

B-Engrossed House Bill 3616

Ordered by the Senate February 21
Including Senate Amendments dated February 19 and February 21

Sponsored by COMMITTEE ON ELECTIONS, ETHICS AND RULES (at the request of House Interim Committee on Human Services and Women's Wellness)

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.

Requires health benefit plan to provide coverage for services rendered by professional counselors or marriage and family therapists acting within their scope of practice if plan covers services provided by certain other professionals.

Adds services offered by professional counselors or marriage and family therapists to definition of "outpatient service" for purposes of statutes governing certain treatment programs and facilities.

Increases maximum amount of civil penalties that may be imposed by Oregon Board of Licensed Professional Counselors and Therapists.

[Prohibits use of certain professional titles by persons not licensed by board. Provides exceptions.]

A BILL FOR AN ACT

1
2 Relating to persons subject to regulation by Oregon Board of Licensed Professional Counselors and
3 Therapists; creating new provisions; and amending ORS 430.010, 675.745, 675.825, 743A.168 and
4 750.333.

5 **Be It Enacted by the People of the State of Oregon:**

6 **SECTION 1. Section 2 of this 2008 Act is added to and made a part of ORS chapter 743.**

7 **SECTION 2. (1) If a health benefit plan, as defined in ORS 743.730, provides for coverage**
8 **for services performed by a clinical social worker or nurse practitioner, the plan also shall**
9 **cover services provided by a professional counselor or marriage and family therapist licensed**
10 **under ORS 675.715 to 675.835 when the counselor or therapist is acting within the counselor's**
11 **or therapist's lawful scope of practice.**

12 **(2) The payment to a professional counselor or marriage and family therapist by a health**
13 **benefit plan under subsection (1) of this section shall be in accordance with the benefits**
14 **provided in the plan and subject to the provisions of ORS 743A.168.**

15 **(3) The provisions of ORS 743A.001 do not apply to this section.**

16 **SECTION 3. ORS 430.010 is amended to read:**

17 430.010. As used in ORS 430.010 to 430.050, 430.140 to 430.170, 430.265, 430.270 and 430.610 to
18 430.695:

19 (1) "Department" means the Department of Human Services.

20 (2) "Health facility" means a facility licensed as required by ORS 441.015 or a facility accredited
21 by the Joint Commission on Accreditation of Hospitals, either of which provides full-day or part-day
22 acute treatment for alcoholism, drug addiction or mental or emotional disturbance, and is licensed
23 to admit persons requiring 24-hour nursing care.

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted.
New sections are in **boldfaced** type.

1 (3) "Residential facility" or "day or partial hospitalization program" means a program or facility
2 providing an organized full-day or part-day program of treatment. Such a program or facility shall
3 be licensed, approved, established, maintained, contracted with or operated by the department under:

4 (a) ORS 430.265 to 430.380 and 430.610 to 430.880 for alcoholism;

5 (b) ORS 430.265 to 430.380, 430.405 to 430.565 and 430.610 to 430.880 for drug addiction; or

6 (c) ORS 430.610 to 430.880 for mental or emotional disturbances.

7 (4) "Outpatient service" means:

8 (a) A program or service providing treatment by appointment and by medical or osteopathic
9 physicians licensed by the Oregon Medical Board under ORS 677.010 to 677.450; psychologists li-
10 censed by the State Board of Psychologist Examiners under ORS 675.010 to 675.150; nurse practi-
11 tioners registered by the Oregon State Board of Nursing under ORS 678.010 to 678.410; [or] clinical
12 social workers licensed by the State Board of Clinical Social Workers under ORS 675.510 to 675.600;
13 or **professional counselors or marriage and family therapists licensed by the Oregon Board**
14 **of Licensed Professional Counselors and Therapists under ORS 675.715 to 675.835; or**

15 (b) A program or service providing treatment by appointment that is licensed, approved, estab-
16 lished, maintained, contracted with or operated by the department under:

17 (A) ORS 430.265 to 430.380 and 430.610 to 430.880 for alcoholism;

18 (B) ORS 430.265 to 430.380, 430.405 to 430.565 and 430.610 to 430.880 for drug addiction; or

19 (C) ORS 430.610 to 430.880 for mental or emotional disturbances.

