

HB 71 (2026) HEALTH PLAN PROVIDER DIRECTORY AMENDMENTS (Eliason, Steve)

Anticipated Fiscal Impact: \$75,115/year – 2 new FTEs

Of significance to PEHP, this bill would require:

- 1) PEHP to assist an enrollee in finding an out-of-network behavioral health provider if no in-network provider is available to see a patient within 7 days or 24 hours for emergencies, and then enter into a single case agreement with that provider to receive covered services as if the provider were in-network. This would create a significant disincentive for mental health providers to contract with PEHP, and could diminish the number of providers in network and the discounts to those providers.
- 2) PEHP to publish health care provider directories.
- 3) Audit and regularly update health care provider directories for accuracy regarding name, address, phone number, email addresses of providers, as well as whether the provider is accepting new patients.

PEHP estimates that these new requirements would result in needing two additional full-time employees – at an average cost of \$87,347.52/employee for salary and benefits, for a total of \$174,685/year. As the State plan is 43% of PEHP's total covered lives, we estimate the state portion would be \$75,115/year.