

# Senate Bill 46

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## 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**.

Removes authority of Department of Consumer and Business Services to enforce specified health benefit plan coverage requirements applicable to Public Employees' Benefit Board and Oregon Educators Benefit Board.

## A BILL FOR AN ACT

1  
2 Relating to health benefit plan requirements; creating new provisions; and amending ORS 743A.058,  
3 743B.601 and 743B.810.

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

5 **SECTION 1. Section 2 of this 2017 Act is added to and made a part of ORS 243.105 to**  
6 **243.285.**

7 **SECTION 2. Benefit plans offered by the Public Employees' Benefit Board that reimburse**  
8 **the cost of medical and other health services and supplies must comply with the require-**  
9 **ments for health benefit plan coverage described in:**

- 10 (1) **ORS 743A.058;**  
11 (2) **ORS 743B.601; and**  
12 (3) **ORS 743B.810.**

13 **SECTION 3. Section 4 of this 2017 Act is added to and made a part of ORS 243.860 to**  
14 **243.886.**

15 **SECTION 4. Benefit plans offered by the Oregon Educators Benefit Board that reimburse**  
16 **the cost of medical and other health services and supplies must comply with the require-**  
17 **ments for health benefit plan coverage described in:**

- 18 (1) **ORS 743A.058;**  
19 (2) **ORS 743B.601; and**  
20 (3) **ORS 743B.810.**

21 **SECTION 5. ORS 743A.058 is amended to read:**

22 743A.058. (1) As used in this section:

23 (a) "Health benefit plan" **has the meaning given that term in ORS 743B.005.** [*includes:*]

24 [(A) *A health benefit plan as defined in ORS 743B.005; and*]

25 [(B) *A self-insured health plan offered through the Public Employees' Benefit Board or the Oregon*  
26 *Educators Benefit Board.*]

27 (b) "Health professional" means a person licensed, certified or registered in this state to provide  
28 health care services or supplies.

29 (c) "Originating site" means the physical location of the patient.

30 (2) A health benefit plan must provide coverage of a health service that is provided using syn-

**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 chronous two-way interactive video conferencing if:

2 (a) The plan provides coverage of the health service when provided in person by a health pro-  
3 fessional;

4 (b) The health service is medically necessary;

5 (c) The health service is determined to be safely and effectively provided using synchronous  
6 two-way interactive video conferencing according to generally accepted health care practices and  
7 standards; and

8 (d) The application and technology used to provide the health service meet all standards re-  
9 quired by state and federal laws governing the privacy and security of protected health information.

10 (3) A health benefit plan may not distinguish between rural and urban originating sites in pro-  
11 viding coverage under subsection (2) of this section.

12 (4) The coverage under subsection (2) of this section is subject to:

13 (a) The terms and conditions of the health benefit plan; and

14 (b) The reimbursement specified in the contract between the plan and the health professional.

15 (5) This section does not require a health benefit plan to reimburse a health professional:

16 (a) For a health service that is not a covered benefit under the plan; or

17 (b) Who has not contracted with the plan.

18 **SECTION 6.** ORS 743B.601, as amended by section 1, chapter 800, Oregon Laws 2015, is  
19 amended to read:

20 743B.601. (1) As used in this section:

21 (a) "Health plan" means:

22 (A) A "health benefit plan" as defined in ORS 743B.005; and

23 (B) A self-insured health plan offered by the [*Public Employees' Benefit Board, the Oregon Edu-*  
24 *cators Benefit Board or the*] Oregon Health and Science University.

25 (b) "Synchronization policy" means a procedure for aligning the refill dates of a patient's pre-  
26 scription drugs so that drugs that are refilled at the same frequency may be refilled concurrently.

27 (2) A health plan that includes prescription drug coverage shall implement a synchronization  
28 policy for the dispensing of prescription drugs to the plan's enrollees.

29 (3) A health plan shall reimburse the cost of prescription drugs dispensed in accordance with  
30 the plan's synchronization policy.

31 (4) If a drug is dispensed in less than a 30-day supply for the purpose of synchronizing a patient's  
32 prescription drug refills, a health plan shall:

33 (a) Prorate the copayment; or

34 (b) Adjust the copayment using a method approved by the Department of Consumer and Business  
35 Services.

36 (5) A health plan shall fully reimburse the dispensing fee for partially filled or refilled pre-  
37 scription drugs.

38 (6) This section does not apply to prescription drugs that:

39 (a) Are in unit-of-use packaging for which synchronization is not possible;

40 (b) Are controlled substances; or

41 (c) Have been identified by the United States Drug Enforcement Administration as having a high  
42 risk of diversion.

43 (7) The coverage required by this section may be limited by formulary restrictions applied to a  
44 prescription drug by a health plan.

45 (8)(a) This section does not apply to a prepaid group practice health plan with at least 200,000

1 enrollees in this state.

2 (b) As used in this subsection, “prepaid group practice health plan” means a health care service  
3 contractor that provides physician services to its enrollees through an integrated health care de-  
4 livery system using, primarily, a single group of physicians contracted on a prepaid, capitated basis.

5 **SECTION 7.** ORS 743B.810 is amended to read:

6 743B.810. (1) A health benefit plan may not exclude, and shall expedite preauthorizations re-  
7 quired for, work-related injuries or occupational diseases if:

8 (a) The injured worker is covered by workers’ compensation insurance and the health benefit  
9 plan; and

10 (b) The injured worker has submitted a workers’ compensation claim for the work-related injury  
11 or occupational disease that has not been accepted or denied by the workers’ compensation carrier.

12 (2) A health benefit plan subject to this section shall guarantee payment for preauthorized  
13 medical services to the provider of those medical services according to the terms, conditions and  
14 benefits of the plan if the claim is found not to be a compensable workers’ compensation claim.

15 (3) As used in this section, “health benefit plan” has the meaning given that term in ORS  
16 743B.005 [*and also means self-insured benefit plans and health benefit plans provided by the Oregon*  
17 *Educators Benefit Board and the Public Employees’ Benefit Board*].

18 (4) The provisions of ORS 743A.001 do not apply to this section.

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