

House Bill 2322

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**.

Requires medical assistance and health benefit plan coverage of renal dialysis. Limits charge that may be billed or collected for providing renal dialysis. Limits out-of-pocket costs for renal dialysis provided to enrollee in health benefit plan. Prohibits outpatient renal dialysis facility from denying service to person based on person's inability to pay for renal dialysis.

A BILL FOR AN ACT

1
2 Relating to dialysis; creating new provisions; and amending ORS 441.094.

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

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

5 (a) **"Medical assistance" has the meaning given that term in ORS 414.025.**

6 (b) **"Outpatient renal dialysis" means dialysis provided by a licensed outpatient renal
7 dialysis facility as defined in ORS 442.015.**

8 (2) **The types and extent of health care and services provided, in accordance with ORS
9 414.065, to a recipient of medical assistance who is diagnosed with end stage renal disease
10 must include inpatient and outpatient renal dialysis.**

11 (3) **Subsection (2) of this section applies to any recipient of medical assistance who is
12 eligible for coverage of emergency hospital services.**

13 **SECTION 2. ORS 441.094 and section 3 of this 2021 Act are added to and made a part of
14 ORS chapter 441.**

15 **SECTION 3. (1) As used in this section, "Medicare payment" means the amount paid by
16 Medicare for renal dialysis and the associated services, drugs and supplies utilized in the
17 provision of renal dialysis.**

18 (2) **An outpatient renal dialysis facility licensed by the Oregon Health Authority under
19 ORS 441.020 may not bill or attempt to collect a charge for renal dialysis that exceeds the
20 Medicare payment established by the Centers for Medicare and Medicaid Services and in ef-
21 fect at the time the facility provides the renal dialysis.**

22 **SECTION 4. ORS 441.094 is amended to read:**

23 441.094. (1) No officer or employee of a hospital licensed by the Oregon Health Authority that
24 has an emergency department may deny to a person an appropriate medical screening examination
25 within the capability of the emergency department, including ancillary services routinely available
26 to the emergency department, to determine whether a need for emergency medical services exists.

27 (2) No officer or employee of a hospital **or outpatient renal dialysis facility** licensed by the
28 authority may deny to a person diagnosed by an admitting physician as being in need of emergency
29 medical services the emergency medical services customarily provided at the hospital **or outpatient
30 renal dialysis facility** because the person is unable to establish the ability to pay for the services.

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 (3) Nothing in this section is intended to relieve a person of the obligation to pay for services
 2 provided by a hospital **or outpatient renal dialysis facility**.

3 (4) A hospital that does not have physician services available at the time of the emergency shall
 4 not be in violation of this section if, after a reasonable good faith effort, a physician is unable to
 5 provide or delegate the provision of emergency medical services.

6 (5) All coordinated care organization contracts executed by the authority and private health
 7 maintenance organizations and managed care organizations shall include a provision that encour-
 8 ages the organization to establish agreements with hospitals **and outpatient renal dialysis facili-**
 9 **ties** in the organization’s service area for payment of emergency screening examinations **and renal**
 10 **dialysis**.

11 (6) As used in subsections (1) and (2) of this section, “emergency medical services” means med-
 12 ical services that are usually and customarily available at the [*respective*] hospital **or outpatient**
 13 **renal dialysis facility** and that must be provided immediately to:

14 (a) Sustain a person’s life[, *to*];

15 (b) Prevent serious permanent disfigurement or loss or impairment of the function of a bodily
 16 member or organ[, *or to*]; **or**

17 (c) Provide care of a woman in her labor where delivery is imminent if the hospital is so
 18 equipped and, if the hospital is not equipped, to provide necessary treatment to allow the woman to
 19 travel to a more appropriate facility without undue risk of serious harm.

20 **SECTION 5. Section 6 of this 2021 Act is added to and made a part of the Insurance Code.**

21 **SECTION 6. (1) An insurer offering a health benefit plan may not deny reimbursement**
 22 **for renal dialysis provided to an enrollee in the health benefit plan who is diagnosed with end**
 23 **stage renal disease. The coverage required by this subsection may be subject to provisions**
 24 **of the plan that apply to other similar benefits under the plan except that the enrollee’s total**
 25 **out-of-pocket costs for renal dialysis may not exceed 10 percent of the insurer’s allowable**
 26 **charge for the renal dialysis.**

27 (2)(a) **The allowable charge established by the insurer for renal dialysis may not exceed**
 28 **the Medicare payment established by the Centers for Medicare and Medicaid Services and in**
 29 **effect at the time that the renal dialysis is provided.**

30 (b) **As used in this subsection, “Medicare payment” means the amount paid by Medicare**
 31 **for renal dialysis and the associated services, drugs and supplies utilized in the provision of**
 32 **renal dialysis.**

33 (3) **ORS 743A.001 does not apply to this section.**

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