

House Bill 2624

Sponsored by Representative SCHOUTEN (at the request of Oregon Association of Acupuncturists) (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 policy or certificate of health insurance to cover specified health services without prior authorization. Prescribes minimum number of visits that must be covered.

Prohibits health insurer from retroactively denying claim for covered service.

A BILL FOR AN ACT

1
2 Relating to health insurance.

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) As used in this section, "provider" means a licensed provider that con-**
6 **tracts with an insurer to provide:**

7 (a) **Chiropractic care;**

8 (b) **Acupuncture;**

9 (c) **Massage therapy**

10 (d) **Occupational therapy;**

11 (e) **Physical therapy; or**

12 (f) **Speech and hearing therapy.**

13 (2) **An insurer offering a policy or certificate of health insurance that reimburses the**
14 **cost of chiropractic care, acupuncture, massage therapy, occupational therapy, physical**
15 **therapy or speech and hearing therapy shall reimburse in each plan year, without prior au-**
16 **thorization, the cost of:**

17 (a) **An initial evaluation of an enrollee by a provider; and**

18 (b) **Follow-up and management of the treatment for any condition that is within the**
19 **provider's scope of practice for at least 12 visits or the maximum number of visits prescribed**
20 **by the terms of the policy or certificate, whichever is less.**

21 (3) **In addition to the visits for follow-up and management described in subsection (2) of**
22 **this section, the insurer must approve two additional sets of 12 visits or the maximum**
23 **number of visits prescribed by the terms of the policy or certificate, whichever is less, if the**
24 **provider produces documentation showing meaningful improvement in the enrollee's condi-**
25 **tion as a result of the initial treatments.**

26 (4) **An insurer may not deny a claim for reimbursement for services described in this**
27 **section after the service has been provided if the service is a covered benefit and the enrollee**
28 **has not exceeded the maximum benefit under the policy or certificate.**

29 (5) **This section is exempt from ORS 743A.001.**

30 **SECTION 3. Section 2 of this 2021 Act applies to policies and certificates of health in-**

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 **urance issued, renewed or extended on or after the effective date of this 2021 Act.**

2
