

SB 5780 - DIGEST

Requires the insurance commissioner to affirmatively approve the adequacy of a health plan's proposed provider network when reviewing and approving health plans.

Establishes criteria under which a health plan must permit an enrollee to petition the health plan to cover health care services delivered by an out-of-network provider.

Requires health plans, beginning January 1, 2021, to cover noncovered treatments if these noncovered treatments are medically necessary, an otherwise covered benefit, or provided by a contracted provider under the health plan.

Provides that it is a violation of the consumer protection act for a health carrier to authorize coverage of emergency services and subsequently retract the authorization unless the authorization was based on a material misrepresentation of the health condition made by the provider of the emergency services.

Requires health plans to maintain a provider directory with information on contracting providers and establish a process for identification of inaccurate information in the provider directory.