House Bill 2007

Sponsored by COMMITTEE ON HEALTH CARE

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 annual reporting by health care facilities and health insurers of savings realized from health care reform. Requires facilities and insurers to rebate savings to purchasers of health services and health insurance. Authorizes exemptions from requirements.

Sunsets after three consecutive years in which 95 percent of Oregon residents have access to essential health services or insurance coverage of essential health services.

A BILL FOR AN ACT

- 2 Relating to rebates for consumers of savings from health care reform.
- 3 Be It Enacted by the People of the State of Oregon:
 - **SECTION 1.** (1) As used in this section:
- (a) "Bad debt" means the difference between a health care facility's billed charge multiplied by the facility's cost-to-charge ratio, and any payment received by the facility on the billed charge.
 - (b) "Base year" means the calendar year for which the Department of Human Services makes the calculation described in subsection (3) of this section.
 - (c) "Charity care" means charity care costs, as defined by the department by rule, expressed as a percentage of net patient revenue.
 - (d) "Health care facility" means:
- 13 (A) A hospital;

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- 14 (B) An ambulatory surgical center; or
 - (C) A freestanding diagnostic facility.
 - (e) "Health care reform" means the implementation of any change in state policy that increases the number of Oregon residents who have access to essential health services, or access to health insurance coverage of essential health services, above the number who have access to health services or access to health insurance coverage on the effective date of this 2009 Act.
 - (f) "Net income" means operating revenue minus operating expenses.
 - (2) A health care facility licensed in this state shall report annually to the Office for Oregon Health Policy and Research, in the form and manner prescribed by the office, all of the following information:
- 25 (a) Total costs.
- 26 **(b) Billed charges.**
- 27 (c) Contractual discounts.
- 28 (d) Cost of health services provided without charge.
- 29 **(e) Bad debt.**
- 30 (3) The Department of Human Services shall adopt by rule a methodology for calculating

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.

annually, for each health care facility, the change in the facility's net income that is associated with health care reform. The methodology must, at a minimum, take into consideration the following factors:

- (a) Changes in revenue and changes in marginal expenses associated with increases in the number of patients.
 - (b) Changes in the percentage of patients for whom a payment is made on a billed charge.
 - (c) Changes in reimbursement rates in the state medical assistance program.
- (4)(a) Except as provided in paragraph (b) of this subsection, the department shall adopt rules prescribing the manner in which each health care facility shall rebate annually to purchasers of health care facility services any increase in net income calculated in accordance with subsection (3) of this section.
- (b) The department may reduce the amount of the rebate required under this section for any health care facility:
- (A) If the facility's charity care exceeds the statewide average for 2009 and for the base year; and
- (B) If the base year operating margin of the health care facility and its parent system, if any, is less than two percent.
- (5) The department may adopt reporting requirements for health care facilities to enable the department to carry out its duties under this section.
- (6) The department may conduct audits or contract with an entity to conduct audits to ensure health care facility compliance with the requirements of this section.
- SECTION 2. Section 3 of this 2009 Act is added to and made a part of the Insurance Code. SECTION 3. (1) Except as provided in subsection (3) of this section, an insurer licensed in this state to transact health insurance shall annually rebate to the purchasers of health insurance increases in profits due to health care reform, as defined in section 1 of this 2009 Act, including:
 - (a) Any rebates received from health care facilities under section 1 of this 2009 Act; and
- (b) The savings accruing to the insurer from the spreading of administrative expenses across a larger number of insureds.
- (2) An insurer must submit the insurer's proposed plan for complying with subsection (1) of this section to the Department of Consumer and Business Services for approval. The department shall make the plan available for public inspection. The department may conduct hearings with respect to the approval or disapproval of a plan.
- (3) An insurer may be exempted by the department from the requirements of subsections (1) and (2) of this section if the insurer agrees not to increase premiums in the current year and to limit its nonmedical costs to seven percent of the premium amount.
- (4) The department may adopt reporting requirements for insurers to enable the department to carry out its duties under this section.
- (5) The department may conduct audits or contract with an entity to conduct audits to ensure compliance with the requirements of this section.
- SECTION 4. (1) The Department of Human Services and the Department of Consumer and Business Services shall report to each Legislative Assembly on the savings to consumers from health care reform, as defined in section 1 of this 2009 Act, and shall make recommendations for legislative action to ensure that the prices of health care services and the premiums for health insurance continue to reflect the savings from health care reform.

(2) The Office for Oregon Health Policy and Research shall determine and publish ar	ınu
ally the percentage of Oregon residents who had access to essential health services or acc	cess
to health insurance coverage of essential health services for the preceding calendar year	r.
SECTION 5. The Office for Oregon Health Policy and Research shall report the perc	ent
age determined under section 4 of this 2009 Act to the Legislative Counsel	

<u>SECTION 6.</u> Sections 1 to 4 of this 2009 Act are repealed on June 30 of the third consecutive year in which the Office for Oregon Health Policy and Research reports a percentage of 95 percent or more under section 4 of this 2009 Act.

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