

SB 1046 A STAFF MEASURE SUMMARY

Senate Committee On Health Care

Action Date: 03/27/23

Action: Do pass with amendments and requesting referral to Ways and Means. (Printed A-Engrossed.)

Vote: 3-2-1-0

Yeas: 3 - Campos, Patterson, President Wagner

Nays: 2 - Bonham, Hayden

Exc: 1 - Gorsek

Fiscal: Fiscal impact issued

Revenue: No revenue impact

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Meeting Dates: 3/20, 3/27

WHAT THE MEASURE DOES:

Directs the Department of Consumer and Business Services (DCBS) to adopt new rules to evaluate the adequacy of provider networks of health insurance carriers offering individual or group benefit plans. Adequacy review shall include the ratio of providers to enrollees, the geographic distribution of providers, and wait times for care. Directs DCBS to adopt standards to evaluate networks for all covered services, including services for mental health, substance use disorder, and reproductive health care. Specifies that DCBS is directed to adopt standards to evaluate whether networks provide appropriate, culturally competent care to all enrollees, including those with diverse cultural and ethnic backgrounds, sexual orientations and gender identities, and physical and mental health conditions.

ISSUES DISCUSSED:

- Additional need to review adequacy of networks available to enrollees in medical assistance programs

EFFECT OF AMENDMENT:

Allows the Department of Consumer and Business Services to review whether services provided by telehealth may meet network adequacy provisions to the extent permitted by the department by rule.

BACKGROUND:

House Bill 2468 (2015) directed health insurance carriers to submit a report each year to the Department of Consumer and Business Services (DCBS) to demonstrate how provider networks meet state and federal requirements. DCBS is required to conduct an annual evaluation to determine whether provider networks meet requirements.

Senate Bill 1046 A directs the Department of Consumer and Business Services to adopt rules to evaluate provider networks for provider ratio, geographic distribution, and wait time in evaluating network adequacy requirements for all enrollees.