

Senate Bill 783

Sponsored by COMMITTEE ON HEALTH CARE (at the request of Terri Myzak)

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**.

Requires insurers to have user-friendly procedures for enrollees and providers to access coverage information and request prior authorization for health benefit plans offered by insurers.

A BILL FOR AN ACT

1
2 Relating to health insurance.

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

4 **SECTION 1. Section 2 of this 2017 Act is added to and made a part of the Insurance Code.**

5 **SECTION 1. (1) A person with a certificate of authority to transact insurance in this**
6 **state who sells or offers for sale health benefit plans, as defined in ORS 743B.005, shall have**
7 **procedures in place that permit an enrollee in a health benefit plan and a provider to easily**
8 **and quickly access information about the enrollee's coverage under the health benefit plan,**
9 **and to request prior authorization.**

10 **(2) The Department of Consumer and Business Services shall adopt rules prescribing**
11 **standards for subsection (1) of this section.**

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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.