20 **SECTION 4.** ORS 675.745 is amended to read:

21 675.745. (1) The Oregon Board of Licensed Professional Counselors and Therapists may deny,
22 suspend, revoke or refuse to issue or to renew any license issued under ORS 675.715 to 675.835 upon
23 proof that the applicant for licensure or the licensee:

24 (a) Has been convicted of violating ORS 675.825 or of a crime in this or any other state or ter-
25 ritory or against the federal government that brings into question the competence of the licensee
26 in the role of a counselor or a therapist;

27 (b) Is unable to perform the practice of professional counseling or marriage and family therapy
28 by reason of mental illness, physical illness, drug addiction or alcohol abuse;

29 (c) Has been grossly negligent in the practice of professional counseling or marriage and family
30 therapy;

31 (d) Has violated one or more of the rules of the board pertaining to the licensure of professional
32 counselors or licensed marriage and family therapists;

33 (e) Has failed to file a professional disclosure statement or has filed a false, incomplete or mis-
34 leading professional disclosure statement;

35 (f) Has practiced outside the scope of activities, including administering, constructing or inter-
36 preting tests, for which the licensee has individual training and qualification; or

37 (g) Has been disciplined by a state mental health licensing board or program in this or any other
38 state for violation of competency or conduct standards.

39 (2)(a) The board may reprimand or impose probation on a licensee or an intern registered under
40 ORS 675.720 upon proof of any of the grounds for discipline provided in subsection (1) of this section.

41 (b) If the board elects to place a licensee or a registered intern on probation, the board may
42 impose:

43 (A) Restrictions on the scope of practice of the licensee or intern;

44 (B) Requirements for specific training;

45 (C) Supervision of the practice of the licensee or intern; or

1 (D) Other conditions the board finds necessary for the protection of the public.

2 (3) The board may initiate action against persons violating any provision of ORS 675.715 to
3 675.835 or any rules adopted by the board.

4 (4) Pursuant to ORS 183.745, the board may impose a civil penalty of not more than [~~\$1,000~~
5 **\$2,500**] for each violation of subsection (1) or (2) of this section.

6 (5) Information that the board obtains as part of an investigation into licensee or applicant
7 conduct or as part of a contested case proceeding, consent order or stipulated agreement involving
8 licensee or applicant conduct is confidential as provided under ORS 676.175.

9 (6) In addition to the actions authorized by subsections (1) and (2) of this section, the board may
10 take such disciplinary action as the board in its discretion finds proper, including but not limited
11 to the assessment of the costs of the disciplinary process.

12 **SECTION 5.** ORS 675.825 is amended to read:

13 675.825. (1) [~~No~~] **A** person [~~shall~~] **may not**:

14 (a) Attempt to obtain or obtain a license or renewal thereof by bribery or fraudulent represen-
15 tation.

16 (b) Purport to the public to be engaged in the practice of professional counseling under the title
17 "licensed professional counselor" unless the person possesses a valid license to practice professional
18 counseling as provided in ORS 675.715 to 675.835.

19 (c) Purport to the public to be engaged in the practice of marriage and family therapy under the
20 title of "licensed marriage and family therapist" unless the person possesses a valid license to
21 practice marriage and family therapy as provided in ORS 675.715 to 675.835.

22 (2) Nothing in ORS 675.715 to 675.835 is intended to limit or prevent the practice of an indi-
23 vidual's profession or to restrict a person from providing counseling services or marriage and family
24 therapy if the person or individual does not represent to the public by title that the person or in-
25 dividual is a licensed professional counselor or licensed marriage and family therapist. The prohi-
26 bition on the use of the title marriage and family therapist does not apply to a registered or licensed
27 clinical social worker or licensed psychologist whose registration or license was issued prior to
28 October 1, 1991.

29 (3) Each violation of this section is a separate violation.

30 (4) The Oregon Board of Licensed Professional Counselors and Therapists may levy a civil
31 penalty not to exceed [~~\$1,000~~] **\$2,500** for each separate violation.

