

C-Engrossed
House Bill 4110

Ordered by the House March 6
Including House Amendments dated February 14 and February 20 and
March 6

Introduced and printed pursuant to House Rule 12.00. Pre-session 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*] **local supervisory authority**, 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.*]

[*Requires Oregon Health Authority to convene temporary work group of interested persons to study private health insurance and self-insured health plan exclusions and other limitations on coverage of groups of individuals or health services.*]

[*Expands definition of "biosimilar product" for purpose of substitution by pharmacist of prescribed biological product for another biological product.*]

[*Declares emergency, effective on passage.*]

Specifies rates at which insurer must reimburse costs of health services provided to person in custody pending disposition of charges.

A BILL FOR AN ACT

1
2 Relating to health care.

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

4 **SECTION 1. Section 2 of this 2014 Act is added to and made a part of the Insurance Code.**

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

6 (a) "Health benefit plan" has the meaning given that term in ORS 743.730.

7 (b) "Supervisory authority" has the meaning given that term in ORS 144.087.

8 (2) Except as provided in subsection (4) of this section, an insurer offering a health ben-
9 efit plan may not deny reimbursement for any service or supply covered by the plan or
10 cancel the coverage of an insured under the plan on the basis that:

11 (a) The insured is in the custody of a local supervisory authority, if the insured is in
12 custody pending the disposition of charges;

13 (b) The insured receives publicly funded medical care while in the custody of a local su-
14 pervisory authority; or

15 (c) The care was provided to the insured by an employee or contractor of a county or a
16 local supervisory authority, if the employee or contractor meets the credentialing criteria
17 of the health benefit plan.

18 (3) An insurer shall reimburse a county for the costs of covered services or supplies
19 provided to an insured who is in the custody of the local supervisory authority, pending the
20 disposition of charges, in an amount that is no less than 115 percent of the Medicare rate for
21 the service or supply.

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 **(4) An insurer offering a health benefit plan may:**
2 **(a) Deny coverage for the treatment of injuries resulting from a violation of law;**
3 **(b) Exclude from any requirements for reporting quality outcomes or performance, any**
4 **covered services provided to an insured in the custody of a local supervisory authority;**
5 **(c) Impose utilization controls under the health benefit plan that apply to services pro-**
6 **vided to insureds who are not in custody by in-network providers, including a requirement**
7 **for prior authorization;**
8 **(d) Impose the requirements for billing and medical coding for covered services provided**
9 **to an insured in the custody of a local supervisory authority that the insurer imposes on**
10 **other providers;**
11 **(e) Deny coverage of diagnostic tests or health evaluations required, as a matter of**
12 **course, for all individuals who are in the custody of the local supervisory authority pending**
13 **the disposition of charges;**
14 **(f) Limit coverage of hospital and ambulatory surgical center services provided to an in-**
15 **sured in the custody of a local supervisory authority to services provided by in-network**
16 **hospitals and ambulatory surgical centers; and**
17 **(g) Reimburse an out-of-network renal dialysis facility at either the in-network or the**
18 **out-of-network rate paid by the insurer for dialysis provided to an insured in the custody of**
19 **a local supervisory authority.**
20 **(5)(a) An insurer may not refuse to credential a health care provider who is an employee**
21 **or contractor of a county or a local supervisory authority on the basis that the employee or**
22 **contractor provides the services in a facility operated by the local supervisory authority.**
23 **(b) If an insurer refuses to credential a health care provider who is an employee or**
24 **contractor of a county or a local supervisory authority, the insurer must give written notice**
25 **to the provider explaining the reasons for the refusal.**
26 **(6) This section does not:**
27 **(a) Impair any right of an employer to remove an employee from coverage under a health**
28 **benefit plan;**
29 **(b) Release carriers from the requirement to coordinate benefits for persons who are**
30 **insured by more than one carrier; or**
31 **(c) Limit an insurer's right to rescind coverage in accordance with ORS 743.894.**
32 **(7) A public body, as defined in ORS 174.109, may not pay health benefit plan premiums**
33 **on behalf of a person who is in the custody of a local supervisory authority.**
34 **SECTION 3.** **Section 2 of this 2014 Act applies to claims for reimbursement of health**
35 **services that are provided on or after January 1, 2015.**
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