

# Senate Bill 368

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

## 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 denying claim for reimbursement of health care services provided to insured who is in detention facility pending adjudication by juvenile court.

Takes effect on 91st day following adjournment sine die.

## A BILL FOR AN ACT

1  
2 Relating to health insurance coverage of detainees; creating new provisions; amending ORS  
3 743A.260; and prescribing an effective date.

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

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

6 743A.260. (1) As used in this section:

7 (a) **"Detainee" means an insured who is:**

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

9 **or**

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

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

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

13 [(b)] (d) "Supervisory authority" has the meaning given that term in ORS 144.087.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 (6) This section does not:

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

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

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

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

31 **SECTION 2. The amendments to ORS 743A.260 by section 1 of this 2017 Act apply to**  
 32 **policies or certificates of health insurance for which the carrier, on the effective date of this**  
 33 **2017 Act, has not filed rates with the Department of Consumer and Business Services for**  
 34 **approval under ORS 743.018.**

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