32 **SECTION 6.** ORS 743A.168 is amended to read:

33 743A.168. A group health insurance policy providing coverage for hospital or medical expenses
34 shall provide coverage for expenses arising from treatment for chemical dependency, including
35 alcoholism, and for mental or nervous conditions at the same level as, and subject to limitations no
36 more restrictive than, those imposed on coverage or reimbursement of expenses arising from treat-
37 ment for other medical conditions. The following apply to coverage for chemical dependency and for
38 mental or nervous conditions:

39 (1) As used in this section:

40 (a) "Chemical dependency" means the addictive relationship with any drug or alcohol charac-
41 terized by a physical or psychological relationship, or both, that interferes on a recurring basis with
42 the individual's social, psychological or physical adjustment to common problems. For purposes of
43 this section, "chemical dependency" does not include addiction to, or dependency on, tobacco, to-
44 bacco products or foods.

45 (b) "Facility" means a corporate or governmental entity or other provider of services for the

1 treatment of chemical dependency or for the treatment of mental or nervous conditions.

2 (c) "Group health insurer" means an insurer, a health maintenance organization or a health care
3 service contractor.

4 (d) "Program" means a particular type or level of service that is organizationally distinct within
5 a facility.

6 (e) "Provider" means a person that has met the credentialing requirement of a group health
7 insurer, is otherwise eligible to receive reimbursement for coverage under the policy and is:

8 (A) A health care facility;

9 (B) A residential program or facility;

10 (C) A day or partial hospitalization program;

11 (D) An outpatient service; or

12 (E) An individual behavioral health or medical professional authorized for reimbursement under
13 Oregon law.

14 (2) The coverage may be made subject to provisions of the policy that apply to other benefits
15 under the policy, including but not limited to provisions relating to deductibles and coinsurance.
16 Deductibles and coinsurance for treatment in health care facilities or residential programs or facil-
17 ities may not be greater than those under the policy for expenses of hospitalization in the treatment
18 of other medical conditions. Deductibles and coinsurance for outpatient treatment may not be
19 greater than those under the policy for expenses of outpatient treatment of other medical conditions.

20 (3) The coverage may not be made subject to treatment limitations, limits on total payments for
21 treatment, limits on duration of treatment or financial requirements unless similar limitations or
22 requirements are imposed on coverage of other medical conditions. The coverage of eligible expenses
23 may be limited to treatment that is medically necessary as determined under the policy for other
24 medical conditions.

25 (4)(a) Nothing in this section requires coverage for:

26 (A) Educational or correctional services or sheltered living provided by a school or halfway
27 house;

28 (B) A long-term residential mental health program that lasts longer than 45 days;

29 (C) Psychoanalysis or psychotherapy received as part of an educational or training program,
30 regardless of diagnosis or symptoms that may be present;

31 (D) A court-ordered sex offender treatment program; or

32 (E) A screening interview or treatment program under ORS 813.021.

33 (b) Notwithstanding paragraph (a)(A) of this subsection, an insured may receive covered outpa-
34 tient services under the terms of the insured's policy while the insured is living temporarily in a
35 sheltered living situation.

36 (5) A provider is eligible for reimbursement under this section if:

37 (a) The provider is approved by the Department of Human Services;

38 (b) The provider is accredited for the particular level of care for which reimbursement is being
39 requested by the Joint Commission on Accreditation of Hospitals or the Commission on Accredi-
40 tation of Rehabilitation Facilities;

41 (c) The patient is staying overnight at the facility and is involved in a structured program at
42 least eight hours per day, five days per week; or

43 (d) The provider is providing a covered benefit under the policy.

44 (6) Payments may not be made under this section for support groups.

45 (7) If specified in the policy, outpatient coverage may include follow-up in-home service or out-

1 patient services. The policy may limit coverage for in-home service to persons who are homebound
2 under the care of a physician.

3 (8) Nothing in this section prohibits a group health insurer from managing the provision of
4 benefits through common methods, including but not limited to selectively contracted panels, health
5 plan benefit differential designs, preadmission screening, prior authorization of services, utilization
6 review or other mechanisms designed to limit eligible expenses to those described in subsection (3)
7 of this section.

8 (9) The Legislative Assembly has found that health care cost containment is necessary and in-
9 tends to encourage insurance policies designed to achieve cost containment by ensuring that re-
10 imbursement is limited to appropriate utilization under criteria incorporated into such policies,
11 either directly or by reference.

