anesthesiologists, pathologists, emergency department physicians, neonatologists, and assistant surgeons;
- list under each heading each facility-based physician that practiced the specialty corresponding with the heading; and
- clearly indicate each health plan that could provide coverage for the services provided by each facility or facility-based physician.

The directory also would include each facility in a grid listing of all facilities included in the directory with separate columns indicating:

- the name of the facility;
- the municipality in which the facility was located or the county in which the facility was located if the facility was in an unincorporated area;
- the name, street address, and telephone number of any facility-based physician group included under the health benefit plans coverage; and
- each health benefit plan issued by the issuer that could provide coverage for the services provided by a facility or facility-based physician group.

Health benefit plan issuers would be required to update their websites to conform with the provisions of the bill by January 1, 2020.

The bill would take effect September 1, 2019.

**SUPPORTERS
SAY:**

HB 2630 would help patients avoid surprise billing events by ensuring that physician and health provider directories clearly indicated which physicians were in-network for a patient in a user-friendly format.

Patients and health care providers currently use directories provided by health plan issuers to make health care choices, making it critical that these directories are easy to navigate and contain accurate information for patients and providers. However, these directories are often unclear and

outdated, which can lead patients to inadvertently receive care at an in-network facility by an out-of-network physician. This can lead to surprise billing events for patients who do not have access to clear and updated information from their health benefit plan issuer. HB 2630 would rectify this by creating uniform standards for health benefit plan issuers' directories, which could help prevent patients from receiving out-of-network care at in-network facilities.

HB 2630 also would ensure that physicians who sought to bring in specialists to provide needed care for their patients could consult in-network. This would further increase transparency for both physicians and patients.

The concern with requiring health plan issuers to include information relating to out-of-network providers in the directories could be addressed by a floor substitute.

**OPPONENTS
SAY:**

HB 2630 would unfairly burden health benefit plan issuers by placing the onus of ensuring the accuracy of physician and health care provider directories exclusively on them. The bill also would mandate the inclusion of information in these directories that only facilities could access.

The bill would place what should be a shared responsibility on health benefit plan issuers alone. Health plans, hospitals, and providers should equally shoulder the responsibility to correct directory inaccuracies.

The bill also would require health benefit plan issuers to include information in directories that would not be available to issuers. Currently, only facilities know which physicians in a hospital on a given day are out-of-network for certain patients. Health benefit plan issuers do not have access to this information and could not include it in their online directories as required by the bill.

NOTES:

The author intends to introduce a floor substitute for the bill that, among other provisions, would remove the requirement to list all facilities in a grid format.

