

**Enrolled**  
**Senate Bill 368**

Sponsored by Senator HANSELL, Representative BARRETO, Senator STEINER HAYWARD (Pre-session filed.)

CHAPTER .....

AN ACT

Relating to health insurance coverage of detainees; creating new provisions; amending ORS 743A.260; and prescribing an effective date.

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

**SECTION 1.** ORS 743A.260 is amended to read:

743A.260. (1) As used in this section:

(a) **“Detainee” means an insured who is:**

(A) **In the custody of a local supervisory authority pending the disposition of charges;**

**or**

(B) **In a detention facility pending final adjudication by a juvenile court.**

(b) **“Detention facility” has the meaning given that term in ORS 419A.004.**

[(a)] (c) **“Health benefit plan” has the meaning given that term in ORS 743B.005.**

[(b)] (d) **“Supervisory authority” has the meaning given that term in ORS 144.087.**

(2) Except as provided in subsection (4) of this section, an insurer offering a health benefit plan may not deny reimbursement for any service or supply covered by the plan or cancel the coverage of an insured under the plan on the basis that:

(a) The insured is [*in the custody of a local supervisory authority, if the insured is in custody pending the disposition of charges*] **a detainee;**

(b) The insured receives publicly funded medical care while in the custody of a local supervisory authority **or in a detention facility;** or

(c) The care was provided to the insured by an employee or contractor of a county, [*or*] a local supervisory authority **or a detention facility,** if the employee or contractor meets the credentialing criteria of the health benefit plan.

(3) An insurer shall reimburse a county for the costs of covered services or supplies provided to [*an insured who is in the custody of the local supervisory authority, pending the disposition of charges*] **a detainee,** in an amount that is no less than 115 percent of the Medicare rate for the service or supply.

(4) An insurer offering a health benefit plan may:

(a) Deny coverage for the treatment of injuries resulting from a violation of law;

(b) Exclude from any requirements for reporting quality outcomes or performance, any covered services provided to [*an insured in the custody of a local supervisory authority*] **a detainee;**

(c) Impose utilization controls under the health benefit plan that apply to services provided **by in-network providers** to insureds who are not in custody [*by in-network providers*] **or in a detention facility,** including a requirement for prior authorization;

(d) Impose the requirements for billing and medical coding for covered services provided to [*an insured in the custody of a local supervisory authority*] **a detainee** that the insurer imposes on other providers;

(e) Deny coverage of diagnostic tests or health evaluations required, as a matter of course, for all [*individuals who are in the custody of the local supervisory authority pending the disposition of charges*] **detainees**;

(f) Limit coverage of hospital and ambulatory surgical center services provided to [*an insured in the custody of a local supervisory authority*] **a detainee** to services provided by in-network hospitals and ambulatory surgical centers; and

(g) Reimburse an out-of-network renal dialysis facility at either the in-network or the out-of-network rate paid by the insurer for dialysis provided to [*an insured in the custody of a local supervisory authority*] **a detainee**.

(5)(a) An insurer may not refuse to credential a health care provider who is an employee or contractor of a county, [*or*] a local supervisory authority **or a detention facility** on the basis that the employee or contractor provides the services in a facility operated by the local supervisory authority **or in a detention facility**.

(b) If an insurer refuses to credential a health care provider who is an employee or contractor of a county, [*or*] a local supervisory authority **or a detention facility**, the insurer must give written notice to the provider explaining the reasons for the refusal.

(6) This section does not:

(a) Impair any right of an employer to remove an employee from coverage under a health benefit plan;

(b) Release carriers from the requirement to coordinate benefits for persons who are insured by more than one carrier; or

(c) Limit an insurer's right to rescind coverage in accordance with ORS 743B.310.

(7) A public body, as defined in ORS 174.109, may not pay health benefit plan premiums on behalf of a [*person who is in the custody of a local supervisory authority*] **a detainee**.

**SECTION 2. The amendments to ORS 743A.260 by section 1 of this 2017 Act apply to policies or certificates of health insurance for which the carrier, on the effective date of this 2017 Act, has not filed rates with the Department of Consumer and Business Services for approval under ORS 743.018.**

**SECTION 3. This 2017 Act takes effect on the 91st day after the date on which the 2017 regular session of the Seventy-ninth Legislative Assembly adjourns sine die.**

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**Passed by Senate March 29, 2017**

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Lori L. Brocker, Secretary of Senate

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Peter Courtney, President of Senate

**Passed by House June 1, 2017**

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Tina Kotek, Speaker of House

**Received by Governor:**

.....M,....., 2017

**Approved:**

.....M,....., 2017

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Kate Brown, Governor

**Filed in Office of Secretary of State:**

.....M,....., 2017

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Dennis Richardson, Secretary of State