

INSURANCE CODE

TITLE 8. HEALTH INSURANCE AND OTHER HEALTH COVERAGES

SUBTITLE A. HEALTH COVERAGE IN GENERAL

CHAPTER 1223. VERIFICATION OF HEALTH BENEFITS

Text of section effective on January 01, 2024

Sec. 1223.001. APPLICABILITY OF CHAPTER. (a) This chapter applies only to a health benefit plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document that is issued by:

- (1) an insurance company;
- (2) a group hospital service corporation operating under Chapter 842;
- (3) a health maintenance organization operating under Chapter 843;
- (4) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844;
- (5) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846;
- (6) a stipulated premium company operating under Chapter 884;
- (7) a Lloyd's plan operating under Chapter 941; or
- (8) an exchange operating under Chapter 942.

- (b) Notwithstanding any other law, this chapter applies to:
- (1) a small employer health benefit plan subject to Chapter 1501, including coverage provided through a health group cooperative under Subchapter B of that chapter;
 - (2) a standard health benefit plan issued under Chapter 1507;
 - (3) a basic coverage plan under Chapter 1551;
 - (4) a basic plan under Chapter 1575;
 - (5) a primary care coverage plan under Chapter 1579;
 - (6) a plan providing basic coverage under Chapter 1601;

(7) alternative health benefit coverage offered by a subsidiary of the Texas Mutual Insurance Company under Subchapter M, Chapter 2054;

(8) group health coverage made available by a school district in accordance with Section 22.004, Education Code;

(9) a regional or local health care program operated under Section 75.104, Health and Safety Code; and

(10) a self-funded health benefit plan sponsored by a professional employer organization under Chapter 91, Labor Code.

(c) This chapter does not apply to the state Medicaid program, including the Medicaid managed care program operated under Chapter 533, Government Code, or the child health plan program operated under Chapter 62, Health and Safety Code.

Added by Acts 2023, 88th Leg., R.S., Ch. 881 (H.B. 4500), Sec. 1, eff. January 1, 2024.

Text of section effective on January 01, 2024

Sec. 1223.002. INTERNET WEBSITE FOR VERIFICATION REQUIRED FOR EMERGENCY PHYSICIANS AND HEALTH CARE PROVIDERS. (a) A health benefit plan issuer shall maintain and make available a secure system on the issuer's Internet website that allows a physician or health care provider for a hospital or freestanding emergency medical care facility to determine at any time:

(1) whether the physician's or provider's patient is covered by the issuer's health benefit plan; and

(2) the deductible, copayment, or coinsurance for which the patient is responsible.

(b) A health benefit plan issuer may provide the information described by Subsection (a) through:

(1) an existing Internet portal that is available at all times; or

(2) an Internet portal that is:

(A) provided by a third party contracting with the issuer; and

(B) available at all times.

Added by Acts 2023, 88th Leg., R.S., Ch. 881 (H.B. 4500), Sec. 1, eff. January 1, 2024.