

# House Bill 3018

Sponsored by Representative MCKEOWN, Senator ROBLAN

## 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 **as introduced**.

Prohibits insurer from imposing cost sharing or similar requirements for services provided by out-of-network providers that are greater than requirements for services provided by in-network providers. Specifies exceptions.

Prohibits state agency and insurer from preventing person from paying for person's own medical care, requiring physician to contract with insurer or state medical assistance program or requiring physician to provide medical care.

## 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 2015 Act is added to and made a part of the Insurance Code.**

5 **SECTION 2. (1) As used in this section, "preferred provider organization insurance" has**  
6 **the meaning given that term in ORS 743.801.**

7 **(2) Notwithstanding any other provision of law, a policy of preferred provider organiza-**  
8 **tion insurance may not impose, with respect to a covered service performed by a provider**  
9 **that does not participate in the preferred provider network, a coinsurance percentage,**  
10 **deductible or out-of-pocket maximum that is greater than the coinsurance percentage,**  
11 **deductible or out-of-pocket maximum applicable to the service if performed by a provider**  
12 **that participates in the preferred provider network.**

13 **(3) This section does not prohibit:**

14 **(a) An insurer from charging a fee for processing a claim from a nonparticipating pro-**  
15 **vider, if the fee is specified in the policy or certificate of insurance and the fee is the lesser**  
16 **of:**

17 **(A) Five percent of the allowed amount for the service; and**

18 **(B) A fee prescribed by the Department of Consumer and Business Services in accord-**  
19 **ance with subsection (4) of this section; or**

20 **(b) A nonparticipating provider from charging an enrollee a reasonable fee for assisting**  
21 **the enrollee in submitting a claim under a policy of preferred provider organization insur-**  
22 **ance.**

23 **(4) The department shall prescribe by rule the maximum fee that may be charged to an**  
24 **enrollee for processing a claim from a nonparticipating provider.**

25 **SECTION 3. (1) As used in this section:**

26 **(a) "Health insurance" has the meaning given that term in ORS 731.162.**

27 **(b) "Insurer" has the meaning given that term in ORS 731.106.**

28 **(c) "Medical assistance" has the meaning given that term in ORS 414.025.**

29 **(d) "Physician" has the meaning given that term in ORS 677.010.**

**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           **(2) Notwithstanding any other provision of law, no state agency or insurer may:**  
2           **(a) Prohibit a person from using the person’s own financial resources to pay for medical**  
3 **care for the person or for an individual for whom the person is financially responsible;**  
4           **(b) Require a physician to contract with:**  
5           **(A) An insurer offering a policy of health insurance to provide medical care covered by**  
6 **the policy; or**  
7           **(B) The Oregon Health Authority or the Department of Human Services to provide**  
8 **medical care to a medical assistance recipient; or**  
9           **(c) Require a physician to provide medical care.**  
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