



SUPPORT AB 280 (Aguiar-Curry): Strengthening Accuracy and Accountability in Provider Directories

The Problem: Inaccurate Directories Harm Consumers and Undermine Trust

As the trusted professionals clients turn to when network or billing issues arise, agents share in their clients' frustration when health plan directories are outdated, incomplete, or inaccurate – leading patients to unknowingly seek care from providers they believed were in-network, only to encounter surprise bills, denied claims, or barriers to timely care.

What AB 280 Does

- Establishes **enforceable accuracy standards** for provider directories:
 - Starts at **60% accuracy by July 1, 2026**
 - Gradually increases to **95% accuracy by July 1, 2029**
 - Enforces **compliance through administrative penalties**
 - Provides **consumer protections** when provider directories are inaccurate:
 - Consumers are **held harmless** if they rely on an inaccurate listing
 - Services must be covered at **in-network cost levels**
 - Providers may **not balance bill** beyond the in-network cost share
 - Requires plans to disclose their responsibility to arrange timely care, especially for **behavioral health services**.
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Why it Matters

- Reduces consumer confusion, financial hardships, and surprise bills
 - Improves access to timely behavioral health care—including mental health, substance use treatment, counseling and therapy, psychiatric services, and other related care
 - Builds trust in the health insurance system
 - Supports health insurance agents in delivering better service to clients
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Our Position

CAHIP strongly supports AB 280 to create more accurate, transparent, and accountable provider networks in California. We urge the Assembly and Senate to support this critical step toward improving consumer protections and access to care in California.