

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

16 “[~~(3)~~] (4) [*Subsection (2)*] **Subsections (2) and (3)** of this section [*does*]
17 **do not apply:**

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

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

22 “[~~(4)~~] (5) If an enrollee chooses to receive services from an out-of-network
23 provider, the provider shall inform the enrollee that the enrollee will be fi-
24 nancially responsible for coinsurance, copayments or other out-of-pocket ex-
25 penses attributable to choosing an out-of-network provider.

26 “(6) **The department shall adopt rules for calculating the re-**
27 **imbursement that must be paid to providers under subsection (3) of**
28 **this section. The reimbursement must be equal to the median allowed**
29 **amount paid to in-network health care providers by commercial**
30 **insurers in this state, based on data collected under ORS 442.466 for**

1 the 2015 calendar year, adjusted annually using the U.S. City Average
2 Consumer Price Index for All Urban Consumers (All Items) as pub-
3 lished by the Bureau of Labor Statistics of the United States Depart-
4 ment of Labor. The Department of Consumer and Business Services
5 may adjust the amount of reimbursement based on the differences in
6 allowed amounts paid to health care providers in certain geographic
7 areas of this state.

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

12 **“(a) All consumer complaints presented to the department con-**
13 **cerning billing for services provided in in-network facilities by out-of-**
14 **network providers, as defined in ORS 743B.287, before and after March**
15 **1, 2018;**

16 **“(b) Any effects on the adequacy of provider networks after January**
17 **1, 2019, due to the implementation of the amendments to ORS 743B.287**
18 **by section 2 of this 2018 Act, measured by the standards prescribed**
19 **under ORS 743B.505;**

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

22 **“(d) Recommendations for methods to ensure compliance with the**
23 **provisions of ORS 743B.287.**

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

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

29 **“743B.287. (1) As used in this section:**

30 **“[(a) ‘Allowed amount’ means the reimbursement paid by an insurer or**

1 *health care service contractor to a health care provider for a specified service*
2 *or group of services covered by a health benefit plan or a health care service*
3 *contract.]*

4 “[(b)] (a) ‘Emergency services’ has the meaning given that term in ORS
5 743A.012.

6 “[(c)] (b) ‘Enrollee’ means:

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

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

11 “[(d)] (c) ‘Health benefit plan’ has the meaning given that term in ORS
12 743B.005.

13 “[(e)] (d) ‘Health care facility’ has the meaning given that term in ORS
14 442.015, excluding long term care facilities.

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

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

18 “[(h)] (g) ‘Out-of-network’ [*has the meaning given that term in ORS*
19 *743B.280*] **means a provider or provider group that has not contracted**
20 **or has indirectly contracted with the insurer or health care service**
21 **contractor.**

22 “(2) A provider who is an out-of-network provider [*for a health benefit*
23 *plan or health care service contract*] may not bill an enrollee in the health
24 benefit plan or health care service contract for emergency services or other
25 inpatient or outpatient services provided at an in-network health care facil-
26 ity.

27 “[(3) *An insurer offering a health benefit plan and a health care service*
28 *contractor shall reimburse an out-of-network provider for emergency services*
29 *or other covered inpatient or outpatient services provided at an in-network*
30 *health care facility in an amount established in accordance with rules adopted*

1 *by the Department of Consumer and Business Services under subsection (6)*
2 *of this section.]*

3 “[~~(4)~~] **(3)** [*Subsections (2) and (3)*] **Subsection (2)** of this section [*do*] **does**
4 not apply:

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

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

9 “[~~(5)~~] **(4)** If an enrollee chooses to receive services from an out-of-network
10 provider, the provider shall inform the enrollee that the enrollee will be fi-
11 nancially responsible for coinsurance, copayments or other out-of-pocket ex-
12 penses attributable to choosing an out-of-network provider.

13 “[~~(6)~~] *The department shall adopt rules for calculating the reimbursement*
14 *that must be paid to providers under subsection (3) of this section. The re-*
15 *imbursement must be equal to the median allowed amount paid to in-network*
16 *health care providers by commercial insurers in this state, based on data col-*
17 *lected under ORS 442.466 for the 2015 calendar year, adjusted annually using*
18 *the U.S. City Average Consumer Price Index for All Urban Consumers (All*
19 *Items) as published by the Bureau of Labor Statistics of the United States*
20 *Department of Labor. The Department of Consumer and Business Services may*
21 *adjust the amount of reimbursement based on the differences in allowed*
22 *amounts paid to health care providers in certain geographic areas of this*
23 *state.]*

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

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

28 **“SECTION 6. Section 3 of this 2018 Act is repealed on January 2,**
29 **2021.”.**

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

