## SENATE AMENDMENTS TO SENATE BILL 457

By COMMITTEE ON HEALTH CARE AND HUMAN SERVICES

## April 22

1	In line 2 of the printed bill, after the semicolon delete the rest of the line and insert "creating
2	new provisions; and amending ORS 169.166.".

Delete lines 4 through 11 and insert:

- "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 and expenses therefor; and
  - "(b) To the keeper of the local correctional facility for any charges or expenses paid by the keeper of the facility for the medical services not provided by the county or city.
  - "(2) A person providing medical services not provided by the county or city to an individual described in subsection (1)(a) of this section shall first make reasonable efforts to collect the charges and expenses thereof from the individual before seeking to collect them from the keeper of the local correctional facility.
- "(3)(a) Except as otherwise provided in subsection (4) of this section, if the provider has not been paid within 45 days of the date of the billing, the provider may bill the keeper of the local correctional facility who shall pay the account in accordance with ORS 169.140 and 169.150. If a

provider bills the keeper of a local correctional facility for a medical service provided to an individual in the custody of the facility, the provider may not bill for an amount that exceeds the amount that Medicare reimburses for the service.

- "(b) A bill submitted to the keeper of a local correctional facility under this subsection must be accompanied by evidence documenting that:
- "(A) The provider has billed the individual or the individual's insurer or health care service contractor for the charges or expenses owed to the provider; and
- "(B) The provider has made a reasonable effort to collect from the individual or the individual's insurer or health care service contractor the charges and expenses owed to the provider.
- "(c) If the provider receives payment from the individual or the insurer or health care service contractor after receiving payment from the keeper of the facility, the provider shall repay the keeper the amount received from the keeper less any difference between payment received from the individual, insurer or contractor and the amount of the billing.
- "(4) Except as otherwise provided by ORS 30.260 to 30.300 and federal civil rights laws, upon release of the individual from the actual physical custody of the local correctional facility, the keeper of the local correctional facility is not liable for the payment of charges and expenses for medical services provided to the individual.".

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