

Senate Bill 165

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with pre-session filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Senate Interim Committee on Health Care, Human Services and Rural Health Policy for Oregon Diabetes Educators, MS Society of Oregon, Hemophilia Foundation of Oregon, Molly's Fund Fighting Lupus, Cascade AIDS Project)

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**.

Adds definitions for "cost-sharing" and "essential health benefits" to Insurance Code. Limits cost-sharing amounts that may be required under health benefit plans. Applies to policies and certificates issued or renewed on or after January 1, 2014.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1 Relating to cost-sharing required by health benefit plan; and declaring an emergency.

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

3 **SECTION 1. Sections 2, 3 and 4 of this 2013 Act are added to and made a part of the In-**
4 **urance Code.**

5 **SECTION 2. (1) "Cost-sharing" includes:**

6 **(a) Deductibles, coinsurance, copayments or similar charges; and**

7 **(b) Any other expenditure required of an insured with respect to health services covered**
8 **under a policy or certificate of health insurance.**

9 **(2) "Cost-sharing" does not include premiums, balance billing amounts for non-network**
10 **providers or costs of services not covered by the health insurance policy or certificate.**

11 **SECTION 3. "Essential health benefits" are the items and services prescribed by the**
12 **Department of Consumer and Business Services by rule in collaboration with the Oregon**
13 **Health Policy Board and in accordance with federal law, including but not limited to all of**
14 **the following:**

15 **(1) Ambulatory patient services.**

16 **(2) Emergency services.**

17 **(3) Hospitalization.**

18 **(4) Maternity and newborn care.**

19 **(5) Mental health and substance use disorder services, including behavioral health treat-**
20 **ment.**

21 **(6) Prescription drugs.**

22 **(7) Rehabilitative and habilitative services and devices.**

23 **(8) Laboratory services.**

24 **(9) Preventive and wellness services and chronic disease management.**

25 **(10) Pediatric services, including oral and vision care.**

26 **(11) Other items and services prescribed by the department, as required or permitted by**
27 **federal law.**
28

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 **SECTION 4.** (1) As used in this section, “health benefit plan” has the meaning given that
2 term in ORS 743.730.

3 (2) A health benefit plan offered to a resident of this state may not impose annual cost-
4 sharing:

5 (a) That exceeds amounts specified in 42 U.S.C. 18022 with respect to essential health
6 benefits.

7 (b) For all health services covered by the plan, amounts that exceed:

8 (A) \$5,950 for an individual; or

9 (B) \$11,950 for a family.

10 **SECTION 5.** Section 4 of this 2013 applies to policies and certificates issued or renewed
11 on or after January 1, 2014.

12 **SECTION 6.** This 2013 Act being necessary for the immediate preservation of the public
13 peace, health and safety, an emergency is declared to exist, and this 2013 Act takes effect
14 on its passage.
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