A-Engrossed House Bill 4110

Ordered by the House February 14 Including House Amendments dated February 14

Introduced and printed pursuant to House Rule 12.00. Presession filed (at the request of House Interim 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.

Prohibits insurer from denying reimbursement under health benefit plan for covered services provided to person in custody of county sheriff, **if person is in custody pending disposition of charges**. Requires insurer to reimburse county sheriff for covered services at no less than out-of-network provider rate.

A BILL FOR AN ACT

2 Relating to health care.

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- Be It Enacted by the People of the State of Oregon:
 - SECTION 1. Section 2 of this 2014 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) Except as provided in subsection (4) of this section, 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, if the insured is in custody pending the disposition of charges;
 - (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 or contractor of a county who is qualified to receive reimbursement under the health benefit plan.
 - (3) An insurer shall reimburse a county for the costs of covered services or supplies provided to an insured who is in the custody of the county sheriff's office, pending the disposition of charges, 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.
 - (4) An insurer offering a health benefit plan may:
 - (a) Deny coverage for the treatment of injuries resulting from a violation of law;
 - (b) Exclude from any requirements for reporting quality outcomes or performance, any covered services provided to an insured in the custody of a county sheriff's office;
 - (c) Impose utilization controls under the health benefit plan that apply to services provided to insureds who are not in custody by out-of-network providers, including a requirement for prior authorization;

- (d) Impose the requirements for billing and medical coding for covered services provided to an insured in the custody of a county sheriff's office that the insurer imposes on other providers; and
- (e) Deny coverage of diagnostic tests or health evaluations required, as a matter of course, for all individuals who are in the custody of the county sheriff's office pending the disposition of charges.
 - (5) This section does not:

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- (a) Impair any right of an employer to remove an employee from coverage under a health benefit plan;
- (b) Release carriers from the requirement to coordinate benefits for persons who are insured by more than one carrier; or
 - (c) Limit an insurer's right to rescind coverage in accordance with ORS 743.894.
- (6) A public body, as defined in ORS 174.109, may not pay health benefit plan premiums on behalf of a person who is in the custody of a county sheriff's office.
- <u>SECTION 3.</u> Section 2 of this 2014 Act applies to claims for reimbursement of health services that are provided on or after the effective date of this 2014 Act.

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