

**Bill Summary**  
1<sup>st</sup> Session of the 59<sup>th</sup> Legislature

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| <b>Bill No.:</b>    | <b>SB 254</b>      |
| <b>Version:</b>     | <b>CS</b>          |
| <b>Request No.:</b> | <b>1906</b>        |
| <b>Author:</b>      | <b>Sen. Garvin</b> |
| <b>Date:</b>        | <b>02/21/2023</b>  |

**Bill Analysis**

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.

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