

# House Bill 2181

Sponsored by Representative BOONE (Pre-session filed.)

## 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 insurer offering health insurance to have adequate network of trauma system hospitals in insurer's network of providers. Requires insurer to reimburse for services provided by out-of-network trauma system hospital at specified rate. Provides that health care providers must accept reimbursement as payment in full and may not bill insured for balance. Specifies that a provider that institutes suit to collect balance must pay reasonable costs and attorney fees incurred by patient to defend action.

## A BILL FOR AN ACT

Relating to payment for trauma system hospital services.

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

**SECTION 1. Section 2 of this 2013 Act is added to and made a part of the Insurance Code.**

**SECTION 2. (1) As used in this section:**

**(a) "Emergency medical condition" has the meaning given that term in ORS 743A.012.**

**(b) "Trauma system hospital" means a hospital designated by the Oregon Health Authority as a trauma system hospital under ORS 431.609.**

**(2) Any insurer that offers a policy or certificate of health insurance that covers inpatient hospital services for a resident of this state must contract with a sufficient number of trauma system hospitals, with sufficient geographic distribution, to ensure that, to the greatest extent practicable, each insured has access to an in-network trauma system hospital that is located within a reasonable travel distance from where the insured resides.**

**(3) If it is medically necessary for an insured to be admitted to a trauma system hospital to be stabilized for an emergency medical condition and the hospital or a health care provider serving the insured at the hospital is not in the insurer's provider network, the insurer must reimburse the hospital and the health care provider by paying, at a minimum, the maximum allowable charge that the insurer pays for each service if provided in an in-network hospital or by an in-network provider.**

**SECTION 3. (1) A hospital and any other provider that is reimbursed by an insurer for services provided at a trauma system hospital under section 2 (3) of this 2013 Act must accept the insurer's payment as payment in full and may not bill the insured for the difference between the hospital's usual and customary charge and the amount paid by the insurer in accordance with section 2 (3) of this 2013 Act.**

**(2) If a hospital or other provider or an assignee of a provider institutes an action to recover an amount billed in violation of subsection (1) of this section, the action shall be dismissed and the court shall award the defendant reasonable costs and attorney fees incurred in defending the action.**

**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.