12 (10)(a) Subject to the patient or client confidentiality provisions of ORS 40.235 relating to phy-
13 sicians, ORS 40.240 relating to nurse practitioners, ORS 40.230 relating to psychologists, [and] ORS
14 40.250 and 675.580 relating to licensed clinical social workers[,] **and ORS 40.262 relating to li-**
15 **icensed professional counselors and licensed marriage and family therapists**, a group health
16 insurer may provide for review for level of treatment of admissions and continued stays for treat-
17 ment in health care facilities, residential programs or facilities, day or partial hospitalization pro-
18 grams and outpatient services by either group health insurer staff or personnel under contract to
19 the group health insurer, or by a utilization review contractor, who shall have the authority to
20 certify for or deny level of payment.

21 (b) Review shall be made according to criteria made available to providers in advance upon re-
22 quest.

23 (c) Review shall be performed by or under the direction of a medical or osteopathic physician
24 licensed by the Oregon Medical Board, a psychologist licensed by the State Board of Psychologist
25 Examiners, [or] a clinical social worker licensed by the State Board of Clinical Social Workers[,]
26 **or a professional counselor or marriage and family therapist licensed by the Oregon Board**
27 **of Licensed Professional Counselors and Therapists**, in accordance with standards of the Na-
28 tional Committee for Quality Assurance or Medicare review standards of the Centers for Medicare
29 and Medicaid Services.

30 (d) Review may involve prior approval, concurrent review of the continuation of treatment,
31 post-treatment review or any combination of these. However, if prior approval is required, provision
32 shall be made to allow for payment of urgent or emergency admissions, subject to subsequent re-
33 view. If prior approval is not required, group health insurers shall permit providers, policyholders
34 or persons acting on their behalf to make advance inquiries regarding the appropriateness of a
35 particular admission to a treatment program. Group health insurers shall provide a timely response
36 to such inquiries. Noncontracting providers must cooperate with these procedures to the same ex-
37 tent as contracting providers to be eligible for reimbursement.

38 (11) Health maintenance organizations may limit the receipt of covered services by enrollees to
39 services provided by or upon referral by providers contracting with the health maintenance organ-
40 ization. Health maintenance organizations and health care service contractors may create substan-
41 tive plan benefit and reimbursement differentials at the same level as, and subject to limitations no
42 more restrictive than, those imposed on coverage or reimbursement of expenses arising out of other
43 medical conditions and apply them to contracting and noncontracting providers.

44 (12) Nothing in this section prevents a group health insurer from contracting with providers of
45 health care services to furnish services to policyholders or certificate holders according to ORS

1 743.531 or 750.005, subject to the following conditions:

2 (a) A group health insurer is not required to contract with all eligible providers.

3 (b) An insurer or health care service contractor shall, subject to subsections (2) and (3) of this
4 section, pay benefits toward the covered charges of noncontracting providers of services for the
5 treatment of chemical dependency or mental or nervous conditions. The insured shall, subject to
6 subsections (2) and (3) of this section, have the right to use the services of a noncontracting provider
7 of services for the treatment of chemical dependency or mental or nervous conditions, whether or
8 not the services for chemical dependency or mental or nervous conditions are provided by con-
9 tracting or noncontracting providers.

10 (13) The intent of the Legislative Assembly in adopting this section is to reserve benefits for
11 different types of care to encourage cost effective care and to ensure continuing access to levels
12 of care most appropriate for the insured's condition and progress.

13 (14) The Director of the Department of Consumer and Business Services, after notice and hear-
14 ing, may adopt reasonable rules not inconsistent with this section that are considered necessary for
15 the proper administration of these provisions.

16 **SECTION 7.** ORS 750.333 is amended to read:

17 750.333. (1) The following provisions of the Insurance Code apply to trusts carrying out a mul-
18 tiple employer welfare arrangement:

19 (a) ORS 731.004 to 731.150, 731.162, 731.216 to 731.268, 731.296 to 731.316, 731.324, 731.328,
20 731.378, 731.386, 731.390, 731.398, 731.406, 731.410, 731.414, 731.418 to 731.434, 731.454, 731.484,
21 731.486, 731.488, 731.512, 731.574 to 731.620, 731.640 to 731.652[,] **and** 731.804 to 731.992.

