

## **BILL ANALYSIS**

Senate Research Center

S.B. 1003  
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Health & Human Services  
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Enrolled

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

In 2019, the legislature expanded provider directory requirements under Section 1451.505, Insurance Code, to allow consumers to search for physicians or providers who practice at in-network facilities. Directories must list specified categories of facility-based physicians, including radiologist, anesthesiologist, pathologist, emergency department physician, neonatologist, and assistant surgeon. Health benefit plans have struggled to comply with the requirement to include a category for assistant surgeons because that is not a distinct specialty; surgeons across various specialty groupings may sometimes act as the primary surgeon and other times act in the assistant role. In addition, consumers looking for other types of facility-based physicians or providers cannot find those physicians or providers authorized to practice within a particular in-network facility.

S.B. 1003 changes the provider directory requirements. It removes the language for specific providers to be listed and instead implements a general "facility-based physician or provider" term which includes all physicians and health care providers. This would create a more efficient directory benefiting consumers and clarifying the requirements for health benefit plans. Removing the requirement to include a category for assistant surgeons will better align directory requirements with how provider networks are structured. This will also prevent consumers from accidentally using an out-of-network provider.

C.S.S.B. 1003 clarifies that health benefit plans will not be required to include providers employed by the hospital. Because the hospital, not individual providers employed by the hospital, bills patients, their inclusion in the directory is unnecessary.

S.B. 1003 amends current law relating to disclosure requirements for health care provider directories maintained by certain health benefit plan issuers.

### **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 Section 1451.501(1-a), Insurance Code, to define "facility-based physician or provider," rather than "facility-based physician."

SECTION 2. Amends Section 1451.504, Insurance Code, by amending Subsections (c) and (d) and adding Subsection (e), as follows:

(c) Requires that the directory under Section 1451.504 (Physician and Health Care Provider Directories), except as provided by Subsection (e), for each health care provider that is a facility included in the directory:

(1) list under the facility name separate headings for specialties, including radiologists, anesthesiologists, nurse anesthetists, anesthesiologist assistants, pathologists, emergency department physicians, neonatologists, nurse midwives, surgical assistants, physical therapists, occupational therapists, speech-language

pathologists, and any other specialty identified by commissioner of insurance rule;

(2) list under each heading described by Subdivision (1) each facility-based physician or provider described by Subsection (a) (relating to requiring a health benefit plan issuer that offers coverage for health care services through certain entities to develop and maintain a physician and health care provider directory) practicing in the specialty corresponding with that heading that is a preferred provider, exclusive provider, or network physician or provider; and

(3)-(4) makes conforming changes to these subdivisions.

Deletes existing text requiring that the directory under this section, for each health care provider that is a facility included in the directory, list under the facility name a separate heading for assistant surgeons. Makes a nonsubstantive change.

(d) Makes conforming changes to this subsection.

(e) Provides that the directory is not required to list a physician or health care provider who is employed by the facility.

SECTION 3. Requires a health benefit plan issuer to update the issuer's physician and health care provider directory and Internet website to conform with Subchapter K (Health Care Provider Directories), Chapter 1451, Insurance Code, as amended by this Act, not later than January 1, 2024.

SECTION 4. Effective date: September 1, 2023.