

BILL SUMMARY
1st Session of the 59th Legislature

Bill No.:	SB254
Version:	FULLPCS1
Request Number:	
Author:	Rep. Boatman
Date:	4/12/2023
Impact:	See below

Research Analysis

The proposed committee substitute to 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, the 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 measure requires health benefit plans to establish a documented procedure to assist a plan member in accessing an out-of-network behavioral health care provider within a timely manner when no in-network behavioral health care provider is available.

The measure specifies that agreements prevent the beneficiary from paying any amount greater than the amount the beneficiary would have paid if the services were 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, and requires any health benefit plan that makes a payment to an out-of-network provider to make the details of the payment available to the Insurance Department upon request within 20 days.

Prepared By: Matthew Brenchley

Fiscal Analysis

In its current form, SB254 requires a health insurer to cover out-of-network services under certain circumstances and requires health benefit plans to establish a documented procedure to assist a plan member in accessing an out-of-network provider.

Officials from the Office of Management and Enterprise Services (OMES) provide the following information regarding the impact of the bill.

OMES:

The fiscal impact to OMES EGID is \$250,000 and considers the member cost share difference for out-of-network behavioral health claims over the past 2 years under in-network cost share and assumes similar utilization going forward. Other considerations related to this bill include network erosion given out-of-network providers know they will be paid if member is unable to seek timely care and additional administrative burden related to monitoring the timeliness in responses. EGID staff estimates an additional 1.25 FTE would be necessary to comply with the requirements for an estimated cost impact of \$50,000. **Aon estimates the overall fiscal impact to be \$250,000.**

Prepared By: Zachary Penrod, House Fiscal Staff

Other Considerations

None.

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