

[Tex. Health & Safety Code §§ 324.001 & 324.002.]

§§ 324.001 & 324.002: Consumer Access to Health Care Information-- General Provisions

§ 324.001. Definitions.

In this chapter:

- (1) "Average charge" means the mathematical average of facility charges for an inpatient admission or outpatient surgical procedure. The term does not include charges for a particular inpatient admission or outpatient surgical procedure that exceed the average by more than two standard deviations.
- (2) "Billed charge" means the amount a facility charges for an inpatient admission, outpatient surgical procedure, or health care service or supply.
- (3) "Costs" means the fixed and variable expenses incurred by a facility in the provision of a health care service.
- (4) "Consumer" means any person who is considering receiving, is receiving, or has received a health care service or supply as a patient from a facility. The term includes the personal representative of the patient.
- (5) "Department" means the Department of State Health Services.
- (6) "Executive commissioner" means the executive commissioner of the Health and Human Services Commission.
- (7) "Facility" means:
 - (A) an ambulatory surgical center licensed under Chapter 243;
 - (B) a birthing center licensed under Chapter 244;
 - (C) a hospital licensed under Chapter 241; or
 - (D) a freestanding emergency medical care facility, as defined in Section 254.001, including a freestanding emergency medical care facility that is exempt from the licensing requirements of Chapter 254 under Section 254.052(8).
- (8) "Facility-based physician" means a radiologist, an anesthesiologist, a pathologist, an emergency department physician, a neonatologist, or an assistant surgeon.

§ 324.002. Rules.

The executive commissioner shall adopt and enforce rules to further the purposes of this chapter.