

# Senate Bill 523

Sponsored by Senators STEINER HAYWARD, KRUSE; Senators BATES, KNOPP, Representatives BUEHLER, HOLVEY, KENY-GUYER, LIVELY, OLSON, WEIDNER

## 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**.

Requires insurer to provide specified notifications to health care providers regarding coverage under qualified health plan offered by insurer through health insurance exchange.

## A BILL FOR AN ACT

1  
2 Relating to obligations of insurers offering qualified health plans through a health insurance ex-  
3 change.

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

5 **SECTION 1. Sections 2 and 3 of this 2015 Act are added to and made a part of the In-**  
6 **urance Code.**

7 **SECTION 2. (1) As used in sections 2 and 3 of this 2015 Act:**

8 (a) "Enrollee" means a person who is:

9 (A) Enrolled in a qualified health plan purchased through the health insurance exchange;

10 (B) Responsible for paying the premium on the qualified health plan and has paid at least  
11 one premium; and

12 (C) Receiving an advance payment of the premium tax credit under section 36B of the  
13 Internal Revenue Code.

14 (b) "Grace period" means the period of three consecutive months during which an  
15 enrollee's coverage continues under a qualified health plan without the payment of premi-  
16 ums.

17 (c) "Health insurance exchange" has the meaning given that term in ORS 741.300.

18 (d) "Qualified health plan" means a plan that is certified as a qualified health plan by the  
19 health insurance exchange in accordance with ORS 741.310.

20 (2) If an enrollee fails to pay a premium for a qualified health plan, the insurer shall  
21 notify any health care provider that the enrollee is in a grace period if the provider:

22 (a) Submits a claim for reimbursement of the cost of health care services provided to  
23 insureds under the enrollee's plan; or

24 (b) Requests information from the insurer regarding the eligibility, coverage or benefits  
25 of the insureds under the enrollee's plan.

26 (3) If an insurer terminates the coverage of an enrollee based on the nonpayment of  
27 premiums during a grace period, the insurer shall pay a claim for reimbursement by a health  
28 care provider of a service performed during the grace period if:

29 (a) The insurer fails to notify the health care provider as required by subsection (2) of  
30 this section; or

31 (b)(A) The health care provider has contracted with the insurer to provide the service

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 and the service is covered by the enrollee's plan; and

2 (B) An insured under the enrollee's plan is in a course of treatment with the health care  
3 provider and the insurer has, during a month when premiums were paid, reimbursed a claim  
4 of the health care provider for services performed as part of the course of treatment.

5 **SECTION 3.** Upon receipt of any inquiry from a health care provider regarding the eligi-  
6 bility, coverage or benefits of an insured under an enrollee's plan, an insurer shall notify the  
7 health care provider, in the manner prescribed by the insurer, that the coverage is provided  
8 through a qualified health plan.

9 **SECTION 4.** The Department of Consumer and Business Services shall produce written  
10 materials containing information for consumers about the requirements for paying the pre-  
11 miums for qualified health plans. The department shall distribute the materials to health  
12 care providers upon request.

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