

BILL SUMMARY
1st Session of the 59th Legislature

Bill No.:	SB 254
Version:	ENGR
Request Number:	
Author:	Rep. Boatman
Date:	4/11/2023
Impact:	Please see previous summary of this measure

Research Analysis

The engrossed version of SB 254 provides that if the beneficiary of a health benefit plan is unable to obtain covered behavioral health services from an in-network provider in a timely manner, plan must ensure coverage of the behavioral health services from an out-of-network provider by arranging a network exception with a negotiated rate. The agreement must hold the beneficiary harmless for any amount greater than the in-network cost-sharing amount that the beneficiary would have paid had the same services been received from an in-network provider. The measure authorizes the beneficiary to seek coverage out-of-network if coverage is not arranged in the applicable time. A health benefit plan that makes a payment to an out-of-network provider pursuant to this section shall report the details of the payment to the Insurance Department within 60 days of the date that the payment is made.

Prepared By: Matthew Brenchley

Fiscal Analysis

The measure is currently under review and impact information will be completed.

Prepared By: House Fiscal Staff

Other Considerations

None.