

Senate Bill 900

Sponsored by Senator MONNES ANDERSON, Representatives SALINAS, PRUSAK

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**.

Imposes requirements on outpatient dialysis treatment facility, or entity that has financial interest in outpatient dialysis treatment facility, that pays health insurance premiums for patients of outpatient dialysis treatment facility.

A BILL FOR AN ACT

1
2 Relating to outpatient dialysis treatment.

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

4 **SECTION 1. (1) As used in this section:**

5 (a) **"Allowed amount" has the meaning given that term in ORS 743B.287.**

6 (b) **"Financially interested entity" or "entity" means a person that:**

7 (A) **Operates an outpatient dialysis treatment facility or receives a majority of funding**
8 **from one or more outpatient dialysis treatment facilities, subsidiaries of outpatient dialysis**
9 **treatment facilities or facilities closely related to outpatient dialysis treatment facilities;**

10 (B) **Pays or provides funding for payment of a health insurance premium for an individual**
11 **enrolled in health insurance or provides funding to another financially interested entity; and**

12 (C) **Provides outpatient dialysis treatment to an enrollee or receives funding from a**
13 **provider of outpatient dialysis treatment provided to an enrollee and the cost of the treat-**
14 **ment is reimbursed by the enrollee's health insurance.**

15 (c) **"Health insurance" does not include:**

16 (A) **Medicare or Medicare supplemental insurance;**

17 (B) **Long term care insurance;**

18 (C) **Insurance that is supplemental to liability insurance;**

19 (D) **Workers' compensation coverage;**

20 (E) **Medical coverage under an automobile insurance policy; or**

21 (F) **Insurance under which benefits are payable with or without fault and that is required**
22 **by law to be included in a liability policy or equivalent self-insurance program.**

23 (d) **"Outpatient dialysis treatment" means dialysis provided at a dialysis facility, as de-**
24 **defined in 42 C.F.R. 494.10, that is reimbursed at the rate paid to an independent facility, under**
25 **42 C.F.R. 413.174, by the Centers for Medicare and Medicaid Services.**

26 (2) **A financially interested entity:**

27 (a) **After paying the first premium payment in a plan year for an enrollee, shall continue**
28 **to pay the premiums for the enrollee for all months remaining in the plan year regardless**
29 **of whether the enrollee continues to receive outpatient dialysis treatment, unless the**
30 **enrollee requests that the payments cease or the enrollee dies, and shall notify the enrollee**
31 **prior to the next open enrollment period if the entity will discontinue paying the premiums**

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 after the end of the plan year;

2 (b) May not require an enrollee to agree to any surgery, transplant, procedure, drug or
3 device as a condition for the premium payments;

4 (c) Shall inform an enrollee at the commencement of the premium payments and annu-
5 ally thereafter of all available options for health insurance coverage, including but not lim-
6 ited to Medicare, Medicaid, health benefit plans offered on the individual market and health
7 care service contracts;

8 (d) May not steer, direct or advise an enrollee or otherwise try to influence an enrollee
9 in selecting Medicaid, Medicare or a specific health insurance plan;

10 (e) May not condition the premium payments on an enrollee's use of a specific health
11 care facility or provider;

12 (f) Shall provide an annual statement to the health insurer covering an enrollee attesting
13 that the entity meets the requirements of this subsection; and

14 (g) Shall, prior to making the first premium payment, report to the health insurer cov-
15 ering an enrollee the name of the enrollee on whose behalf the entity is paying the premi-
16 ums.

17 (3) Health insurance for which premiums are paid by a financially interested entity shall
18 reimburse the cost of outpatient dialysis treatment at the lower of:

19 (a) The health insurer's allowed amount for the treatment; or

20 (b) The Medicare reimbursement rate.

21 (4) A financially interested entity may not bill or collect from an enrollee an amount that
22 exceeds the enrollee's applicable copayment or coinsurance, if any, based on the health
23 insurer's allowed amount.

24 (5) A health insurer may refuse to pay a financially interested entity's claim for re-
25 imbursement of the cost of outpatient dialysis treatment if the entity has not complied with
26 subsection (2)(f) and (g) of this section.

27 (6) If a health insurer discovers, after paying a claim that is subject to the provisions
28 of subsection (3) of this section, that a financially interested entity did not comply with
29 subsection (2)(f) and (g) of this section, the health insurer:

30 (a) May recover from the entity an amount equal to 120 percent of the difference between
31 the payment made on the claim and the payment that should have been made under sub-
32 section (3) of his section, plus interest; and

33 (b) Shall notify the Department of Consumer and Business Services and remit to the
34 department the amount that exceeds the difference between the payment made on the claim
35 and the payment that should have been made on the claim under subsection (3) of this sec-
36 tion.

37 (7) A health insurer that receives premium payments from a financially interested entity
38 shall report to the department, in the form and manner prescribed by the department, in-
39 formation regarding the payments and reimbursement paid to outpatient dialysis treatment
40 facilities that are financially interested entities or that have a relationship with financially
41 interested entities including:

42 (a) The number of enrollees whose premiums were paid by entities;

43 (b) Disclosures made by the entities as required by subsection (2)(g) of this section;

44 (c) The names of outpatient dialysis treatment facilities that are financially interested
45 entities or that have a relationship with a financially interested entity;

- 1 **(d) The names of entities that failed to make the disclosures required by subsection (2)(g)**
2 **of this section; and**
- 3 **(e) Additional information specified by the department.**
- 4 **(8) This section does not:**
- 5 **(a) Apply when premiums are paid on behalf of enrollees by:**
- 6 **(A) A Ryan White HIV/AIDS program funded under Title XXVI of the Public Health**
7 **Service Act;**
- 8 **(B) An Indian tribe, tribal organization or urban Indian organization;**
- 9 **(C) A local, state or federal government program or a grantee of a government program**
10 **that is directed to make premium payments on behalf of an enrollee; or**
- 11 **(D) The enrollee's spouse, domestic partner, child, parent, grandparent or sibling unless**
12 **the funds for the payments originate with a financially interested entity.**
- 13 **(b) Limit the authority of the Attorney General to take any action to enforce this sec-**
14 **tion.**
- 15 **(c) Affect the reimbursement paid to an outpatient dialysis treatment facility that is not**
16 **a financially interested entity or that does not have a relationship with a financially inter-**
17 **ested entity.**
- 18 **(d) Authorize a health insurer to refuse to accept premiums paid by a third party on**
19 **behalf of an enrollee if the payer is a financially interested entity, except as provided by law.**
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