22 (b) ORS 733.010 to 733.050, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

23 (c) ORS chapter 734.

24 (d) ORS 742.001 to 742.009, 742.013, 742.061 and 742.400.

25 (e) ORS 743.028, 743.053, 743.524, 743.526, 743.527, 743.528, 743.529, 743.530, 743.560, 743.562,
26 743.600, 743.601, 743.602, 743.610, 743.730 to 743.773 (except 743.760 to 743.773), 743.801, 743.804,
27 743.807, 743.808, 743.814 to 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858,
28 743.859, 743.861, 743.862, 743.863, 743.864, 743A.012, 743A.064, 743A.080, 743A.100, 743A.104, 743A.110
29 and 743A.184.

30 (f) ORS 743A.010, 743A.014, 743A.024, 743A.028, 743A.032, 743A.036, 743A.040, 743A.044,
31 743A.048, 743A.066, 743A.068, 743A.084, 743A.088, 743A.090, 743A.140, 743A.148, 743A.168, 743A.180,
32 743A.188 and 743A.190 **and section 2 of this 2008 Act.** Multiple employer welfare arrangements
33 to which ORS 743.730 to 743.773 apply are subject to the sections referred to in this paragraph only
34 as provided in ORS 743.730 to 743.773.

35 (g) Provisions of ORS chapter 744 relating to the regulation of insurance producers and insur-
36 ance consultants, and ORS 744.700 to 744.740.

37 (h) ORS 746.005 to 746.140, 746.160 and 746.220 to 746.370.

38 (i) ORS 731.592 and 731.594.

39 (2) For the purposes of this section:

40 (a) A trust carrying out a multiple employer welfare arrangement shall be considered an insurer.

41 (b) References to certificates of authority shall be considered references to certificates of mul-
42 tiple employer welfare arrangement.

43 (c) Contributions shall be considered premiums.

44 (3) The provision of health benefits under ORS 750.301 to 750.341 shall be considered to be the
45 transaction of health insurance.

1 **SECTION 8.** ORS 750.333, as amended by section 4, chapter 263, Oregon Laws 2003, section 11,
2 chapter 182, Oregon Laws 2007, section 8, chapter 313, Oregon Laws 2007, section 6, chapter 504,
3 Oregon Laws 2007, section 6, chapter 566, Oregon Laws 2007, and section 6, chapter 872, Oregon
4 Laws 2007, is amended to read:

5 750.333. (1) The following provisions of the Insurance Code apply to trusts carrying out a mul-
6 tiple employer welfare arrangement:

7 (a) ORS 731.004 to 731.150, 731.162, 731.216 to 731.268, 731.296 to 731.316, 731.324, 731.328,
8 731.378, 731.386, 731.390, 731.398, 731.406, 731.410, 731.414, 731.418 to 731.434, 731.454, 731.484,
9 731.486, 731.488, 731.512, 731.574 to 731.620, 731.640 to 731.652[,] **and** 731.804 to 731.992.

10 (b) ORS 733.010 to 733.050, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

11 (c) ORS chapter 734.

12 (d) ORS 742.001 to 742.009, 742.013, 742.061 and 742.400.

13 (e) ORS 743.028, 743.053, 743.524, 743.526, 743.527, 743.528, 743.529, 743.530, 743.560, 743.562,
14 743.600, 743.601, 743.602, 743.610, 743.730 to 743.773 (except 743.760 to 743.773), 743.801, 743.804,
15 743.807, 743.808, 743.814 to 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858,
16 743.859, 743.861, 743.862, 743.863, 743.864, 743A.012, 743A.064, 743A.080, 743A.100, 743A.104, 743A.110
17 and 743A.184.

18 (f) ORS 743A.010, 743A.014, 743A.024, 743A.028, 743A.032, 743A.036, 743A.040, 743A.044,
19 743A.048, 743A.066, 743A.068, 743A.084, 743A.088, 743A.090, 743A.140, 743A.148, 743A.168, 743A.180
20 and 743A.190 **and section 2 of this 2008 Act.** Multiple employer welfare arrangements to which
21 ORS 743.730 to 743.773 apply are subject to the sections referred to in this paragraph only as pro-
22 vided in ORS 743.730 to 743.773.

