

Requested by SENATE COMMITTEE ON HEALTH CARE

**PROPOSED AMENDMENTS TO
SENATE BILL 1549**

1 On page 1 of the printed bill, line 2, after the first semicolon insert
2 “creating new provisions;” and after “411.439” insert “and 743B.287”.

3 On page 2, after line 8, insert:

4 **“SECTION 2.** ORS 743B.287 is amended to read:

5 “743B.287. (1) As used in this section:

6 **“(a) ‘Allowed amount’ means the reimbursement paid by an insurer**
7 **or health care service contractor to a health care provider for a spec-**
8 **ified service or group of services covered by a health benefit plan or**
9 **a health care service contract.**

10 “[a] (b) ‘Emergency services’ has the meaning given that term in ORS
11 743A.012.

12 “[b] (c) ‘Enrollee’ means:

13 “(A) An individual who is enrolled in a health benefit plan or a covered
14 dependent or beneficiary of the individual; or

15 “(B) A subscriber to a health care service contract or a covered dependent
16 or beneficiary of the subscriber.

17 “[c] (d) ‘Health benefit plan’ has the meaning given that term in ORS
18 743B.005.

19 “[d] (e) ‘Health care facility’ has the meaning given that term in ORS
20 442.015, excluding long term care facilities.

21 “[e] (f) ‘Health care service contractor’ has the meaning given that term

1 in ORS 750.005.

2 “[~~f~~] (g) ‘In-network’ has the meaning given that term in ORS 743B.280.

3 “[~~g~~] (h) ‘Out-of-network’ has the meaning given that term in ORS
4 743B.280.

5 “(2) Except as provided in subsection (3) of this section, a provider who
6 is an out-of-network provider for a health benefit plan or health care service
7 contract may not bill an enrollee in the health benefit plan or health care
8 service contract for emergency services or other inpatient or outpatient ser-
9 vices provided at an in-network health care facility.

10 “(3) Subsection (2) of this section does not apply:

11 “(a) To applicable coinsurance, copayments or deductible amounts that
12 apply to services provided by an in-network provider; or

13 “(b) To services, other than emergency services, provided to enrollees who
14 choose to receive services from an out-of-network provider.

15 “(4) If an enrollee chooses to receive services from an out-of-network
16 provider, the provider shall inform the enrollee that the enrollee will be fi-
17 nancially responsible for coinsurance, copayments or other out-of-pocket ex-
18 penses attributable to choosing an out-of-network provider.

19 “(5) **An insurer offering a health benefit plan and a health care**
20 **service contractor shall reimburse an out-of-network provider for**
21 **emergency services or other covered inpatient or outpatient services**
22 **provided at an in-network health care facility in an amount estab-**
23 **lished in accordance with rules adopted by the Department of Con-**
24 **sumer and Business Services under subsection (6) of this section.**

25 “(6) **The department shall adopt rules for calculating the re-**
26 **imbursement that must be paid to providers under subsection (5) of**
27 **this section. The reimbursement must be equal to the median allowed**
28 **amount paid to in-network health care providers by commercial**
29 **insurers in this state, based on data collected under ORS 442.466 for**
30 **the 2015 calendar year, adjusted annually using the U.S. City Average**

1 **Consumer Price Index for All Urban Consumers (All Items) as pub-**
2 **lished by the Bureau of Labor Statistics of the United States Depart-**
3 **ment of Labor. The Department of Consumer and Business Services**
4 **may adjust the amount of reimbursement based on the differences in**
5 **allowed amounts paid to health care providers in certain geographic**
6 **areas of this state.**

7 **“SECTION 3. (1) No later than July 1, 2020, the Department of**
8 **Consumer and Business Services shall report to the interim commit-**
9 **tees of the Legislative Assembly related to health, in the manner**
10 **provided in ORS 192.245, all of the following:**

11 **“(a) All consumer complaints presented to the department con-**
12 **cerning billing for services provided in in-network facilities by out-of-**
13 **network providers, as defined in ORS 743B.287, before and after March**
14 **1, 2018;**

15 **“(b) The adequacy of provider networks for health benefit plans and**
16 **health care service contracts before and after March 1, 2018, according**
17 **to standards prescribed under ORS 743B.505;**

