Bill Summary
1st Session of the 59th Legislature

Bill No.:	**SB 254**
Version:	**INT**
Request No.:	**354**
Author:	**Sen. Garvin**
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Bill Analysis

SB 254 requires an insurer of a health benefit plan to charge an insured for the care or services at a cost not to exceed in-network copayments, coinsurance, and deductibles if an insured is unable to obtain covered behavioral health services in a timely manner and requires care or services from an out-of-network provider. No insured or sponsor of a health plan may be billed by or liable to the plan or out-of-network provider for any amount beyond the cost-sharing amount. The measure also prohibits any insurer from reducing the copayment, coinsurance, or deductible of an out-of-network provider's care or service to an insured due to the insured opting for a payment plan. The measure requires any health benefit plan that makes a payment to an out-of-network provider in compliance with the provisions of this measure to report the details of the payment to the Department within 60 days of the payment being made.

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