

Stop Health Insurer Practices That Undercut Patient, Physician Protections

As Texas strives for affordable, transparent, and innovative health care coverage, lawmakers must ensure those goals are not achieved at the expense of meaningful coverage and existing protections for patients and physicians. Several bills, though well-intended, threaten to undercut such safeguards the Texas Legislature already has in place, while giving health plans unfair market advantages.

House Bill 3351, for instance, would undo landmark transparency legislation that established insurers' obligation to notify physicians of the methods used to rate them in health plan ranking and tiering programs before they are evaluated and to have appeal processes in place by which physicians can contest inaccurate information. While this may seem like a cost saving step for health plans, it repeals guardrails lawmakers established not only to protect physicians from unfair ranking practices, but also to enhance consumer choice and access to accurate and reliable information when they shop for coverage.

Similarly, **House Bill 1001/Senate Bill 605** purport to offer Texans slightly more affordable health insurance premiums but come with a hefty cost as they would trade away certain health plan benefits and consumer protections. The bills allow insurers to sell a new product exempt from state insurance regulations that 1) provide consumers with a minimum level of benefits for the coverage they purchase; 2) guarantee transparency and protections against harmful practices by insurers and pharmacy benefit managers (PBMs); and 3) ensure insurance networks have enough physicians and claims are processed and paid promptly – both necessities for access to care.

Touted as creating a tool to help the state examine health care costs, **House Bill 2403/Senate Bill 1581** cater heavily to health plans and glaringly neglect the impact health plan regulations have on other major stakeholders – patients, physicians, hospitals, facilities, and other providers. The result: a one-sided view of the market that fails to consider concerns beyond cost, such as access to care, free choice of provider, and transparency. Moreover, the review center this legislation proposes would be almost entirely funded by and supplied with data from health plans, which could use it as a tool to dismantle existing insurance reforms and consumer protections in the name of cost savings.

House Bill 633 also empowers already-dominant health plans. Though intended to promote consumer choice and access to more affordable care, the bill gives health plans the ability to cap physician charges at the lowest contracted rate for many services – giving insurers an upper hand in controlling health care pricing and contracting, and threatening physicians' practice viability.

Despite their intentions, these bills come with consequences that not only outweigh any supposed benefits, but also walk back existing health plan accountability measures and patient and physician protections.



TMA OPPOSES

- **HB 3351** by Rep. Caroline Harris (R-Round Rock) because it undermines consumer access to accurate and reliable information when they shop for coverage and reduces health plan accountability.
- **HB 1001** by Rep. Giovanni Capriglione (R-Southlake) and its companion, **SB 605** by Sen. Drew Springer (R-Muenster), because they fail to balance affordability with meaningful coverage.
- **SB 1581** by Sen. Paul Bettencourt (R-Houston) and its companion, **HB 2403** by Rep. Dennis Paul (R-Houston), because they are health plan-centric and could be misappropriated as a state-endorsed insurance industry lobbying tool.
- **HB 633** by Rep. James Frank (R-Wichita Falls) because it promotes unfair contracting and could harm physician practice viability and access to care.



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