

HOUSE AMENDMENTS TO HOUSE BILL 2341

By COMMITTEE ON HEALTH CARE

March 20

- 1 On page 1 of the printed bill, line 2, after “ORS” insert “192.556,”.
- 2 In line 3, delete “743A.141, 743B.001,” and after “743B.005,” insert “743B.011,” and delete “and
3 743B.800” and insert “, 743B.800 and 746.600”.
- 4 After line 5, insert:
- 5 **“SECTION 1.** ORS 192.556 is amended to read:
- 6 “192.556. As used in ORS 192.553 to 192.581:
- 7 “(1) ‘Authorization’ means a document written in plain language that contains at least the fol-
8 lowing:
- 9 “(a) A description of the information to be used or disclosed that identifies the information in
10 a specific and meaningful way;
- 11 “(b) The name or other specific identification of the person or persons authorized to make the
12 requested use or disclosure;
- 13 “(c) The name or other specific identification of the person or persons to whom the covered
14 entity may make the requested use or disclosure;
- 15 “(d) A description of each purpose of the requested use or disclosure, including but not limited
16 to a statement that the use or disclosure is at the request of the individual;
- 17 “(e) An expiration date or an expiration event that relates to the individual or the purpose of
18 the use or disclosure;
- 19 “(f) The signature of the individual or personal representative of the individual and the date;
- 20 “(g) A description of the authority of the personal representative, if applicable; and
- 21 “(h) Statements adequate to place the individual on notice of the following:
- 22 “(A) The individual’s right to revoke the authorization in writing;
- 23 “(B) The exceptions to the right to revoke the authorization;
- 24 “(C) The ability or inability to condition treatment, payment, enrollment or eligibility for bene-
25 fits on whether the individual signs the authorization; and
- 26 “(D) The potential for information disclosed pursuant to the authorization to be subject to
27 redisclosure by the recipient and no longer protected.
- 28 “(2) ‘Covered entity’ means:
- 29 “(a) A state health plan;
- 30 “(b) A health insurer;
- 31 “(c) A health care provider that transmits any health information in electronic form to carry
32 out financial or administrative activities in connection with a transaction covered by ORS 192.553
33 to 192.581; or
- 34 “(d) A health care clearinghouse.
- 35 “(3) ‘Health care’ means care, services or supplies related to the health of an individual.

1 “(4) ‘Health care operations’ includes but is not limited to:
2 “(a) Quality assessment, accreditation, auditing and improvement activities;
3 “(b) Case management and care coordination;
4 “(c) Reviewing the competence, qualifications or performance of health care providers or health
5 insurers;
6 “(d) Underwriting activities;
7 “(e) Arranging for legal services;
8 “(f) Business planning;
9 “(g) Customer services;
10 “(h) Resolving internal grievances;
11 “(i) Creating deidentified information; and
12 “(j) Fundraising.
13 “(5) ‘Health care provider’ includes but is not limited to:
14 “(a) A psychologist, occupational therapist, regulated social worker, professional counselor or
15 marriage and family therapist licensed or otherwise authorized to practice under ORS chapter 675
16 or an employee of the psychologist, occupational therapist, regulated social worker, professional
17 counselor or marriage and family therapist;
18 “(b) A physician or physician assistant licensed under ORS chapter 677, an acupuncturist li-
19 censed under ORS 677.759 or an employee of the physician, physician assistant or acupuncturist;
20 “(c) A nurse or nursing home administrator licensed under ORS chapter 678 or an employee of
21 the nurse or nursing home administrator;
22 “(d) A dentist licensed under ORS chapter 679 or an employee of the dentist;
23 “(e) A dental hygienist or denturist licensed under ORS chapter 680 or an employee of the
24 dental hygienist or denturist;
25 “(f) A speech-language pathologist or audiologist licensed under ORS chapter 681 or an em-
26 ployee of the speech-language pathologist or audiologist;
27 “(g) An emergency medical services provider licensed under ORS chapter 682;
28 “(h) An optometrist licensed under ORS chapter 683 or an employee of the optometrist;
29 “(i) A chiropractic physician licensed under ORS chapter 684 or an employee of the chiropractic
30 physician;
31 “(j) A naturopathic physician licensed under ORS chapter 685 or an employee of the
32 naturopathic physician;
33 “(k) A massage therapist licensed under ORS 687.011 to 687.250 or an employee of the massage
34 therapist;
35 “(L) A direct entry midwife licensed under ORS 687.405 to 687.495 or an employee of the direct
36 entry midwife;
37 “(m) A physical therapist licensed under ORS 688.010 to 688.201 or an employee of the physical
38 therapist;
39 “(n) A medical imaging licensee under ORS 688.405 to 688.605 or an employee of the medical
40 imaging licensee;
41 “(o) A respiratory care practitioner licensed under ORS 688.815 or an employee of the respir-
42 atory care practitioner;
43 “(p) A polysomnographic technologist licensed under ORS 688.819 or an employee of the poly-
44 somnographic technologist;
45 “(q) A pharmacist licensed under ORS chapter 689 or an employee of the pharmacist;