18 **“(c) Any effects on premium rates after March 1, 2018, due to the**
19 **implementation of ORS 743B.287; and**

20 **“(d) Recommendations for methods to ensure compliance by insur-**
21 **ers and health care service contractors with the provisions of ORS**
22 **743B.287.**

23 **“(2) The department shall consult with health professional licensing**
24 **boards in preparing the information described in subsection (1)(a) of**
25 **this section.**

26 **“SECTION 4. ORS 743B.287, as amended by section 2 of this 2018 Act,**
27 **is amended to read:**

28 **“743B.287. (1) As used in this section:**

29 **“[(a) ‘Allowed amount’ means the reimbursement paid by an insurer or**
30 **health care service contractor to a health care provider for a specified service**

1 *or group of services covered by a health benefit plan or a health care service*
2 *contract.*]

3 “[*(b)*] **(a)** ‘Emergency services’ has the meaning given that term in ORS
4 743A.012.

5 “[*(c)*] **(b)** ‘Enrollee’ means:

6 “(A) An individual who is enrolled in a health benefit plan or a covered
7 dependent or beneficiary of the individual; or

8 “(B) A subscriber to a health care service contract or a covered dependent
9 or beneficiary of the subscriber.

10 “[*(d)*] **(c)** ‘Health benefit plan’ has the meaning given that term in ORS
11 743B.005.

12 “[*(e)*] **(d)** ‘Health care facility’ has the meaning given that term in ORS
13 442.015, excluding long term care facilities.

14 “[*(f)*] **(e)** ‘Health care service contractor’ has the meaning given that term
15 in ORS 750.005.

16 “[*(g)*] **(f)** ‘In-network’ has the meaning given that term in ORS 743B.280.

17 “[*(h)*] **(g)** ‘Out-of-network’ has the meaning given that term in ORS
18 743B.280.

19 “(2) Except as provided in subsection (3) of this section, a provider who
20 is an out-of-network provider for a health benefit plan or health care service
21 contract may not bill an enrollee in the health benefit plan or health care
22 service contract for emergency services or other inpatient or outpatient ser-
23 vices provided at an in-network health care facility.

24 “(3) Subsection (2) of this section does not apply:

25 “(a) To applicable coinsurance, copayments or deductible amounts that
26 apply to services provided by an in-network provider; or

27 “(b) To services, other than emergency services, provided to enrollees who
28 choose to receive services from an out-of-network provider.

29 “(4) If an enrollee chooses to receive services from an out-of-network
30 provider, the provider shall inform the enrollee that the enrollee will be fi-

1 nancially responsible for coinsurance, copayments or other out-of-pocket ex-
2 penses attributable to choosing an out-of-network provider.

3 “[5) An insurer offering a health benefit plan and a health care service
4 contractor shall reimburse an out-of-network provider for emergency services
5 or other covered inpatient or outpatient services provided at an in-network
6 health care facility in an amount established in accordance with rules adopted
7 by the Department of Consumer and Business Services under subsection (6)
8 of this section.]

9 “[6) The department shall adopt rules for calculating the reimbursement
10 that must be paid to providers under subsection (5) of this section. The re-
11 imbursement must be equal to the median allowed amount paid to in-network
12 health care providers by commercial insurers in this state, based on data col-
13 lected under ORS 442.466 for the 2015 calendar year, adjusted annually using
14 the U.S. City Average Consumer Price Index for All Urban Consumers (All
15 Items) as published by the Bureau of Labor Statistics of the United States
16 Department of Labor. The Department of Consumer and Business Services may
17 adjust the amount of reimbursement based on the differences in allowed
18 amounts paid to health care providers in certain geographic areas of this
19 state.]

20 **“SECTION 5. (1) The amendments to ORS 743B.287 by section 2 of
21 this 2018 Act become operative on January 1, 2019.**

22 **“(2) The amendments to ORS 743B.287 by section 4 of this 2018 Act
23 become operative on January 2, 2022.**

24 **“SECTION 6. Section 3 of this 2018 Act is repealed on January 2,
25 2021.”.**

26 In line 9, delete “2” and insert “7”.

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