

A-Engrossed
Senate Bill 457

Ordered by the Senate April 22
Including Senate Amendments dated April 22

Sponsored by Senator BATES

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 Oregon Health Authority to report to Seventy-eighth Legislative Assembly on changes necessary to implement federal health care law.]

[Declares emergency, effective on passage.]

Prohibits insurer from denying coverage under health benefit plan for covered services provided to person in custody of county sheriff. Requires insurer to reimburse county sheriff for covered services at no less than out-of-network provider rate.

For medical services provided to person in custody of local correctional facility, limits charges to keeper of facility to amount no greater than Medicare rate as reimbursement for services.

A BILL FOR AN ACT

Relating to health care; creating new provisions; and amending ORS 169.166.

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, "health benefit plan" has the meaning given that term in ORS 743.730.

(2) An insurer offering a health benefit plan may not deny reimbursement for any service or supply covered by the plan or cancel the coverage of an insured under the plan on the basis that:

(a) The insured is in the custody of a county sheriff's office;

(b) The insured receives publicly funded medical care while in the custody of a county sheriff's office; or

(c) The care was provided to the insured by an employee of or contractor with a county sheriff's office.

(3) An insurer shall reimburse a county sheriff's office for the costs of covered services or supplies provided to an insured who is in the custody of the county sheriff's office in an amount that is no less than the amount paid under the insured's health benefit plan to other out-of-network providers for the same services or supplies.

SECTION 3. ORS 169.166 is amended to read:

169.166. Notwithstanding ORS 169.140 and 169.150 and except as otherwise provided in ORS 414.805 and 414.807:

(1) An individual who receives medical services not provided by the county or city while in the custody of a local correctional facility or juvenile detention facility is liable:

(a) To the provider of the medical services not provided by the county or city for the charges

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 and expenses therefor; and

2 (b) To the keeper of the local correctional facility for any charges or expenses paid by the
3 keeper of the facility for the medical services not provided by the county or city.

4 (2) A person providing medical services not provided by the county or city to an individual de-
5 scribed in subsection (1)(a) of this section shall first make reasonable efforts to collect the charges
6 and expenses thereof from the individual before seeking to collect them from the keeper of the local
7 correctional facility.

8 (3)(a) Except as otherwise provided in subsection (4) of this section, if the provider has not been
9 paid within 45 days of the date of the billing, the provider may bill the keeper of the local
10 correctional facility who shall pay the account in accordance with ORS 169.140 and 169.150. **If a
11 provider bills the keeper of a local correctional facility for a medical service provided to an
12 individual in the custody of the facility, the provider may not bill for an amount that exceeds
13 the amount that Medicare reimburses for the service.**

14 (b) A bill submitted to the keeper of a local correctional facility under this subsection must be
15 accompanied by evidence documenting that:

16 (A) The provider has billed the individual or the individual's insurer or health care service
17 contractor for the charges or expenses owed to the provider; and

18 (B) The provider has made a reasonable effort to collect from the individual or the individual's
19 insurer or health care service contractor the charges and expenses owed to the provider.

20 (c) If the provider receives payment from the individual or the insurer or health care service
21 contractor after receiving payment from the keeper of the facility, the provider shall repay the
22 keeper the amount received from the keeper less any difference between payment received from the
23 individual, insurer or contractor and the amount of the billing.

24 (4) Except as otherwise provided by ORS 30.260 to 30.300 and federal civil rights laws, upon
25 release of the individual from the actual physical custody of the local correctional facility, the
26 keeper of the local correctional facility is not liable for the payment of charges and expenses for
27 medical services provided to the individual.

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