

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

<b>Bill No.:</b>	<b>SB 254</b>
<b>Version:</b>	<b>HASB</b>
<b>Author:</b>	<b>Sen. Garvin</b>
<b>Date:</b>	<b>05/18/2023</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 measure requires any health benefit plan to establish a documented procedure to assist a plan member in accessing an out-of-network behavioral health care provider when no in-network behavioral health care provider is available within a timely manner. 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, including telehealth services, 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 20 days of the date requested. The measure authorizes the Department to investigate when an insurer has failed to ensure coverage.

**House Amendments**

HA's to SB 254 modifies the period a plan may make a payment to an out-of-network provider and authorizes the Insurance Department to investigate insurers in the event they failed to ensure coverage.

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