B-Engrossed Senate Bill 1562

Ordered by the House February 25 Including Senate Amendments dated February 12 and House Amendments dated February 25

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with presession filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Senate Interim Committee on Health Care and Human Services)

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.

Modifies requirements for health insurance coverage of services, medications and supplies necessary for management of diabetes during pregnancy.

Requires executive director of Oregon Health Insurance Exchange Corporation to compile and make publicly available reports or findings resulting from independent review, investigation or audit of health insurance exchange. Requires executive director to appear before interim House and Senate committees related to health at first meeting of committees following adjournment sine die, to present updated business plan for exchange containing specified information.

Declares emergency, effective on passage.

A BILL FOR AN ACT

- Relating to health insurance; creating new provisions; amending ORS 743A.082; and declaring an emergency.
- 4 Be It Enacted by the People of the State of Oregon:
 - **SECTION 1.** ORS 743A.082 is amended to read:
 - 743A.082. (1) Except as provided in subsections (2) and (3) of this section, a health benefit plan, as defined in ORS 743.730, may not require a copayment or impose a coinsurance requirement or a deductible on the covered health services, medications and supplies that are medically necessary for a woman to manage her diabetes [from] during the period of each pregnancy, beginning with conception [through] and ending six weeks postpartum.
 - (2) Subsection (1) of this section does not apply to a high deductible health plan described in 26 U.S.C. 223.
 - (3) The coverage required by subsection (1) of this section may be limited by network and formulary restrictions that apply to other benefits under the plan. Subsection (1) of this section does not apply to services, medications, test strips and syringes that are not covered due to the network or formulary restrictions.
 - (4) An insurer may require an enrollee or the enrollee's health care provider to notify the insurer orally, in a timely manner, that the enrollee is diabetic and is pregnant or has given birth and is within six weeks postpartum.
 - SECTION 2. (1) Each agency of this state shall provide to the executive director of the Oregon Health Insurance Exchange Corporation, without undue delay, any reports or findings resulting from an independent review, investigation or audit of the development,

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- implementation or quality control of the health insurance exchange, conducted on or after October 1, 2013, if the review, investigation or audit is contracted for or paid for, in whole or in part, by an agency of this state.
- (2) The Oregon Health Insurance Exchange Corporation board of directors or the executive director shall make publicly available and upon request to any person, without undue delay, any reports or findings:
 - (a) Provided to the executive director under subsection (1) of this section.
- (b) Resulting from an independent review, investigation or audit of the development, implementation or quality control of the health insurance exchange, conducted on or after October 1, 2013, if the review, investigation or audit is contracted for or paid for, in whole or in part, by the corporation.
- SECTION 3. The executive director of the Oregon Health Insurance Exchange Corporation shall appear before the Interim House Committee on Health Care and the Interim Senate Committee on Health Care and Human Services, at the first meeting of each committee following adjournment sine die of the 2014 regular session of the Legislative Assembly, to present an updated business plan for the future of the health insurance exchange. The updated business plan must include, but is not limited to:
- (1) Demographic information about the individuals who have enrolled in qualified health plans through the exchange;
- (2) The number of individuals enrolled in qualified health plans through the exchange who have paid premiums, both subsidized and unsubsidized; and
- (3) Adjustments to the fees and charges described in ORS 741.105, or other administrative changes, necessary for the corporation to be self-sustaining.
- SECTION 4. The amendments to ORS 743A.082 by section 1 of this 2014 Act become operative January 1, 2015.
- <u>SECTION 5.</u> Section 3 of this 2014 Act is repealed on the date of the convening of the 2015 regular session of the Legislative Assembly.
- <u>SECTION 6.</u> This 2014 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2014 Act takes effect on its passage.