

**PROPOSED AMENDMENTS TO  
SENATE BILL 891**

1 On page 1 of the printed bill, line 2, after “services” insert a period and  
2 delete the rest of the line and delete line 3.

3 Delete lines 17 through 28 and delete pages 2 through 4 and insert:

4 **“SECTION 1. (1) As used in this section:**

5 **“(a) ‘Allowed amount’ means the amount that a health benefit plan**  
6 **pays to reimburse the cost of a health care service.**

7 **“(b) ‘Billed charge’ means the cost of a health care service that is**  
8 **billed to a patient or a health benefit plan.**

9 **“(c) ‘Health benefit plan’ has the meaning given that term in ORS**  
10 **743.730.**

11 **“(d) ‘Hospital’ has the meaning given that term in ORS 442.015.**

12 **“(2) A hospital must respond to an individual’s inquiry about the**  
13 **billed charge for a health care service in a timely manner that enables**  
14 **the individual to make an informed decision concerning the service**  
15 **without unreasonable delay. The response must include:**

16 **“(a) An estimate of each of the billed charges, including the amount**  
17 **of any provider fees, facility fees and all other reasonably foreseeable**  
18 **charges that may be billed by the hospital;**

19 **“(b) Oral or written notice cautioning that the actual billed charges**  
20 **may vary from the estimated charges due to unforeseen needs for**  
21 **health care services that may arise during an inpatient stay or out-**  
22 **patient visit;**

1       “(c) Information about how to apply for financial assistance or  
2 charity care offered by the hospital;

3       “(d) Information about how to file a complaint with the Oregon  
4 Health Authority if the hospital responds to the inquiry with inaccur-  
5 rate or misleading information;

6       “(e) The allowed amount paid by the health benefit plan; and

7       “(f) If the inquiry is from an individual who is enrolled in a health  
8 benefit plan:

9       “(A) Whether the hospital and any other medical providers who will  
10 provide health care services during an inpatient stay or outpatient  
11 visit are within the network of providers covered by the enrollee’s  
12 plan; and

13       “(B) A verbal or written notice that the enrollee can obtain an es-  
14 timate of the enrollee’s costs from the insurer, in accordance with  
15 ORS 743.874 and 743.876.”.

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