Senate Bill 651

Sponsored by Senator FERRIOLI; Senators ATKINSON, BATES, BEYER, BROWN, BURDICK, G GEORGE, L GEORGE, GORDLY, METSGER, MORRISETTE, MORSE, STARR, WESTLUND, WHITSETT, Representatives JENSON, KRIEGER (at the request of Gene Derfler)

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.**

Requires health benefit plan to make check for payment for health care services payable jointly to provider of health care services and enrollee if provider has not contracted with enrollee's health benefit plan to provide health care services. Requires payment only to enrollee if enrollee provides evidence of prepayment to noncontracting provider of health care services.

A BILL FOR AN ACT

- 2 Relating to payment for health care services.
 - Be It Enacted by the People of the State of Oregon:
 - SECTION 1. (1) A health benefit plan, as defined in ORS 743.730, shall issue checks in payment for claims for health care services provided to an enrollee in the plan by a provider who has not contracted with the enrollee's plan to provide health care services. The issued check shall be made payable jointly to the noncontracting provider and the enrollee, with the noncontracting provider as the first named payee, and shall require endorsement by both the noncontracting provider and the enrollee.
 - (2) If, as part of the enrollee's claim, the enrollee provides evidence of prepayment to the noncontracting provider of health care services, a check described in subsection (1) of this section shall be made payable only to the enrollee.
 - (3) Nothing in this section shall preclude a health benefit plan from voluntarily making a check described in subsection (1) of this section payable only to the noncontracting provider of health care services.

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