1 “(r) A dietitian licensed under ORS 691.405 to 691.485 or an employee of the dietitian;
2 “(s) A funeral service practitioner licensed under ORS chapter 692 or an employee of the funeral
3 service practitioner;
4 “(t) A health care facility as defined in ORS 442.015;
5 “(u) A home health agency as defined in ORS 443.014;
6 “(v) A hospice program as defined in ORS 443.850;
7 “(w) A clinical laboratory as defined in ORS 438.010;
8 “(x) A pharmacy as defined in ORS 689.005;
9 “(y) A diabetes self-management program as defined in ORS 743A.184; and
10 “(z) Any other person or entity that furnishes, bills for or is paid for health care in the normal
11 course of business.
12 “(6) ‘Health information’ means any oral or written information in any form or medium that:
13 “(a) Is created or received by a covered entity, a public health authority, an employer, a life
14 insurer, a school, a university or a health care provider that is not a covered entity; and
15 “(b) Relates to:
16 “(A) The past, present or future physical or mental health or condition of an individual;
17 “(B) The provision of health care to an individual; or
18 “(C) The past, present or future payment for the provision of health care to an individual.
19 “(7) ‘Health insurer’ means:
20 “(a) An insurer as defined in ORS 731.106 who offers:
21 “(A) A health benefit plan as defined in ORS 743B.005;
22 “(B) A short term health insurance policy, the duration of which does not exceed [six] **three**
23 months including renewals;
24 “(C) A student health insurance policy;
25 “(D) A Medicare supplemental policy; or
26 “(E) A dental only policy.
27 “(b) The Oregon Medical Insurance Pool operated by the Oregon Medical Insurance Pool Board
28 under ORS 735.600 to 735.650.
29 “(8) ‘Individually identifiable health information’ means any oral or written health information
30 in any form or medium that is:
31 “(a) Created or received by a covered entity, an employer or a health care provider that is not
32 a covered entity; and
33 “(b) Identifiable to an individual, including demographic information that identifies the individ-
34 ual, or for which there is a reasonable basis to believe the information can be used to identify an
35 individual, and that relates to:
36 “(A) The past, present or future physical or mental health or condition of an individual;
37 “(B) The provision of health care to an individual; or
38 “(C) The past, present or future payment for the provision of health care to an individual.
39 “(9) ‘Payment’ includes but is not limited to:
40 “(a) Efforts to obtain premiums or reimbursement;
41 “(b) Determining eligibility or coverage;
42 “(c) Billing activities;
43 “(d) Claims management;
44 “(e) Reviewing health care to determine medical necessity;
45 “(f) Utilization review; and

1 “(g) Disclosures to consumer reporting agencies.

2 “(10) ‘Personal representative’ includes but is not limited to:

3 “(a) A person appointed as a guardian under ORS 125.305, 419B.372, 419C.481 or 419C.555 with

4 authority to make medical and health care decisions;

5 “(b) A person appointed as a health care representative under ORS 127.505 to 127.660 or a rep-

6 resentative under ORS 127.700 to 127.737 to make health care decisions or mental health treatment

7 decisions;

8 “(c) A person appointed as a personal representative under ORS chapter 113; and

9 “(d) A person described in ORS 192.573.

10 “(11)(a) ‘Protected health information’ means individually identifiable health information that is

11 maintained or transmitted in any form of electronic or other medium by a covered entity.

12 “(b) ‘Protected health information’ does not mean individually identifiable health information in:

13 “(A) Education records covered by the federal Family Educational Rights and Privacy Act (20

14 U.S.C. 1232g);

15 “(B) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); or

16 “(C) Employment records held by a covered entity in its role as employer.

17 “(12) ‘State health plan’ means:

18 “(a) Medical assistance as defined in ORS 414.025;

19 “(b) The Health Care for All Oregon Children program; or

20 “(c) Any medical assistance or premium assistance program operated by the Oregon Health

21 Authority.

22 “(13) ‘Treatment’ includes but is not limited to:

23 “(a) The provision, coordination or management of health care; and

24 “(b) Consultations and referrals between health care providers.