23 (g) Provisions of ORS chapter 744 relating to the regulation of insurance producers and insur-
24 ance consultants, and ORS 744.700 to 744.740.

25 (h) ORS 746.005 to 746.140, 746.160 and 746.220 to 746.370.

26 (i) ORS 731.592 and 731.594.

27 (2) For the purposes of this section:

28 (a) A trust carrying out a multiple employer welfare arrangement shall be considered an insurer.

29 (b) References to certificates of authority shall be considered references to certificates of mul-
30 tiple employer welfare arrangement.

31 (c) Contributions shall be considered premiums.

32 (3) The provision of health benefits under ORS 750.301 to 750.341 shall be considered to be the
33 transaction of health insurance.

34 **SECTION 9.** ORS 750.333, as amended by section 8, chapter 137, Oregon Laws 2003, section 4,
35 chapter 263, Oregon Laws 2003, section 3, chapter 446, Oregon Laws 2003, section 6, chapter 418,
36 Oregon Laws 2005, section 12, chapter 182, Oregon Laws 2007, section 9, chapter 313, Oregon Laws
37 2007, section 7, chapter 504, Oregon Laws 2007, section 7, chapter 566, Oregon Laws 2007, and sec-
38 tion 7, chapter 872, Oregon Laws 2007, is amended to read:

39 750.333. (1) The following provisions of the Insurance Code apply to trusts carrying out a mul-
40 tiple employer welfare arrangement:

41 (a) ORS 731.004 to 731.150, 731.162, 731.216 to 731.268, 731.296 to 731.316, 731.324, 731.328,
42 731.378, 731.386, 731.390, 731.398, 731.406, 731.410, 731.414, 731.418 to 731.434, 731.454, 731.484,
43 731.486, 731.488, 731.512, 731.574 to 731.620, 731.640 to 731.652[,] **and** 731.804 to 731.992.

44 (b) ORS 733.010 to 733.050, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

45 (c) ORS chapter 734.

- 1 (d) ORS 742.001 to 742.009, 742.013, 742.061 and 742.400.
- 2 (e) ORS 743.028, 743.053, 743.524, 743.526, 743.527, 743.528, 743.529, 743.530, 743.560, 743.562,
- 3 743.600, 743.601, 743.602, 743.610, 743.730 to 743.773 (except 743.760 to 743.773), 743.801, 743.804,
- 4 743.807, 743.808, 743.814 to 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858,
- 5 743.859, 743.861, 743.862, 743.863, 743.864, 743A.012, 743A.064, 743A.080, 743A.100, 743A.104, 743A.110
- 6 and 743A.184.
- 7 (f) ORS 743A.010, 743A.014, 743A.024, 743A.028, 743A.032, 743A.036, 743A.040, 743A.048,
- 8 743A.066, 743A.068, 743A.084, 743A.088, 743A.090, 743A.140, 743A.148, 743A.168, 743A.180 and
- 9 743A.190 **and section 2 of this 2008 Act**. Multiple employer welfare arrangements to which ORS
- 10 743.730 to 743.773 apply are subject to the sections referred to in this paragraph only as provided
- 11 in ORS 743.730 to 743.773.
- 12 (g) Provisions of ORS chapter 744 relating to the regulation of insurance producers and insur-
- 13 ance consultants, and ORS 744.700 to 744.740.
- 14 (h) ORS 746.005 to 746.140, 746.160 and 746.220 to 746.370.
- 15 (i) ORS 731.592 and 731.594.
- 16 (2) For the purposes of this section:
- 17 (a) A trust carrying out a multiple employer welfare arrangement shall be considered an insurer.
- 18 (b) References to certificates of authority shall be considered references to certificates of mul-
- 19 tiple employer welfare arrangement.
- 20 (c) Contributions shall be considered premiums.
- 21 (3) The provision of health benefits under ORS 750.301 to 750.341 shall be considered to be the
- 22 transaction of health insurance.
- 23 **SECTION 10. Section 2 of this 2008 Act and the amendments to ORS 430.010, 743A.168 and**
- 24 **750.333 by sections 3 and 6 to 9 of this 2008 Act apply to health benefit plan policies issued**
- 25 **or renewed on or after the effective date of this 2008 Act.**
- 26