## House Bill 2894

Sponsored by Representative OLSON; Representatives BARKER, BARNHART, BERGER, BOONE, CLEM, ESQUIVEL, HOLVEY, KOMP, KOTEK, KRUMMEL, MAURER, RILEY, ROBLAN, THATCHER, TOMEI (at the request of Chiropractic Association of Oregon)

## **SUMMARY**

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced.** 

Provides patient freedom of choice of health care physician and primary care physician from among at least 50 percent of all health care physicians in each geographic service area providing medical, dental, foot or vision care. Requires insurance to cover chiropractic physician services.

## A BILL FOR AN ACT

2 Relating to health care.

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- 3 Be It Enacted by the People of the State of Oregon:
  - SECTION 1. As used in sections 1 to 6 of this 2007 Act:
    - (1) "Casualty insurance" has the meaning given that term in ORS 731.158.
  - (2) "Dental care" means services within the professional scope of practice of a dentist licensed under ORS chapter 679.
    - (3) "Enrollee" means an individual who is enrolled in a managed care plan.
  - (4) "Foot care" means services within the professional scope of practice of a podiatric physician and surgeon licensed under ORS chapter 677.
  - (5) "Health care physician" means a person selected in accordance with section 3 (2) of this 2007 Act to provide medical, dental, foot or vision care to an enrollee or insured person.
    - (6) "Health insurance" has the meaning given that term in ORS 731.162.
    - (7) "Insurer" has the meaning given that term in ORS 731.106.
  - (8) "Managed care entity" means any person, including, but not limited to, a health insurer providing health insurance, a health care facility as defined in ORS 442.015, a health care service contractor as defined in ORS 750.005, a preferred provider organization or a third party administrator that establishes or maintains a network of participating health care professionals or provides a health benefit plan as defined in ORS 743.730.
  - (9) "Managed care plan" means a plan or policy operated by a managed care entity that provides payment for or delivery of health care services to enrollees of a plan with financial incentives for enrollees to use participating health care professionals and services covered by the plan.
    - (10) "Policy" has the meaning given that term in ORS 731.122.
  - (11) "Primary care physician" means a health care physician qualified under section 3 (2) of this 2007 Act and selected by an enrollee or insured person, when required by the managed care plan or health insurance policy, to coordinate, supervise or provide ongoing medical care to the enrollee or insured person.
  - (12) "Public employee" means an employee of a public employer, including the State of Oregon and cities, counties, community colleges, school districts, special districts, mass

transit districts, metropolitan service districts, public service corporations or municipal corporations and public and quasi-public corporations in this state.

- (13) "Vision care" means services provided within the professional scope of practice of an optometrist licensed under ORS chapter 683.
- <u>SECTION 2.</u> (1) All managed care plans offered by a managed care entity, all health insurance policies and all casualty insurance policies provided to residents of Oregon shall:
- (a) Provide for patient freedom of choice of health care physician and primary care physician from among at least 50 percent of all health care physicians providing medical services within the physicians' professional scope of practice in each geographic service area; and
- (b) Provide a determination of policy benefits that is unbiased and independent of a patient's choice of health care physician or primary care physician, that includes, but is not limited to, a determination of the extent and reimbursement, payment and delivery of medical, dental, foot or vision care.
- (2) Notwithstanding subsection (1)(a) of this section, selection of a primary care physician limits a patient's freedom of choice to the selected primary care physician and referrals by the primary care physician to other health care physicians. Subsection (1)(a) of this section does not limit a patient's freedom to choose any service or procedure that is considered to be medical, dental, foot or vision care.
- SECTION 3. (1) All managed care plans offered by a managed care entity, all health insurance policies and all casualty insurance policies subject to sections 1 to 6 of this 2007 Act may require an enrollee or insured person to select a health care physician from the medical care category described in subsection (2) of this section as a primary care physician. Enrollees and insured persons are permitted to change primary care physicians at will, except that a managed care plan, health insurance policy or casualty insurance policy may restrict the enrollee or insured person to changing primary care physicians not more than twice in a 12-month period.
- (2) An enrollee or insured person has the right to select a health care physician or primary care physician to provide care for covered services in accordance with the following medical care categories:
- (a) For medical services, a physician or osteopathic physician licensed under ORS chapter 677, or a chiropractic physician licensed under ORS chapter 684;
  - (b) For dental care service, a dentist licensed under ORS chapter 679; and
- (c) For vision care services, a physician licensed under ORS chapter 677 or an optometrist licensed under ORS chapter 683.
- <u>SECTION 4.</u> Nothing in sections 1 to 6 of this 2007 Act is intended to alter the scope of practice of any licensed health care physician as that scope may otherwise be established by law.
- SECTION 5. (1) All individual and group health insurance, and policies providing coverage for hospital, medical or surgical expenses other than coverage limited to specific diseases or other limited benefit coverage, shall include coverage for any clinically necessary health care service that is within the lawful scope of practice of a chiropractic physician licensed under ORS chapter 684, except that health insurers may:
- (a) Limit coverage of adjunctive therapies to physiotherapy modalities and rehabilitative exercises;
  - (b) Deny coverage for the treatment of any visceral condition arising from problems or

dysfunctions of the abdominal or thoracic organs; or

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- (c) Impose reasonable deductibles, copayments, coinsurance, fee limits, practice parameters and utilization review to the extent that they are applied to the same services when provided by other health care physicians.
- (2) Nothing in this section is intended to limit the provision or coverage of health care services that are within the lawful scope of practice of licensed chiropractic physicians who are employees or staff in hospital facilities.

SECTION 6. Sections 1 to 6 of this 2007 Act do not apply to:

- (1) Medical services, dental care services or vision care services provided by state medical assistance programs, student health insurance programs, services provided under ORS chapter 656 or services provided to persons confined in jails, juvenile facilities or correctional institutions; or
- (2) Managed care plans offered by managed care entities and health insurance and casualty insurance policies provided as employee benefits to public employees in Oregon.

SECTION 7. The Director of the Department of Consumer and Business Services shall adopt rules necessary to implement and administer sections 1 to 6 of this 2007 Act. The director shall establish an advisory committee to assist the director in the development of the rules.

SECTION 8. Sections 1 to 6 of this 2007 Act apply to managed care plans and health or casualty insurance policies issued or renewed on or after the effective date of this 2007 Act.