25 “**SECTION 2.** ORS 192.556, as amended by section 30, chapter 698, Oregon Laws 2013, is

26 amended to read:

27 “192.556. As used in ORS 192.553 to 192.581:

28 “(1) ‘Authorization’ means a document written in plain language that contains at least the fol-

29 lowing:

30 “(a) A description of the information to be used or disclosed that identifies the information in

31 a specific and meaningful way;

32 “(b) The name or other specific identification of the person or persons authorized to make the

33 requested use or disclosure;

34 “(c) The name or other specific identification of the person or persons to whom the covered

35 entity may make the requested use or disclosure;

36 “(d) A description of each purpose of the requested use or disclosure, including but not limited

37 to a statement that the use or disclosure is at the request of the individual;

38 “(e) An expiration date or an expiration event that relates to the individual or the purpose of

39 the use or disclosure;

40 “(f) The signature of the individual or personal representative of the individual and the date;

41 “(g) A description of the authority of the personal representative, if applicable; and

42 “(h) Statements adequate to place the individual on notice of the following:

43 “(A) The individual’s right to revoke the authorization in writing;

44 “(B) The exceptions to the right to revoke the authorization;

45 “(C) The ability or inability to condition treatment, payment, enrollment or eligibility for bene-

1 fits on whether the individual signs the authorization; and
2 “(D) The potential for information disclosed pursuant to the authorization to be subject to
3 redisclosure by the recipient and no longer protected.
4 “(2) ‘Covered entity’ means:
5 “(a) A state health plan;
6 “(b) A health insurer;
7 “(c) A health care provider that transmits any health information in electronic form to carry
8 out financial or administrative activities in connection with a transaction covered by ORS 192.553
9 to 192.581; or
10 “(d) A health care clearinghouse.
11 “(3) ‘Health care’ means care, services or supplies related to the health of an individual.
12 “(4) ‘Health care operations’ includes but is not limited to:
13 “(a) Quality assessment, accreditation, auditing and improvement activities;
14 “(b) Case management and care coordination;
15 “(c) Reviewing the competence, qualifications or performance of health care providers or health
16 insurers;
17 “(d) Underwriting activities;
18 “(e) Arranging for legal services;
19 “(f) Business planning;
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21 “(h) Resolving internal grievances;
22 “(i) Creating deidentified information; and
23 “(j) Fundraising.
24 “(5) ‘Health care provider’ includes but is not limited to:
25 “(a) A psychologist, occupational therapist, regulated social worker, professional counselor or
26 marriage and family therapist licensed or otherwise authorized to practice under ORS chapter 675
27 or an employee of the psychologist, occupational therapist, regulated social worker, professional
28 counselor or marriage and family therapist;
29 “(b) A physician or physician assistant licensed under ORS chapter 677, an acupuncturist li-
30 censed under ORS 677.759 or an employee of the physician, physician assistant or acupuncturist;
31 “(c) A nurse or nursing home administrator licensed under ORS chapter 678 or an employee of
32 the nurse or nursing home administrator;
33 “(d) A dentist licensed under ORS chapter 679 or an employee of the dentist;
34 “(e) A dental hygienist or denturist licensed under ORS chapter 680 or an employee of the
35 dental hygienist or denturist;
36 “(f) A speech-language pathologist or audiologist licensed under ORS chapter 681 or an em-
37 ployee of the speech-language pathologist or audiologist;
38 “(g) An emergency medical services provider licensed under ORS chapter 682;
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43 naturopathic physician;
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45 therapist;

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2 entry midwife;

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4 therapist;

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6 imaging licensee;

7 “(o) A respiratory care practitioner licensed under ORS 688.815 or an employee of the respir-
8 atory care practitioner;

9 “(p) A polysomnographic technologist licensed under ORS 688.819 or an employee of the poly-
10 somnographic technologist;

11 “(q) A pharmacist licensed under ORS chapter 689 or an employee of the pharmacist;

12 “(r) A dietitian licensed under ORS 691.405 to 691.485 or an employee of the dietitian;

13 “(s) A funeral service practitioner licensed under ORS chapter 692 or an employee of the funeral
14 service practitioner;

15 “(t) A health care facility as defined in ORS 442.015;

16 “(u) A home health agency as defined in ORS 443.014;

17 “(v) A hospice program as defined in ORS 443.850;

18 “(w) A clinical laboratory as defined in ORS 438.010;

19 “(x) A pharmacy as defined in ORS 689.005;

20 “(y) A diabetes self-management program as defined in ORS 743A.184; and

21 “(z) Any other person or entity that furnishes, bills for or is paid for health care in the normal
22 course of business.

