

Requested by Representative GREENLICK

**PROPOSED AMENDMENTS TO  
HOUSE BILL 2778**

1 On page 1 of the printed bill, delete lines 6 through 29.

2 On page 2, delete lines 1 through 20 and insert:

3 **“SECTION 2. (1) As used in this section:**

4 **“(a) ‘Approves coverage’ means an enrollee’s eligibility for specified**  
5 **benefits is verified by an insurer in writing, by telephone or by making**  
6 **the information accessible to practitioners electronically.**

7 **“(b) ‘Health benefit plan’ has the meaning given that term in ORS**  
8 **743B.005.**

9 **“(2) If an insurer approves health benefit plan coverage for**  
10 **chiropractic care, physical therapy, occupational therapy,**  
11 **acupuncture, massage therapy, speech therapy or hearing therapy, the**  
12 **insurer may not:**

13 **“(a) Require prior authorization for the follow-up and management**  
14 **of the patient during the course of the approved treatment.**

15 **“(b) Impose for such services copayment or coinsurance require-**  
16 **ments or deductibles that exceed the copayment and coinsurance re-**  
17 **quirements and deductibles required under the plan for physician**  
18 **services.**

19 **“(3) This section is exempt from ORS 743A.001.**

20 **“SECTION 3. Section 4 of this 2017 Act is added to and made a part**  
21 **of ORS 243.105 to 243.285.**

1       **“SECTION 4. (1) As used in this section, ‘approves coverage’ means**  
2 **an enrollee’s eligibility for specified benefits is verified by the Public**  
3 **Employees’ Benefit Board, or a third party administrator on behalf of**  
4 **the board, in writing, by telephone or by making the information ac-**  
5 **cessible to practitioners electronically.**

6       **“(2) If the board or a third party administrator on behalf of the**  
7 **board approves coverage for chiropractic care, physical therapy, oc-**  
8 **cupational therapy, acupuncture, massage therapy, speech therapy or**  
9 **hearing therapy, the board or third party administrator may not:**

10       **“(a) Require prior authorization for the follow-up and management**  
11 **of the patient during the course of the approved treatment.**

12       **“(b) Impose for such services copayment or coinsurance require-**  
13 **ments or deductibles that exceed the copayment and coinsurance re-**  
14 **quirements and deductibles required for physician services.**

15       **“SECTION 5. Section 6 of this 2017 Act is added to and made a part**  
16 **of ORS 243.860 to 243.886.**

17       **“SECTION 6. (1) As used in this section, ‘approves coverage’ means**  
18 **an enrollee’s eligibility for specified benefits is verified by the Oregon**  
19 **Educators Benefit Board, or a third party administrator on behalf of**  
20 **the board, in writing, by telephone or by making the information ac-**  
21 **cessible to practitioners electronically.**

22       **“(2) If the board or a third party administrator on behalf of the**  
23 **board approves coverage for chiropractic care, physical therapy, oc-**  
24 **cupational therapy, acupuncture, massage therapy, speech therapy or**  
25 **hearing therapy, the board or third party administrator may not:**

26       **“(a) Require prior authorization for the follow-up and management**  
27 **of the patient during the course of the approved treatment.**

28       **“(b) Impose for such services copayment or coinsurance require-**  
29 **ments or deductibles that exceed the copayment and coinsurance re-**  
30 **quirements and deductibles required for physician services.”.**

