

House Bill 2320

Sponsored by Representative SALINAS (Pre-session filed.)

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**.

Prohibits insurer from refusing credentials to health care provider based on certain reasons. Requires Department of Consumer and Business Services to establish appeals process for health care providers to appeal refusal to credential.

A BILL FOR AN ACT

1
2 Relating to credentialing of health care providers for participation in an insurer's network.

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

4 **SECTION 1. Section 2 of this 2021 Act is added to and made a part of the Insurance Code.**

5 **SECTION 2. (1) An insurer offering a policy or certificate of health insurance in this**
6 **state may not refuse to credential a health care provider who offers a service reimbursed**
7 **by the policy or certificate:**

8 (a) **If the health care provider demonstrates that contracting with the insurer is neces-**
9 **sary to ensure patient access to a sufficient number of providers in the provider's field or**
10 **to ensure network adequacy in the geographic area served by the provider;**

11 (b) **On the basis that the insurer is part of a vertically integrated system that has or**
12 **plans to have only wholly or partially owned provider entities, unless the insurer demon-**
13 **strates that market competition from outside providers is likely to result in higher costs or**
14 **lower quality of care; or**

15 (c) **If the health care provider is affiliated with or employed by an in-network provider**
16 **group except on the basis of the health care provider's lack of knowledge, experience or**
17 **certifications or the provider's history of poor quality of care.**

18 (2) **If an insurer refuses to credential a health care provider, the insurer shall provide**
19 **the health care provider with a written notice explaining in detail the basis for the refusal.**
20 **The notice must also include a notice, in a form approved by the Department of Consumer**
21 **and Business Services, explaining the health care provider's right to appeal the refusal.**

22 (3) **The department shall adopt by rule an appeal process for a health care provider that**
23 **an insurer refuses to credential. The department may adopt by rule permissible reasons for**
24 **refusing to credential a health care provider to ensure that credentialing is used only for**
25 **maintaining quality of care and not for anticompetitive purposes. If the department finds**
26 **that the provider will offer needed patient access to a particular covered service or promote**
27 **network adequacy in a geographic area, the department shall issue a final order requiring**
28 **the insurer to credential the health care provider. The order may be subject to conditions.**
29 **If the department finds that the insurer's refusal to credential was unreasonable, the de-**
30 **partment may assess the cost of the proceeding against the insurer.**

31

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.