23 “(6) ‘Health information’ means any oral or written information in any form or medium that:

24 “(a) Is created or received by a covered entity, a public health authority, an employer, a life
25 insurer, a school, a university or a health care provider that is not a covered entity; and

26 “(b) Relates to:

27 “(A) The past, present or future physical or mental health or condition of an individual;

28 “(B) The provision of health care to an individual; or

29 “(C) The past, present or future payment for the provision of health care to an individual.

30 “(7) ‘Health insurer’ means an insurer as defined in ORS 731.106 who offers:

31 “(a) A health benefit plan as defined in ORS 743B.005;

32 “(b) A short term health insurance policy, the duration of which does not exceed [six] **three**
33 months including renewals;

34 “(c) A student health insurance policy;

35 “(d) A Medicare supplemental policy; or

36 “(e) A dental only policy.

37 “(8) ‘Individually identifiable health information’ means any oral or written health information
38 in any form or medium that is:

39 “(a) Created or received by a covered entity, an employer or a health care provider that is not
40 a covered entity; and

41 “(b) Identifiable to an individual, including demographic information that identifies the individ-
42 ual, or for which there is a reasonable basis to believe the information can be used to identify an
43 individual, and that relates to:

44 “(A) The past, present or future physical or mental health or condition of an individual;

45 “(B) The provision of health care to an individual; or

1 “(C) The past, present or future payment for the provision of health care to an individual.
2 “(9) ‘Payment’ includes but is not limited to:
3 “(a) Efforts to obtain premiums or reimbursement;
4 “(b) Determining eligibility or coverage;
5 “(c) Billing activities;
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8 “(f) Utilization review; and
9 “(g) Disclosures to consumer reporting agencies.
10 “(10) ‘Personal representative’ includes but is not limited to:
11 “(a) A person appointed as a guardian under ORS 125.305, 419B.372, 419C.481 or 419C.555 with
12 authority to make medical and health care decisions;
13 “(b) A person appointed as a health care representative under ORS 127.505 to 127.660 or a rep-
14 resentative under ORS 127.700 to 127.737 to make health care decisions or mental health treatment
15 decisions;
16 “(c) A person appointed as a personal representative under ORS chapter 113; and
17 “(d) A person described in ORS 192.573.
18 “(11)(a) ‘Protected health information’ means individually identifiable health information that is
19 maintained or transmitted in any form of electronic or other medium by a covered entity.
20 “(b) ‘Protected health information’ does not mean individually identifiable health information in:
21 “(A) Education records covered by the federal Family Educational Rights and Privacy Act (20
22 U.S.C. 1232g);
23 “(B) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); or
24 “(C) Employment records held by a covered entity in its role as employer.
25 “(12) ‘State health plan’ means:
26 “(a) Medical assistance as defined in ORS 414.025;
27 “(b) The Health Care for All Oregon Children program; or
28 “(c) Any medical assistance or premium assistance program operated by the Oregon Health
29 Authority.
30 “(13) ‘Treatment’ includes but is not limited to:
31 “(a) The provision, coordination or management of health care; and
32 “(b) Consultations and referrals between health care providers.”.
33 In line 6, delete “1” and insert “3”.
34 In line 13, delete “2” and insert “4”.
35 In line 24, delete “3” and insert “5”.
36 In line 30, delete “4” and insert “6”.
37 On page 2, line 5, delete “5” and insert “7”.
38 Delete lines 19 through 45 and delete pages 3 and 4.
39 On page 7, line 2, delete “12” and insert “three”.
40 On page 8, after line 17, insert:
41 “**SECTION 9.** ORS 743B.011 is amended to read:
42 “743B.011. (1) Every health benefit plan shall be subject to the provisions of ORS 743B.010 to
43 743B.013, if the plan provides health benefits covering one or more employees of a small employer
44 and if any one of the following conditions is met:
45 “(a) Any portion of the premium or benefits is paid by a small employer or any employee is re-

1 imbursed, whether through wage adjustments or otherwise, by a small employer for any portion of
2 the health benefit plan premium **unless the reimbursement is made through a qualified small**
3 **employer health reimbursement arrangement, as defined in section 9831 of the Internal Re-**
4 **venue Code; or**

5 “(b) The health benefit plan is treated by the employer or any of the employees as part of a plan
6 or program for the purposes of section 106, section 125 or section 162 of the Internal Revenue Code
7 of 1986, as amended.

8 “(2) Except as otherwise provided by ORS 743B.010 to 743B.013 or other law, no health benefit
9 plan offered to a small employer shall:

10 “(a) Inhibit a carrier from contracting with providers or groups of providers with respect to
11 health care services or benefits; or

12 “(b) Impose any restriction on the ability of a carrier to negotiate with providers regarding the
13 level or method of reimbursing care or services provided under health benefit plans.

