

**SUBJECT:** Revising the definition of emergency care for health coverage purposes

**COMMITTEE:** Insurance — committee substitute recommended

**VOTE:** 9 ayes — Oliverson, A. Johnson, Cain, Cortez, Caroline Harris, Hull, Julie Johnson, Paul, Perez  
0 nay

**WITNESSES:** For — Doug Jeffrey, MD, Texas College of Emergency Physicians; Cesar Lopez, Texas Hospital Association (*Registered, but did not testify*: Gregg Knaupe, Ascension Seton and Dell Children’s Medical Center; Michaela Bennett, Children’s Health; Stacy Wilson, Children’s Hospital Association of Texas; Roberto Haddad, DHR Health; Mark Bordas, Family Hospital Systems; Juliana Cruz Kerker, HCA Healthcare; Jeff Addicks, Hospitality Health ER; Jeri Brooks, Houston Methodist; Lindsay Lanagan, Legacy Community Health; Christine Yanas, Methodist Healthcare Ministries; Daniel Chepkaukas, Patient Choice Coalition; Timothy Ottinger, St. Lukes Health; Maureen Milligan, Teaching Hospitals of Texas; Webb Cochran, Tenet Health; Brad Shields, Texas Association of Freestanding Emergency Centers; Shannon Meroney, Texas Association of Health Underwriters; David Reynolds, Texas Chapter American College of Physicians; Reed Clay, Texas Health Resources; Tilden Childs, Texas Medical Association; Jill Sutton, Texas Osteopathic Medical Association; Clayton Travis, Texas Pediatric Society; Jeff Beers)

Against — Blake Hutson, Texas Association of Health Plans; Jennifer Sisson (*Registered, but did not testify*: Matt Abel, Texas Association of Business)

On — Carl Isett, Texas Association of Benefit Administrators (*Registered, but did not testify*: Michael Dole, Driscoll Health System; Rachel Bowden, Texas Department of Insurance)

**BACKGROUND:** Concerns have been raised that patients have had insurance claims for

visits to the emergency room denied by their insurance plans due to insurer policies that condition payment for emergency care on a patient's final diagnosis.

**DIGEST:** CSHB 1236 would specify that the definition of "emergency care" would, regardless of the patient's final diagnosis, apply to health care services delivered by certain facilities to evaluate and stabilize emergent medical conditions that could lead a prudent layperson to believe the individual's condition needed urgent care.

The bill also would specify that during utilization review of emergency care in certain facilities, reviewers could consider diagnosis codes, relevant documentation, and presenting symptoms as part of the review.

The bill would take effect September 1, 2023 and would apply to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2024.