14 “(3)(a) A carrier may provide different health benefit plans to different categories of employees
15 of a small employer when the employer has chosen to establish different categories of employees in
16 a manner that does not relate to the actual or expected health status of such employees or their
17 dependents. The categories must be based on bona fide employment-based classifications that are
18 consistent with the employer’s usual business practice.

19 “(b) Except as provided in ORS 743B.012 (7), a carrier that offers coverage to a small employer
20 shall offer coverage to all eligible employees of the small employer.

21 “(c) If a small employer elects to offer coverage to dependents of eligible employees, the carrier
22 shall offer coverage to all dependents of eligible employees.

23 “(4) An insurer may not deny, delay or terminate participation of an individual in a group health
24 benefit plan or exclude coverage otherwise provided to an individual under a group health benefit
25 plan based on a preexisting condition of the individual.”.

26 In line 18, delete “9” and insert “10”.

27 In line 26, delete “10” and insert “11”.

28 On page 11, line 16, delete “11” and insert “12”.

29 On page 12, line 9, delete “12” and insert “13”.

30 On page 13, line 21, delete “13” and insert “14”.

31 After line 34, insert:

32 “**SECTION 15.** ORS 746.600 is amended to read:

33 “746.600. As used in ORS 746.600 to 746.690:

34 “(1)(a) ‘Adverse underwriting decision’ means any of the following actions with respect to in-
35 surance transactions involving insurance coverage that is individually underwritten:

36 “(A) A declination of insurance coverage.

37 “(B) A termination of insurance coverage.

38 “(C) Failure of an insurance producer to apply for insurance coverage with a specific insurer
39 that the insurance producer represents and that is requested by an applicant.

40 “(D) In the case of life or health insurance coverage, an offer to insure at higher than standard
41 rates.

42 “(E) In the case of insurance coverage other than life or health insurance coverage:

43 “(i) Placement by an insurer or insurance producer of a risk with a residual market mechanism,
44 an unauthorized insurer or an insurer that specializes in substandard risks.

45 “(ii) The charging of a higher rate on the basis of information that differs from that which the

1 applicant or policyholder furnished.

2 “(iii) An increase in any charge imposed by the insurer for any personal insurance in connection
3 with the underwriting of insurance. For purposes of this sub-subparagraph, the imposition of a ser-
4 vice fee is not a charge.

5 “(b) ‘Adverse underwriting decision’ does not mean any of the following actions, but the insurer
6 or insurance producer responsible for the occurrence of the action must nevertheless provide the
7 applicant or policyholder with the specific reason or reasons for the occurrence:

8 “(A) The termination of an individual policy form on a class or statewide basis.

9 “(B) A declination of insurance coverage solely because the coverage is not available on a class
10 or statewide basis.

11 “(C) The rescission of a policy.

12 “(2) ‘Affiliate of’ a specified person or ‘person affiliated with’ a specified person means a person
13 who directly, or indirectly, through one or more intermediaries, controls, or is controlled by, or is
14 under common control with, the person specified.

15 “(3) ‘Applicant’ means a person who seeks to contract for insurance coverage, other than a
16 person seeking group insurance coverage that is not individually underwritten.

17 “(4) ‘Consumer’ means an individual, or the personal representative of the individual, who seeks
18 to obtain, obtains or has obtained one or more insurance products or services from a licensee that
19 are to be used primarily for personal, family or household purposes, and about whom the licensee
20 has personal information.

21 “(5) ‘Consumer report’ means any written, oral or other communication of information bearing
22 on a natural person’s creditworthiness, credit standing, credit capacity, character, general reputa-
23 tion, personal characteristics or mode of living that is used or expected to be used in connection
24 with an insurance transaction.

25 “(6) ‘Consumer reporting agency’ means a person that, for monetary fees or dues, or on a co-
26 operative or nonprofit basis:

27 “(a) Regularly engages, in whole or in part, in assembling or preparing consumer reports;

28 “(b) Obtains information primarily from sources other than insurers; and

29 “(c) Furnishes consumer reports to other persons.

30 “(7) ‘Control’ means, and the terms ‘controlled by’ or ‘under common control with’ refer to, the
31 possession, directly or indirectly, of the power to direct or cause the direction of the management
32 and policies of a person, whether through the ownership of voting securities, by contract other than
33 a commercial contract for goods or nonmanagement services, or otherwise, unless the power of the
34 person is the result of a corporate office held in, or an official position held with, the controlled
35 person.

36 “(8) ‘Covered entity’ means:

37 “(a) A health insurer;

38 “(b) A health care provider that transmits any health information in electronic form to carry
39 out financial or administrative activities in connection with a transaction covered by ORS 746.607
40 or by rules adopted under ORS 746.608; or

41 “(c) A health care clearinghouse.

42 “(9) ‘Credit history’ means any written or other communication of any information by a con-
43 sumer reporting agency that:

44 “(a) Bears on a consumer’s creditworthiness, credit standing or credit capacity; and

45 “(b) Is used or expected to be used, or collected in whole or in part, as a factor in determining

1 eligibility, premiums or rates for personal insurance.

2 “(10) ‘Customer’ means a consumer who has a continuing relationship with a licensee under
3 which the licensee provides one or more insurance products or services to the consumer that are
4 to be used primarily for personal, family or household purposes.

5 “(11) ‘Declination of insurance coverage’ or ‘decline coverage’ means a denial, in whole or in
6 part, by an insurer or insurance producer of an application for requested insurance coverage.

7 “(12) ‘Health care’ means care, services or supplies related to the health of an individual.

8 “(13) ‘Health care operations’ includes but is not limited to:

9 “(a) Quality assessment, accreditation, auditing and improvement activities;

10 “(b) Case management and care coordination;

11 “(c) Reviewing the competence, qualifications or performance of health care providers or health
12 insurers;

13 “(d) Underwriting activities;

14 “(e) Arranging for legal services;

15 “(f) Business planning;

16 “(g) Customer services;

17 “(h) Resolving internal grievances;

18 “(i) Creating deidentified information; and

19 “(j) Fundraising.

20 “(14) ‘Health care provider’ includes but is not limited to:

21 “(a) A psychologist, occupational therapist, regulated social worker, professional counselor or
22 marriage and family therapist licensed or otherwise authorized to practice under ORS chapter 675
23 or an employee of the psychologist, occupational therapist, regulated social worker, professional
24 counselor or marriage and family therapist;

25 “(b) A physician or physician assistant licensed under ORS chapter 677, an acupuncturist li-
26 censed under ORS 677.759 or an employee of the physician, physician assistant or acupuncturist;

27 “(c) A nurse or nursing home administrator licensed under ORS chapter 678 or an employee of
28 the nurse or nursing home administrator;

29 “(d) A dentist licensed under ORS chapter 679 or an employee of the dentist;

30 “(e) A dental hygienist or denturist licensed under ORS chapter 680 or an employee of the
31 dental hygienist or denturist;

32 “(f) A speech-language pathologist or audiologist licensed under ORS chapter 681 or an em-
33 ployee of the speech-language pathologist or audiologist;

34 “(g) An emergency medical services provider licensed under ORS chapter 682;

35 “(h) An optometrist licensed under ORS chapter 683 or an employee of the optometrist;

36 “(i) A chiropractic physician licensed under ORS chapter 684 or an employee of the chiropractic
37 physician;

38 “(j) A naturopathic physician licensed under ORS chapter 685 or an employee of the
39 naturopathic physician;

40 “(k) A massage therapist licensed under ORS 687.011 to 687.250 or an employee of the massage
41 therapist;

42 “(L) A direct entry midwife licensed under ORS 687.405 to 687.495 or an employee of the direct
43 entry midwife;

44 “(m) A physical therapist licensed under ORS 688.010 to 688.201 or an employee of the physical
45 therapist;

1 “(n) A medical imaging licensee under ORS 688.405 to 688.605 or an employee of the medical
2 imaging licensee;

3 “(o) A respiratory care practitioner licensed under ORS 688.815 or an employee of the respir-
4 atory care practitioner;

5 “(p) A polysomnographic technologist licensed under ORS 688.819 or an employee of the poly-
6 somnographic technologist;

7 “(q) A pharmacist licensed under ORS chapter 689 or an employee of the pharmacist;

8 “(r) A dietitian licensed under ORS 691.405 to 691.485 or an employee of the dietitian;

9 “(s) A funeral service practitioner licensed under ORS chapter 692 or an employee of the funeral
10 service practitioner;

11 “(t) A health care facility as defined in ORS 442.015;

12 “(u) A home health agency as defined in ORS 443.014;

13 “(v) A hospice program as defined in ORS 443.850;

14 “(w) A clinical laboratory as defined in ORS 438.010;

15 “(x) A pharmacy as defined in ORS 689.005;

16 “(y) A diabetes self-management program as defined in ORS 743.694; and

17 “(z) Any other person or entity that furnishes, bills for or is paid for health care in the normal
18 course of business.

19 “(15) ‘Health information’ means any oral or written information in any form or medium that:

20 “(a) Is created or received by a covered entity, a public health authority, a life insurer, a school,
21 a university or a health care provider that is not a covered entity; and

22 “(b) Relates to:

23 “(A) The past, present or future physical or mental health or condition of an individual;

24 “(B) The provision of health care to an individual; or

25 “(C) The past, present or future payment for the provision of health care to an individual.

26 “(16) ‘Health insurer’ means an insurer who offers:

27 “(a) A health benefit plan as defined in ORS 743B.005;

28 “(b) A short term health insurance policy, the duration of which does not exceed [six] **three**
29 months including renewals;

30 “(c) A student health insurance policy;

31 “(d) A Medicare supplemental policy; or

32 “(e) A dental only policy.

33 “(17) ‘Homeowner insurance’ means insurance for residential property consisting of a combina-
34 tion of property insurance and casualty insurance that provides coverage for the risks of owning
35 or occupying a dwelling and that is not intended to cover an owner’s interest in rental property or
36 commercial exposures.

37 “(18) ‘Individual’ means a natural person who:

38 “(a) In the case of life or health insurance, is a past, present or proposed principal insured or
39 certificate holder;

40 “(b) In the case of other kinds of insurance, is a past, present or proposed named insured or
41 certificate holder;

42 “(c) Is a past, present or proposed policyowner;

43 “(d) Is a past or present applicant;

44 “(e) Is a past or present claimant; or

45 “(f) Derived, derives or is proposed to derive insurance coverage under an insurance policy or

1 certificate that is subject to ORS 746.600 to 746.690.

2 “(19) ‘Individually identifiable health information’ means any oral or written health information
3 that is:

4 “(a) Created or received by a covered entity or a health care provider that is not a covered
5 entity; and

6 “(b) Identifiable to an individual, including demographic information that identifies the individ-
7 ual, or for which there is a reasonable basis to believe the information can be used to identify an
8 individual, and that relates to:

9 “(A) The past, present or future physical or mental health or condition of an individual;

10 “(B) The provision of health care to an individual; or

11 “(C) The past, present or future payment for the provision of health care to an individual.

12 “(20) ‘Institutional source’ means a person or governmental entity that provides information
13 about an individual to an insurer, insurance producer or insurance-support organization, other than:

14 “(a) An insurance producer;

15 “(b) The individual who is the subject of the information; or

16 “(c) A natural person acting in a personal capacity rather than in a business or professional
17 capacity.

18 “(21) ‘Insurance producer’ or ‘producer’ means a person licensed by the Director of the Depart-
19 ment of Consumer and Business Services as a resident or nonresident insurance producer.

20 “(22) ‘Insurance score’ means a number or rating that is derived from an algorithm, computer
21 application, model or other process that is based in whole or in part on credit history.

22 “(23)(a) ‘Insurance-support organization’ means a person who regularly engages, in whole or in
23 part, in assembling or collecting information about natural persons for the primary purpose of pro-
24 viding the information to an insurer or insurance producer for insurance transactions, including:

25 “(A) The furnishing of consumer reports to an insurer or insurance producer for use in con-
26 nection with insurance transactions; and

27 “(B) The collection of personal information from insurers, insurance producers or other
28 insurance-support organizations for the purpose of detecting or preventing fraud, material misrep-
29 resentation or material nondisclosure in connection with insurance underwriting or insurance claim
30 activity.

31 “(b) ‘Insurance-support organization’ does not mean insurers, insurance producers, governmental
32 institutions or health care providers.

33 “(24) ‘Insurance transaction’ means any transaction that involves insurance primarily for per-
34 sonal, family or household needs rather than business or professional needs and that entails:

35 “(a) The determination of an individual’s eligibility for an insurance coverage, benefit or pay-
36 ment; or

37 “(b) The servicing of an insurance application, policy or certificate.

38 “(25) ‘Insurer’ has the meaning given that term in ORS 731.106.

39 “(26) ‘Investigative consumer report’ means a consumer report, or portion of a consumer report,
40 for which information about a natural person’s character, general reputation, personal character-
41 istics or mode of living is obtained through personal interviews with the person’s neighbors, friends,
42 associates, acquaintances or others who may have knowledge concerning such items of information.

43 “(27) ‘Licensee’ means an insurer, insurance producer or other person authorized or required to
44 be authorized, or licensed or required to be licensed, pursuant to the Insurance Code.

45 “(28) ‘Loss history report’ means a report provided by, or a database maintained by, an

1 insurance-support organization or consumer reporting agency that contains information regarding
2 the claims history of the individual property that is the subject of the application for a homeowner
3 insurance policy or the consumer applying for a homeowner insurance policy.

4 “(29) ‘Nonaffiliated third party’ means any person except:

5 “(a) An affiliate of a licensee;

6 “(b) A person that is employed jointly by a licensee and by a person that is not an affiliate of
7 the licensee; and

8 “(c) As designated by the director by rule.

9 “(30) ‘Payment’ includes but is not limited to:

10 “(a) Efforts to obtain premiums or reimbursement;

11 “(b) Determining eligibility or coverage;

12 “(c) Billing activities;

13 “(d) Claims management;

14 “(e) Reviewing health care to determine medical necessity;

15 “(f) Utilization review; and

16 “(g) Disclosures to consumer reporting agencies.

17 “(31)(a) ‘Personal financial information’ means:

18 “(A) Information that is identifiable with an individual, gathered in connection with an insur-
19 ance transaction from which judgments can be made about the individual’s character, habits,
20 avocations, finances, occupations, general reputation, credit or any other personal characteristics;
21 or

22 “(B) An individual’s name, address and policy number or similar form of access code for the
23 individual’s policy.

24 “(b) ‘Personal financial information’ does not mean information that a licensee has a reasonable
25 basis to believe is lawfully made available to the general public from federal, state or local gov-
26 ernment records, widely distributed media or disclosures to the public that are required by federal,
27 state or local law.

28 “(32) ‘Personal information’ means:

29 “(a) Personal financial information;

30 “(b) Individually identifiable health information; or

31 “(c) Protected health information.

32 “(33) ‘Personal insurance’ means the following types of insurance products or services that are
33 to be used primarily for personal, family or household purposes:

34 “(a) Private passenger automobile coverage;

35 “(b) Homeowner, mobile homeowners, manufactured homeowners, condominium owners and
36 renters coverage;

37 “(c) Personal dwelling property coverage;

38 “(d) Personal liability and theft coverage, including excess personal liability and theft coverage;
39 and

40 “(e) Personal inland marine coverage.

41 “(34) ‘Personal representative’ includes but is not limited to:

42 “(a) A person appointed as a guardian under ORS 125.305, 419B.372, 419C.481 or 419C.555 with
43 authority to make medical and health care decisions;

44 “(b) A person appointed as a health care representative under ORS 127.505 to 127.660 or 127.700
45 to 127.737 to make health care decisions or mental health treatment decisions;

1 “(c) A person appointed as a personal representative under ORS chapter 113; and
2 “(d) A person described in ORS 746.611.
3 “(35) ‘Policyholder’ means a person who:
4 “(a) In the case of individual policies of life or health insurance, is a current policyowner;
5 “(b) In the case of individual policies of other kinds of insurance, is currently a named insured;
6 or
7 “(c) In the case of group policies of insurance under which coverage is individually underwrit-
8 ten, is a current certificate holder.
9 “(36) ‘Pretext interview’ means an interview wherein the interviewer, in an attempt to obtain
10 personal information about a natural person, does one or more of the following:
11 “(a) Pretends to be someone the interviewer is not.
12 “(b) Pretends to represent a person the interviewer is not in fact representing.
13 “(c) Misrepresents the true purpose of the interview.
14 “(d) Refuses upon request to identify the interviewer.
15 “(37) ‘Privileged information’ means information that is identifiable with an individual and that:
16 “(a) Relates to a claim for insurance benefits or a civil or criminal proceeding involving the
17 individual; and
18 “(b) Is collected in connection with or in reasonable anticipation of a claim for insurance ben-
19 efits or a civil or criminal proceeding involving the individual.
20 “(38)(a) ‘Protected health information’ means individually identifiable health information that is
21 transmitted or maintained in any form of electronic or other medium by a covered entity.
22 “(b) ‘Protected health information’ does not mean individually identifiable health information in:
23 “(A) Education records covered by the federal Family Educational Rights and Privacy Act (20
24 U.S.C. 1232g);
25 “(B) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); or
26 “(C) Employment records held by a covered entity in its role as employer.
27 “(39) ‘Residual market mechanism’ means an association, organization or other entity involved
28 in the insuring of risks under ORS 735.005 to 735.145, 737.312 or other provisions of the Insurance
29 Code relating to insurance applicants who are unable to procure insurance through normal insur-
30 ance markets.
31 “(40) ‘Termination of insurance coverage’ or ‘termination of an insurance policy’ means either
32 a cancellation or a nonrenewal of an insurance policy, in whole or in part, for any reason other than
33 the failure of a premium to be paid as required by the policy.
34 “(41) ‘Treatment’ includes but is not limited to:
35 “(a) The provision, coordination or management of health care; and
36 “(b) Consultations and referrals between health care providers.”.
37 In line 35, delete “14” and insert “16”.

38